

Miscarriage

Patient Information – Gynaecology Services

This leaflet is to provide information for women and their families about miscarriage and the management options for a miscarriage in the first trimester of pregnancy.

What is a miscarriage?

A miscarriage is the loss of a pregnancy before 20 weeks gestation. This is most likely in the first 12 weeks of a pregnancy and is known to occur in 10-20% of recognised pregnancies. We understand that the loss of a pregnancy can be a particularly distressing time. There is a significant emotional impact, as well as the physical changes of pregnancy.

How is a miscarriage diagnosed?

An ultrasound scan is the most accurate way of diagnosing a miscarriage, though examination and blood tests may be required. You may still feel pregnant and your pregnancy test may still be positive. This is because the hormones in your body alter when you become pregnant and take time to return to normal. The ultrasound scan will show whether there is any pregnancy tissue remaining in the womb (uterus).

The medical terms used to describe the different types of miscarriage are:

- **Complete miscarriage** – this is when all the pregnancy tissue in the womb has already been cleared by the body naturally. There will probably be no need for any further treatment, although vaginal bleeding may continue for a little while.
- **Incomplete miscarriage** – this is when some of the pregnancy tissue has been cleared and some remains in the womb. There may be ongoing pain and bleeding.
- **Missed miscarriage** – this is when the pregnancy cannot progress beyond this point but all the pregnancy remains in the womb. Sometimes this can occur with little sign that anything is wrong.

What options are there for management of a miscarriage?

Your doctor or midwife will discuss options for managing a miscarriage with you. If required, they will refer you to be seen at the Early Pregnancy Assessment Service (EPAS), Christchurch Women's Hospital.

1. Expectant management

Expectant management of miscarriage is waiting for nature to take its course. If you have an incomplete miscarriage this would mean waiting for your body to pass the remaining tissue from the womb. If you have a missed miscarriage this would mean waiting for the bleeding to start, which will be your body removing the pregnancy tissue from the womb.

Advantages

- A natural process, allowing nature to take its course.
- No drugs or anaesthesia are involved.
- No operation or hospital visits are required.

Disadvantages

- It is not possible to predict how long it will take for the miscarriage to be completed, it can take days or weeks to occur and the course of pain and bleeding is unpredictable.
- You will need to see your GP for follow up appointments.
- There is a small chance that the womb does not empty completely, and you may need to have medical or surgical management as below.

2. Medical management

Medical management of miscarriage is the use of pills and vaginal tablets (pessaries), called mifepristone and misoprostol to assist and complete the natural process of miscarriage. The mifepristone tablet is given to you whilst you are in Gynaecology. You then take a series of misoprostol tablets (either under your tongue or inserted into your vagina), which bring about your miscarriage. These pills cause cramping and bleeding. Most women complete the process of miscarriage in a familiar environment with an adult support person. You will be given a prescription for the misoprostol, anti-nausea medication and pain relief. A nurse will phone you at home to check

how you are and see if you have miscarried. Sometimes bleeding can start straight away, but it usually starts with the misoprostol on the second day.

Advantages

- No surgery or anaesthetic required.
- No need to stay in hospital.
- Side effects from the medications are rare and mild, eg. nausea, vomiting, diarrhoea.
- Can be started on the same day as your EPAS appointment.

Disadvantages

- You need to come to the hospital for an appointment.
- In a small percentage of women, it is not successful, and some tissue may be left in the womb. Surgical management as outlined below may be required.
- For some women these medications may not be suitable, eg. if you have certain cardiovascular or neurological medical conditions.

3. Surgical management

This method is a small operation using an instrument to open the cervix and remove the remaining pregnancy tissue using a suction device. For most women this can be carried out under a local anaesthetic (you will be awake and will have medications to make you comfortable) in a procedure called Manual Vacuum Aspiration Curettage (MVAC). You will have a day/time booked to return for this. For a small number of women, a general anaesthetic (you will be asleep) may be required.

Advantages

- You know that your miscarriage will be completed on the day of the surgery. Please note that surgical dates can be postponed due to emergencies.

