# 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 (first 12 weeks) 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. 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 will 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 been cleared by the body naturally. The vaginal bleeding will continue for a while, similar to a period. As your body has completed the process naturally there will probably be no need for any treatment.
- **Incomplete miscarriage** – this is when some of the pregnancy tissue remains in the womb. There may be pain and bleeding.
- **Missed miscarriage** – sometimes the pregnancy may end with little or no sign that anything is wrong. An ultrasound scan shows that the pregnancy tissue remains in the womb, but the pregnancy will not progress beyond this point.

### What options are there for management of a miscarriage?

Your doctor or midwife will discuss the 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. At this appointment we will discuss the options for management of a miscarriage in the first trimester of pregnancy:

**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.

***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.

***Advantages cont.***

- No operation is required, or hospital visits required.

***Disadvantages cont.***

- 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 misoprostol, to speed up and complete the natural process of miscarriage. The misoprostol vaginal pessary is placed while you are in the Gynaecology Ward. This stimulates the womb to contract and empty itself of the remaining pregnancy tissue.

Most women can go home and complete the process of miscarriage in a familiar environment with their adult support person. A nurse will phone you at home to check how you are. Most women start to bleed within the first 24 hours. Sometimes bleeding may start straight away, but there may be a delay of 2 to 3 days or even longer. Some women may need to take further misoprostol tablets at home.

***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. You may need to have surgical management as outlined below.
- For some women these medications may not be suitable, for example if you have certain medical conditions such as high blood pressure, heart problems or have had a stroke.

## 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) this procedure is called Manual Vacuum Aspiration Curettage (MVAC) You will have a day/time booked to return for the surgery. 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 a safe operation, 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.

***Disadvantages cont.***

- The wall of the womb can be perforated (an accidental hole made). If this occurs, you would need another operation to correct this and a course of antibiotics.
- Asherman's Syndrome: this is 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 could weaken the cervix for future pregnancies. To reduce this possibility a hormone tablet is given about an hour before the operation, to relax the cervix.

<u>If you need to have general anaesthetic</u>:

- There are risks associated with a general anaesthetic which affect 1 in 100,000 women.

## 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 need a blood transfusion if this occurs.

## 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. They may then refer you to a Gynaecologist.

## Other FAQs

- *What if I am worried or have questions?*
  Please contact your GP, midwife or other professionals listed on this page.
- *When can I return to work?*
  This will depend on how you feel and is different for each woman.
- *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 important that you allow yourself time to recover both emotionally and physically. Please ask your GP 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 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 may experience crampy pains on and off for a few days. Mild pain relief, such as paracetamol, 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

- You may experience many different emotions over the next few days or weeks. Initially these can be particularly strong, until your hormone levels return to normal. If these feelings continue for some time we suggest that you seek help. This may be a close friend, counsellor or your GP. The Christchurch Women's Hospital professional counselling services are confidential and free of charge. You may contact them at any stage before or after a miscarriage by phoning the 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
- 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. See their website for contact details.
- www.wheturangitia.services.govt.nz – Information for family and whānau experiencing the death of a baby or child.

## 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
- 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.

**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