

# Miscarriage



## Information for patients and their partners

We are very sorry for your loss. This booklet explains some of the reasons why miscarriage happens and the treatment we will offer you. If you have any questions or concerns, please contact the Early Pregnancy Unit (EPU) using the numbers on page 12.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What is a miscarriage?

A miscarriage is the loss of a pregnancy during the first 23 weeks of the pregnancy. Most happen very early, during the first 12 weeks (first trimester). Only a small proportion of pregnancies are lost after this.

Miscarriages are much more common than most people realise and many happen before you are even aware you are pregnant.

It is estimated that once you have missed a period and your pregnancy has been confirmed by a positive urine test, you have a one in six chance of miscarrying. In general, your risk of miscarriage goes down as your pregnancy progresses.

## What are the symptoms?

There are many symptoms and these can vary individually.

- Vaginal bleeding is the most common symptom.
- This may be followed by painful contractions.
- Some have no bleeding or pain and the only sign that they are miscarrying is that they gradually lose their pregnancy symptoms, such as nausea or breast tenderness.

Bleeding and pain are not always signs of a miscarriage – many uncomplicated pregnancies can also have these symptoms.

## Why do miscarriages happen?

Most happen because the embryo (tiny baby) has abnormal chromosomes and is not developing as expected. This is not preventable, and it is not caused by anything you have done during your pregnancy.



The risk of these problems rises with age, so miscarriage is more common if you are older. For example, a 20-year-old has about a 10% risk, while for a 40-year-old the risk is about 40%.

Very rarely, miscarriage is caused by problems with your uterus or a condition which causes your immune system to reject your pregnancy. These are so rare that we would normally check for them only if you have had three or more miscarriages.

There is no evidence that early miscarriages are caused by infections.

## Stages of miscarriage

There are three different stages:

1. **Early embryonic demise** – the embryo (tiny baby) stops developing but the pregnancy remains in your womb.
2. **Incomplete miscarriage** – you lose most of your pregnancy through bleeding but you still have some tissue left in your womb.
3. **Complete miscarriage** – you lose all of your pregnancy; your womb is empty and your bleeding has settled.

## How is a miscarriage diagnosed?

The most accurate way of finding out if you are miscarrying is to have an internal ultrasound scan. This can help us to see whether you have an uncomplicated pregnancy or you are miscarrying.

We are not always able to diagnose a miscarriage at the first scan, so you may need to have another one a week or two later.

Sometimes we check your pregnancy hormone (progesterone) levels because these can show whether you are likely to have a normal early pregnancy or are miscarrying. Generally, if you have low levels of progesterone, your risk of miscarriage is greater.



## How is a miscarriage treated and managed?

This depends largely on how severe your symptoms are. If your symptoms are mild, we will offer you a choice of how we manage your miscarriage. There are small risks with each option, which we will discuss with you. It is important that you understand these risks before you make your decision.

### Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff again.

## What are the different types of treatment?

- 1. Expectant management**
- 2. Medical management**
- 3. Surgical Management of Miscarriage (SMM)**

### 1. Expectant management

This means waiting for the miscarriage to happen naturally. We normally recommend this option when you are having an incomplete miscarriage (see page 3). It is successful for about 80% of people with an incomplete miscarriage.

You may bleed for two to three weeks during expectant management. You may have heavy bleeding with clots and period-like pains, so it can help to take painkillers such as paracetamol or ibuprofen.



If the bleeding does not settle, you will have a second scan to check whether there is any tissue left inside your womb. If your womb is empty, this means you have had a complete miscarriage and will not need any more treatment.

If there is some tissue left, we may offer you a minor surgical procedure called a Surgical Management of Miscarriage (SMM) to remove it (see page 7). Alternatively, you may decide to wait longer for the tissue left behind to clear away naturally, often with your first period after your miscarriage.

## What are the risks?

Expectant management is usually very safe. There are a few possible complications, but these are rare. If you would like more information, please ask one of our team on the Early Pregnancy Unit (EPU).

- **Heavy bleeding** – bleeding is a normal sign of miscarriage and the amount of blood you lose varies. It is unusual to have very heavy bleeding, but this may cause problems. Generally, if you need to change your sanitary towel more than once an hour you may be losing too much blood. If this happens, please go to your local Emergency Department (ED)
- **Abdominal (tummy) pain** – you usually have minor cramping in the lower part of your tummy. Taking painkillers such as paracetamol or ibuprofen will help. It is unusual to have lower abdominal pain or tenderness that is so severe that painkillers do not relieve it. If this happens, please go to your local ED.
- **Infection** – if you develop a fever, unusual vaginal discharge or constant tummy pain after the miscarriage, please go to the EPU or your GP (home doctor) as soon as possible. We will test you for an infection by taking vaginal swabs. We will prescribe antibiotics, if necessary.