Disadvantages

- You need to come back to the hospital on another day for several hours.
- Surgical management of miscarriage is safe, however like all surgical procedures there are potential risks involved:
 - There is a small chance that some tissue may still remain in the womb and you may need to have further treatment, or a further operation.
 - The wall of the womb can be perforated (an accidental hole made). If this occurs, you may need another operation to correct this and a course of antibiotics.
 - Asherman's Syndrome: a rare complication when scar tissue forms in the womb following a surgical procedure. This can cause problems with the ability to become pregnant in the future, as well as complications in future pregnancies.
 - There may be damage to the cervix (neck of the womb). This may weaken the cervix for future pregnancies. To reduce this possibility a hormone tablet is given about an hour before the procedure.

If you need to have general anaesthetic:

- There are rare risks associated with a general anaesthetic. Your anaesthetist will discuss these with you at the time.

Complications that can occur with all types of miscarriage management

- Infection occurs in approximately 1 in 20 women who have a miscarriage, regardless of which type of management they have. This may require treatment with antibiotics.
- Heavy bleeding may occur and require treatment. 1 in 100 women may need a blood transfusion.

Other FAQs

- *Will I need any further tests?*

If this is your third consecutive miscarriage, your GP may offer a series of tests to determine what could have caused this to happen. You may then be referred to a gynaecologist.

- *When can I return to work?*

This will depend on how you feel and is different for each woman. Physically, you can return to work after one or two days of rest.

- *When can we try for another baby?*
There is no evidence to suggest that you have to wait before trying for another baby, but it is recommended to wait one menstrual cycle, and to allow yourself time to recover both emotionally and physically from this miscarriage. Please ask your GP or LMC if you need advice.
- *Will this miscarriage affect my chances of having a baby in the future?*
After one miscarriage most women will go on to have a normal pregnancy.
- *What if I have further questions?*
- You can contact your GP, LMC or other support services listed on this page.

What to expect after a miscarriage

Bleeding

- It is normal for this to vary from very little or no bleeding, to what seems like a heavy period. It is also normal to pass some small blood clots over the next few days.
- You will have your next period in about 6 weeks and it can be a little heavier than normal. Please see your GP if you do not get your period within the next 6-8 weeks.

Pain

- You are likely to experience crampy pains on and off for a few days. Pain relief such as paracetamol and/or ibuprofen, is normally enough to control this.

Risk of infection

Infection is a common complication of miscarriage. To keep the risk to a minimum we advise:

- Use only sanitary pads until your next period – do not use tampons.
- Shower instead of having a bath.
- Avoid going in a spa pool or public swimming pool for 10 days (or until bleeding has stopped).
- Avoid intercourse or putting anything inside the vagina for 10 days (or until bleeding has stopped).

Emotions

- It is normal and acceptable to experience ongoing grief following the loss of your pregnancy. Your hormones will take some time to return to normal following your pregnancy loss and this can contribute to strong feelings. Everyone copes with this time differently, so be forgiving to yourself, take the time off you need, and talk about your feelings with loved ones. You may want to talk to your partner, a close friend, counsellor or your GP. The CWH professional counselling services are confidential and free of charge. You may contact them at any stage before or after a miscarriage by phoning: **Christchurch Women's Hospital Social Work & Counselling Service (03) 364 0420.**

Support and advice are also available from the following groups:

- www.miscarriagesupport.org.nz – our site offers support and information to the many women and their families throughout New Zealand who grieve for the loss of their babies.
- www.sands.org.nz – sands provides support to parents and families who have experienced the death of a baby at any stage during pregnancy, as a baby or infant.
- www.wheturangitia.services.govt.nz – Whetūrangitia – information for whānau experiencing the death of a baby.

When should I be worried and seek help?

If you experience any of the following:

- Bleeding heavily enough to soak more than one sanitary pad an hour, for two hours straight
- Feel light headed or faint
- Feel shivery or unwell or have a high temperature (greater than 37.5°C)
- Find the pain is really bad even after taking the recommended pain medication
- You or your family are concerned about your emotional well being
- Have any concerns or questions

Contact your GP, family planning clinic or after hours surgery. You may also phone the Gynaecology Assessment Unit (GAU) for advice on:

(03) 364 4805 – 7:30am-10:00pm

027 285 5863 – 10:00pm-7:00am

If it is an emergency dial 111 and ask for an ambulance

For more information about:

hospital and specialist services, go to www.cdhb.health.nz | your health and medication, go to www.healthinfo.org.nz