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 or doctor 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 will normally avoid the need for medication or anaesthesia that is given during other methods of management of miscarriage.

What are the risks?
- Some women experience very heavy bleeding and pain which they cannot manage at home. If this happens you should return to hospital. 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 one in 100), which is similar to the risk associated with any of the other 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?
If suitable, your nurse or doctor will discuss any alternative treatments available to you. Alternative management options include:
- medical management – when 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 (SMM) – an operation to remove the remains of the pregnancy under general anaesthetic (while you are asleep)
- manual vacuum aspiration (MVA) – an operation using aspiration, or gentle suction, to empty the womb under local anaesthetic (while 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.

Most women experience strong cramps and abdominal pain. We advise you use pain relief such as ibuprofen, paracetamol and codeine. This pain is 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 for genetic or chromosomal abnormalities please discuss this with a nurse. We are unable to offer genetic testing free of charge 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 allows the neck of the womb (cervix) to close and reduces the risk of infection.
- You can shower as normal but we advise using plain water without scented products or antiseptics.
- Lying in a hot bath can make you feel faint, so it may be better to avoid this.

If you are worried about what to do or are concerned about the amount of pain or bleeding you have, contact your GP or EPAGU on t: 020 7188 0864 (Monday to Friday 8.30am-6pm, weekends and bank holidays 9.30am-3pm).

In an emergency you can contact the NHS helpline on telephone number t: 111, or attend your nearest emergency (A&E) department.

Will I have a follow-up appointment?
We will arrange a scan for you in three weeks’ time to check that the womb is empty. If it is not, we will discuss further options with you at this time. We will also advise you when to perform a home pregnancy test to confirm the result is negative.

How might I feel after expectant management?
It is normal to feel tired after a miscarriage, both due to physical symptoms and 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 the Education Centre in York Road, 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 would benefit from professional support, 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 a 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 certificate if required. If you are off work for seven days or less, you can self-certify.

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**Contact us**
If you have any questions or concerns about expectant management or your symptoms, please contact EPAGU on **t:** 020 7188 0864 (Monday to Friday 9am-6pm, Saturday and Sunday 9.30am-3pm). Outside of these hours, please contact the NHS advice number by calling **t:** 111, or speak to your GP.

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

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**Useful sources of information**

**The Miscarriage Association**
The Miscarriage Association provides support and information to anyone affected by miscarriage, ectopic pregnancy or molar pregnancy.
**t:** 01924 200799, Monday to Friday, 9am-4pm  **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, Monday to Friday, 9am-5pm

**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 and accessible 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  **w:** www.111.nhs.uk

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