## 2. Medical management

This involves using two medicines to help start the process of miscarrying. The first is a tablet (mifepristone) and the second is vaginal tablets given 48 hours later (misoprostol).

We can use this type of treatment for early embryonic demise, but there is no evidence that it works any better for incomplete miscarriage (see page 3) than expectant management.

If the tablets work you will have bleeding and pain as the pregnancy tissue passes through your cervix. If you do not have any heavy bleeding within the first 24 hours following the misoprostol, please come back to the EPU as you may need another dose of the misoprostol.

The bleeding may last for two to three weeks. If it is very heavy or continues for longer, you need to come back for a second scan so we can check if there is any placental tissue left inside your womb.

If it is empty, the miscarriage is complete and you do not need any more treatment. If there is some pregnancy tissue left inside, we will offer you a minor surgical procedure called a Surgical Management of Miscarriage (SMM) to remove it (see page 7). Alternatively, you may decide to wait for the rest of the tissue to clear away naturally.

If you have excessive pain and bleeding after medical management, we may advise you to have an SMM.

Medical management works in about 80% to 90% of cases. Having repeat scans reduces the success rate, which is why we recommend one only if you have prolonged or very heavy bleeding.



## What are the risks?

Medical management is usually very safe. There are a few possible complications, but these are rare. If you would like more information, please ask one of our team on the EPU.

- **Heavy bleeding** – bleeding is a normal sign of miscarriage and the amount of blood you lose varies. But it is unusual to have very heavy bleeding and this may cause problems. Generally, if you need to change your sanitary towel more than once an hour you may be losing too much blood. If this happens, please go to your local ED.
- **Abdominal (tummy) pain** – you usually have minor cramping in the lower part of your tummy. Taking painkillers such as paracetamol or ibuprofen will help. It is unusual to have lower abdominal pain or tenderness that is so severe that painkillers do not relieve it. If this happens, please go to your local ED.
- **Infection** – If you develop a fever, unusual vaginal discharge or constant tummy pain after the miscarriage, please go to the EPU or your GP as soon as possible. We will test you for an infection by taking vaginal swabs. We will prescribe you antibiotics, if necessary.
- **Misoprostol side effects** – these include diarrhoea, indigestion, abdominal pain, nausea and vomiting, rashes and dizziness. If you have any of these symptoms, please contact the EPU for advice.

## 3. Surgical Management of Miscarriage (SMM)

This involves a small operation to remove your pregnancy through your vagina by using a small suction tube. You will not have any cuts to your tummy. After the operation you are likely to have some light vaginal bleeding for 14 to 21 days. You may choose to have this treatment or may need this procedure if you miscarry later in your pregnancy or once a pregnancy reaches a certain size or you have severe bleeding and pain.



You can have a local anaesthetic (awake) or a general anaesthetic (asleep) for the procedure. The nurses and doctors will discuss this with you. We do not do this as an emergency procedure unless you are in severe pain or bleeding very heavily, but once you have made your decision, we will book the SMM within seven days.

You may miscarry naturally while you are waiting to have the procedure. If you have heavy bleeding after your scan, please come back to the EPU the next day for another scan to check whether you still need the operation.

To let us know you are coming in, or if you need advice, please phone us on **020 3299 3168** (King's College Hospital) or **01689 865721** (Princess Royal University Hospital).

**Outside of clinic hours, or if you have very heavy bleeding or severe pain, please go to your nearest ED.**

## What are the risks?

The following problems are not common. We will discuss them with you in more detail when we explain the operation to you.

- **Heavy bleeding** – if you bleed very heavily during the operation you may need a blood transfusion. This is rare. We will give you a transfusion only if it is necessary. If you object to receiving blood products, please tell us before you sign your consent form.
- **Infection** – if you develop a fever, unusual vaginal discharge or constant tummy pain after surgery, please go to the EPU or your GP as soon as possible. We will test you for an infection by taking vaginal swabs. We will prescribe you antibiotics, if necessary.
- **Perforation** – this is a very rare complication. During the operation it is possible for your surgeon accidentally to make a small hole in your womb. They may need to make a small cut in





your tummy and put in a special telescope (laparoscope) to check whether you have any bleeding. If necessary, they will repair the hole. Very rarely, you may need what is called an 'open' operation (laparotomy), which involves making a larger cut in your tummy. We will also give you antibiotics to prevent infection. The risk of perforation is very small (3 to 5 in 1,000).

