Northern Devon Healthcare NHS Trust

Early miscarriage (up to 12 weeks) and management options

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What is a miscarriage?

Miscarriage is a term used to describe the spontaneous loss of a pregnancy before the 24th week. If the pregnancy loss occurs in the first three months, it is called an early miscarriage.

What causes an early miscarriage?

In most cases, it is not possible to give a reason for an early miscarriage. However, the most common cause is thought to be due to a problem with the genetic structures (chromosomes) within the bady's cells. If the baby doesn't have the correct number of chromosomes, the pregnancy can end in miscarriage.

Symptoms

Most women experience vaginal bleeding with or without period type cramps. Occasionally there may be no symptoms and this type of miscarriage is often not diagnosed until the routine ultrasound scan.

How is it diagnosed?

Diagnosis is confirmed by:

- Consultation and examination – You will be asked about your medical history and current symptoms. The doctor may examine your abdomen and may also do a vaginal (internal) examination.
- Ultrasound scan – In the early stages of pregnancy we usually offer a transvaginal scan, where a probe is gently inserted into the vagina.
- Blood tests – You may be offered a blood test to check the level of pregnancy hormone (hCG).

Sometimes a miscarriage can be diagnosed quickly but for other women a confirmed diagnosis and ongoing management may take several weeks. You will be given open access to the early pregnancy clinic until diagnosis is confirmed or treatment is complete.

Treatment options

In some miscarriages the uterus empties itself completely; this is referred to as complete miscarriage and no further physical treatment is usually required.

If a miscarriage is confirmed but some or all of the pregnancy is still inside the womb, your doctor or nurse will discuss the following treatment options with you:

Expectant management of a miscarriage (letting nature take its course)

It can take some time before bleeding starts and may continue for 2–3 weeks. The bleeding may be heavy with some clots and cramping pain. Most women are able to manage the symptoms at home with pain relief. You should contact your early pregnancy clinic for advice if you are concerned about your symptoms. If the pain is severe and/or bleeding is very heavy, you should go to the emergency department.

You will be followed up by support calls to ensure that the bleeding and pain has settled, and you will be asked to do a urine pregnancy test in 2 to 3 weeks' time.

If, after a week or two, the bleeding has failed to start, you will be given the option to continue on expectant management or alternative options can be discussed with you. Likewise, if the bleeding is persistent or getting heavier, you may be offered a further ultrasound scan and your treatment options will be discussed with you depending on the result.

Medical management (taking medication)

This option avoids a general anaesthetic and is successful in 80–85% women who choose it. Treatment will usually take place in hospital where you will be given a medication called mifepristone, this will then be followed 36-48 hours later by another medication known as misoprostol. Misoprostol is administered either orally or as a vaginal pessary and works by helping the neck of the womb (cervix) to open so that the remaining pregnancy can be passed.

It usually takes a few hours for the medication to take effect and there will be some cramping pains and bleeding with clots (like a heavy period). Some women also experience diarrhoea and vomiting. Pain relief and anti-sickness medication will be prescribed should you require it.

Depending on your gestation, this option may be done at home. You will be given the first medication (Mifepristone) in the hospital, and then will be advised to take the second medication at home.

Where needed, you may be required to stay on the ward for monitoring, after which the doctor will decide if you are fit to be discharged. At this stage you may or may not have passed the pregnancy. If you have not passed the pregnancy, the bleeding and pain may continue at home. You can contact the ward or the early pregnancy clinic at any time if you are worried. You will be contacted by a nurse from the early pregnancy clinic the following day to discuss your symptoms and whether or not you think you have passed the pregnancy.

If bleeding has not started 24 hours after being given misoprostol, the process can be repeated in 48 hours, or your doctor may discuss surgical management with you.

Once treatment has finished and you have passed the pregnancy, you may bleed for up to three weeks and have period type pains. You will be asked to do a pregnancy test three weeks after the pregnancy has been passed.

Surgical management (having an operation):

This can either be done under a local anaesthetic or under a general anaesthetic.

Surgical management under local anaesthetic:

Manual Vacuum Aspiration

What is manual vacuum aspiration (MVA)?

MVA is a way of removing pregnancy tissue from the womb. It uses gentle suction under a local anaesthetic while you are awake. This is an alternative to having a general anaesthetic in theatre. We use this to treat women who have had miscarriages or in cases where tissue is left behind after a miscarriage. It is a day treatment and you are usually well enough to go home after the procedure.

What happens during the procedure?

On the day of the procedure, you will be asked to come in one hour prior to procedure and you will be given some tablets (misoprostol) to soften the cervix and some painkillers. This will be at Petter Day Treatment Unit in the Ladywell Unit.

