

Expectant management of miscarriage

We are very sorry that you are having a miscarriage. This leaflet explains more about expectant management of miscarriage, including the benefits, risks and alternatives, and what you can expect. If you have any further questions, please speak to the nurse caring for you in the Early Pregnancy and Acute Gynaecology Unit (EPAGU).

What is expectant management of miscarriage?

Expectant management of miscarriage is when you wait for the pregnancy to pass 'naturally' through the vagina, without any medical intervention. We expect the miscarriage to be complete within three weeks.

Why should I consider expectant management?

Expectant management means that you normally avoid the need for medication or anaesthetics given during other methods of management of miscarriage.

What are the risks?

Some women experience very heavy bleeding and pain which they cannot cope with at home. If this happens you will need to return to hospital and you may need an operation to remove the pregnancy remains. This is known as surgical management of miscarriage (SMM).

Sometimes the miscarriage may not be complete after three weeks. If this is the case, a medical or surgical option will be discussed.

There is a low risk of infection (around 1 in 100), which is similar to the risk associated with any of the available options according to current research.

Although rare, if bleeding is too heavy and you become anaemic, you may require a blood transfusion.

Are there any alternatives?

Alternative management options are:

- Medical management, where you take medication, usually inserted into the vagina to speed up the process of miscarriage. This usually happens within 48 hours of taking the medication.
- Surgical management of miscarriage (SMM) – an operation to remove the remains of the pregnancy under general anaesthetic (you are asleep).

- Manual Vacuum Aspiration (MVA) – an operation using aspiration, or gentle suction, to empty the womb under local anaesthetic (you are awake).

Your nurse will have discussed these if they are appropriate for you; leaflets that explain these options fully are also available.

What happens during expectant management?

The symptoms you experience will vary according to the size of the pregnancy. Every woman's experience is different.

Most women experience heavy vaginal bleeding with blood clots and cramping abdominal pain. This is usually much heavier than a period. Heavy bleeding should settle within a few hours, although it can stop and start, and lighter bleeding can continue for a few days.

Will I feel any pain?

Most women experience strong cramps and abdominal pains. We advise that you use pain relief medication such as ibuprofen, paracetamol and codeine. These pains are usually strongest whilst the bleeding is heavy and should ease off quite quickly once the pregnancy remains have passed.

If you would like to have the pregnancy remains tested please discuss this with a nurse. We are unable to offer genetic testing unless this is your third miscarriage.

General Advice

- We advise you to use sanitary pads and **not tampons** to lessen the chance of infection.
- We advise you not to have sex until your bleeding has stopped. This is to allow the neck of the womb (cervix) to close and to reduce the risk of infection
- You can shower as normal but we advise using plain water instead of scented products or antiseptics.
- Be aware that lying in a hot bath may make you feel faint, so it may be better to avoid this.

If you are worried about what to do or are distressed because of the amount of pain or bleeding, contact EPAGU on 020 7188 0864 and ask to speak to a nurse (Monday to Friday 8:30am to 6.30pm, Saturday, Sunday and bank holidays 9.30-3.15pm) or speak to your GP. In an emergency you can contact the NHS helpline on telephone number 111, or attend your nearest Accident and Emergency (A&E) department.

Will I have a follow-up appointment?

In most cases you will be given an appointment to be seen in EPAGU two to three weeks after expectant management. This is so that you can have an ultrasound scan to confirm that the miscarriage is complete. We would also advise you to take a home pregnancy test some time after this to confirm your hormone levels have returned to normal.

How might I feel after expectant management?

It is normal to feel tired after a miscarriage, both through the physical symptoms and also the emotional impact of the miscarriage. Miscarriage can cause a range of emotions for you and your partner. These may include anger, guilt, frustration, despair and feelings of loss and extreme sadness.

The Miscarriage Association (details given below) offer many support services, including information leaflets, online forums and telephone advice and support.

There is a monthly support group held at Guy's Hospital, which is run by the Miscarriage Association and an EPAGU representative. Information and dates of the group are available in EPAGU or from the Miscarriage Association.

If you feel you are unable to cope with the emotions you are experiencing, please see your GP or contact the Miscarriage Association who can advise on further help and counselling.

When can I try to get pregnant again?

We advise you to wait for at least one period before trying for a new pregnancy. Some people prefer to wait longer as miscarriage can be a very upsetting time and they feel they need longer to recover. If you require contraceptive advice please discuss this with your GP. If you are planning a pregnancy after your first period, we advise you to take folic acid (400 micrograms daily). This is available from your local pharmacy.

When can I return to work?

This will vary for each woman. You should be able to go back to work after a week or so. It can take longer than this to come to terms with your loss and your GP can provide a sick note if required.

Contact us

If you have any questions or concerns about expectant management or your symptoms, please contact EPAGU on **020 7188 0864** (Monday to Friday 9am – 6.30pm, Saturday and Sunday 9:30am– 3:15pm) Outside of these hours, please contact the NHS advice number, 111 or speak to your GP.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Useful sources of information

The Miscarriage Association, c/o Clayton Hospital, Northgate, Wakefield WF1 3JS.

t: 01924 200799 (Mon to Fri 9am–4pm)

e: info@miscarriageassociation.org.uk

w: www.miscarriageassociation.org.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Leaflet number: 3702/VER2

Date published: August 2016

Review date: August 2019

© 2016 Guy's and St Thomas' NHS Foundation Trust