- **Tissue left (retained) in your womb** – sometimes, small amounts of pregnancy tissue can be left inside your womb after the procedure. Most of the time this will come out without more treatment, but if you have continued or heavy bleeding and/or pain after surgery, please come back to the EPU for another scan. If there is any tissue left, you may need to have the procedure again.

## What happens to the pregnancy tissue that is taken out?

We send it to the laboratory for routine tests to confirm that it is placental tissue. We also test it to make sure it is not an unusual type of miscarriage called a molar pregnancy. We then dispose of the tissue respectfully.

You have several disposal options and a member of staff will discuss these with you before surgery.

## What happens after I have miscarried?

For the first two weeks after a miscarriage, please avoid having sex or using tampons. This reduces the risk of infection.

If you have either of the following symptoms for more than two weeks, please come back to the EPU:

- you continue to bleed steadily but constantly, or
- you have pain that does not go away when you take painkillers



It can take up to four weeks for your pregnancy hormones to clear. During this time, a pregnancy test can still read positive. Your next period may also be delayed by two to three weeks.

### **Rhesus negative blood group and miscarriage**

If your blood group is rhesus negative and you miscarried after 12 weeks or you had an SMM, we will recommend you have an anti-D injection. Being rhesus negative means you can develop antibodies that attack the blood cells of your next baby which can cause complications of that pregnancy.

### **What should I do about antenatal or midwife appointments?**

If you already have antenatal and/or midwife appointments booked for your pregnancy, please tell the nurse who is caring for you. They will cancel them for you.

### **Where can I get help and support?**

Grieving and depression are common reactions to losing a pregnancy, both for you and your partner, and it can take time for you to come to terms with your loss.

If you feel that you need support, our senior nurse can help and give you information. We can also refer you and your partner for specialist counselling.

Please contact us if you have any questions about getting help or would like to be referred.

**King's College Hospital**

Tel: **020 3299 3168**



## **When can I try for another pregnancy?**

We advise you to wait until after your next period before trying for another pregnancy. This makes it easier to work out your due date, and having a period is a good sign that your body is back to normal. If you get pregnant before your first period, it should not increase your risk of having another miscarriage.

You may find you need a little more time to recover – emotionally and physically. The best time to start trying again is when you and your partner feel ready.

There are several things you can do to improve your chance of having a healthy pregnancy:

- take folic acid supplements
- avoid alcohol
- do not smoke
- eat a healthy, balanced diet and maintain a healthy weight

All of these can help to keep you and your pregnancy healthy. If you have any questions about the things you can do, please ask one of our nurses or doctors.

If you bleed in future pregnancies, we will discuss progesterone treatment as this has been shown to reduce the risk of miscarriage in a small proportion of those with bleeding and a previous miscarriage. Unfortunately, there is usually nothing specific that you can do to reduce the risk of early miscarriage.



## Who can I contact with queries and concerns?

If you have any queries or concerns during working hours, contact the EPU:

### **King's College Hospital site**

Tel: **020 3299 3168** (9am to 5pm, Monday to Friday)  
Nurse Triage line, Tel: **020 3299 7232** (9am to 4.30pm, Monday to Friday)  
Email: [Kch-tr.helplineepu@nhs.net](mailto:Kch-tr.helplineepu@nhs.net)  
Women's Surgical Unit, Tel: **020 3299 5936** (out of hours)

### **Princess Royal University Hospital (PRUH) site**

Tel: **01689 865721** (9am to 4pm, Monday to Friday)

**In an emergency, please go to your local ED.**

## More information

### **Miscarriage Association**

Helpline: 01924 200799  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

### **Stillbirth and Neonatal Death Society (Sands)**

Helpline: 0808 164 3332  
[www.sands.org.uk](http://www.sands.org.uk)

### **Babyloss**

[www.babyloss.com](http://www.babyloss.com)



## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King’s College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **[kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **[kch-tr.palspruh@nhs.net](mailto:kch-tr.palspruh@nhs.net)**

**If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email [kch-tr.accessibility@nhs.net](mailto:kch-tr.accessibility@nhs.net)**