Approximately one hour after the tablets, you will be taken into the treatment room. The procedure will involve injecting a local anaesthetic into the cervix (neck of the womb). This will initially sting but should help numb the area in order to be able to pass a narrow suction tube into the womb to remove the remaining pregnancy tissue. The cervix may need to be dilated (stretched) a little in order to allow this to happen.

We will offer you more pain relief (such as ‘gas and air’) during the procedure if you need it.

With your consent, a sample of the tissue removed will be tested to check for an uncommon type of miscarriage called a molar pregnancy.

What are the benefits of MVA?

As with the Surgical Management of Miscarriage (SMM) under general anaesthetic, the pregnancy tissue is removed quickly and in a planned manner. This could make it feel easier to move forward psychologically rather than waiting for the miscarriage to naturally occur. Some people may feel they do not want a general anaesthetic and may prefer to be alert and aware of what is happening and be a bit more in control.

What are the risks for MVA?

The surgical risks are similar to having the procedure under a general anaesthetic. These include bleeding, infection or damage to the womb (and will be discussed during consent for the procedure in more detail).

Surgical management under a general anaesthetic

The operation is carried out under a general anaesthetic and is successful in 95% of women. A suction catheter is inserted via the vagina and the pregnancy is removed through the cervix. You may or may not be given some tablets to take or vaginal pessaries pre-operatively to soften the cervix.

Surgery will usually be planned for within a few days, but you may need to have the operation immediately as an emergency if bleeding is very heavy or there are signs of an infection and you become unwell.

Following surgical management, the stay in hospital is usually at least one hour before being discharged home into the care of a responsible adult.

Are there any possible complications?

As with any operation, there are risks of complications that the surgeon will discuss with you including bleeding, infection or damage to the womb. Sometimes the operation needs to be repeated. The risk of infection is the same if you chose medical or surgical management.

What happens to the pregnancy remains?

Any tissue will be sent to the laboratory for examination. The tests will confirm that the pregnancy was inside the womb (not an ectopic pregnancy) and to rule out any abnormal changes in the placenta (molar pregnancy). Foetal tissue is noted but not examined in the laboratory. They only examine the placenta and the lining of the womb and a sample of this is retained in the laboratory as part of the medical record. No foetal tissue is kept in the laboratory.

The hospital can arrange a shared cremation service; this is when several pregnancy remains are cremated together and the ashes are buried in the Crematorium Garden of Remembrance at a recorded but unmarked place. This will take place following any laboratory investigations, typically 6-8 weeks following pregnancy loss. You will be asked to sign a form to give your permission for this and you have a choice of a Christian service or committal only. If you have a different cultural or religious need, please contact the bereavement office to make other arrangements.

Alternatively, the pregnancy remains can be returned to you for you to arrange private burial or cremation.

Aftercare and support for you

During your stay in hospital, you may find it helpful to talk with the hospital chaplain. The chaplaincy is available for everyone and is not dependent on belonging to any faith group.

Following medical or surgical management, you can expect some vaginal bleeding. Any bleeding should gradually lessen, become like a heavy discharge and darken in colour. During this time, you should use sanitary towels rather than tampons, as tampons could increase the risk of infection. You should contact the early pregnancy clinic or your GP (if you are no longer on open access) for advice if you have prolonged or heavy bleeding, an offensive discharge, increased pain in your lower abdomen and /or develop a high temperature.

You can resume sexual intercourse when you both feel ready and once any bleeding and pain has settled.

Returning to work will depend on how you feel, but it is advisable to rest for 24–48 hours after a general anaesthetic. Speak to your GP if you need some time off work to recover emotionally.

Having a miscarriage is a very personal experience and each woman copes in their own way. Some women come to terms with a miscarriage within weeks; for others it takes much longer and can also be devastating for the partners. Your family and friends may be able to support you but if you feel you are not coping, then it is important you speak to your GP. You can also find information and support on the Miscarriage Association website.

Trying for another baby

Before trying for another baby, it is important that you wait until you feel ready emotionally and physically. You can try for another baby as soon as you both feel ready, but we recommend you wait until your next period following the miscarriage. If you have any questions, please speak with your nurse, gynaecologist or GP. It's important to remember that most miscarriages are a one-off and are followed by a healthy pregnancy. If you have had three or more consecutive miscarriages, your GP may refer you for investigations into recurrent miscarriage.

Further information

It can help to talk to people who understand. The hospital or your GP can provide you with details of a counselling service, or you can contact the Miscarriage Association who provides information and support for anyone affected by miscarriage.

Miscarriage Association
Tel: 01924 200799
www.miscarriageassociation.org.uk

Other useful contacts

Early Pregnancy Clinic – Tel: 01271 322722

Bereavement support office – Tel: 01271 322404

References

www.miscarriageassociation.co.uk

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

‘Care Opinion’ comments forms are on all wards or online at www.careopinion.org.uk.

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