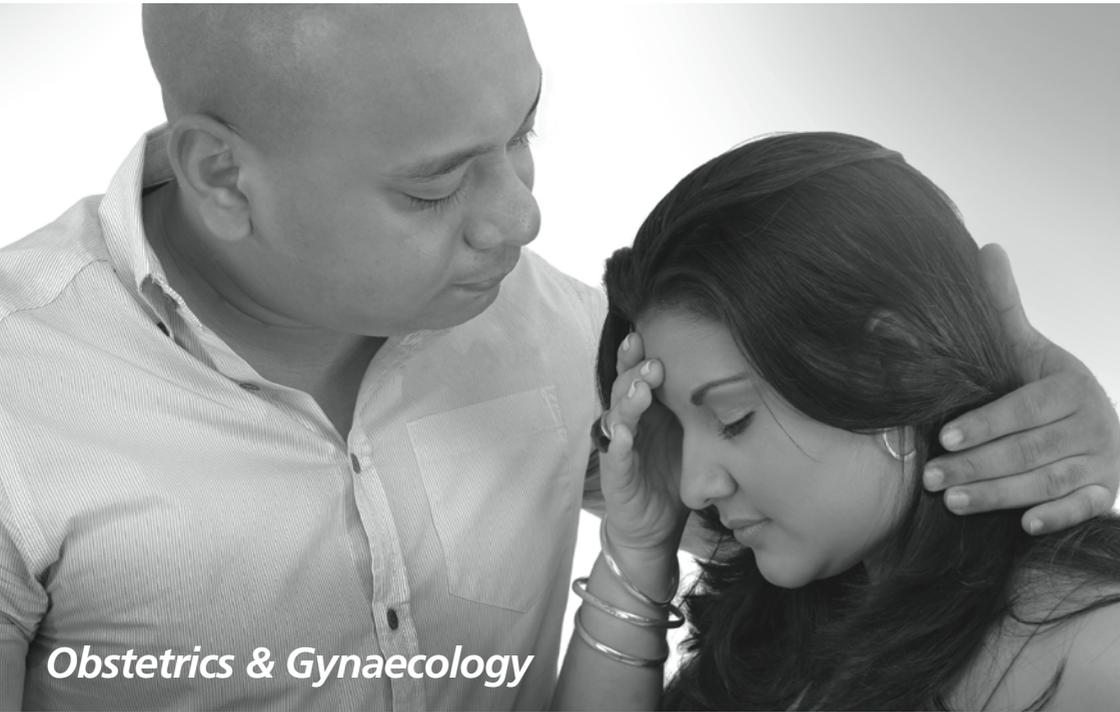


# Miscarriage

## Information for patients



*Obstetrics & Gynaecology*

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at [feedback@rothgen.nhs.uk](mailto:feedback@rothgen.nhs.uk)

#### Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

#### Slovensky

#### Kurdish Sorani

كوردی سۆرائی  
نه‌گه‌ر تۆ یان كه‌سێك كه تۆ ده‌یناسی پێویستی به‌یارمه‌تی هه‌یه‌تی یۆ نه‌وه‌ی لهم به‌لگه‌نامه به‌ تێبگه‌ت یان بێخۆتێنته‌وه، ته‌كه‌یه به‌یوه‌ندیمان پێوه بکه له‌سه‌ر نه‌و ژماره‌یه‌ی سه‌ره‌وه‌دا یان به‌و نهمه‌یه‌.

#### Arabic

عربي  
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

#### Urdu

أردو  
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

#### Farsi

فارسی  
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email [patientinformation@rothgen.nhs.uk](mailto:patientinformation@rothgen.nhs.uk)

## Miscarriage

### Introduction

This leaflet has been designed as a source of information for women and couples who have experienced a miscarriage in the early stages of pregnancy (before 12 weeks).

### What is a miscarriage?

The spontaneous loss of a baby, up to 24 weeks of pregnancy, is referred to as a miscarriage. After 24 weeks, the loss of a baby is referred to as a still-birth.

### Why did I miscarry?

As many as one in four pregnancies results in a miscarriage, with many possible causes. However, in most cases particularly in very early pregnancy, it is very difficult to know the exact cause. The main reason is because the baby does not develop normally.

Sometimes a very high temperature or some illnesses or infections such as German Measles could be a cause of miscarriage. Smoking certain drugs, poorly controlled diabetes, age, being overweight, and auto immune disorders such as lupus may also increase the risk of miscarriage.

**It is important for you to know that it is highly unlikely to have been caused by anything you have done, thought or said. Miscarriage is rarely anyone's fault.**

## Miscarriage

### How do you confirm it is miscarriage?

The scan you have had will have given us the information that your pregnancy has ended. Sometimes we will have done two scans, a week or so apart to be certain that your pregnancy has stopped developing. We may even have taken blood samples to be certain especially in very early pregnancies when a scan doesn't give us enough information. Occasionally it will be necessary for you to have blood tests each week until the pregnancy hormones return to a negative level.

### What will happen now?

When we know you are going to have a miscarriage you will need to decide what you want to do next. You do not need to make an immediate decision. Everyone is different and what is right for one person may not be right for you. You can always have another appointment to discuss everything again – or even phone us if you prefer. It is important that the decision you make is the right one for you. **Remember you do not have to rush to make a decision.**

### Your choices

#### 1. Expectant management

You may feel you do not want to take any action and would prefer for 'nature to take it's cause' and wait for the pregnancy to miscarry. This is called **expectant management**. The painkillers you would usually take for period pain should be adequate for the miscarriage – if it is not then contact either your GP, Ward B11 or Early Pregnancy Assessment Unit (EPAU).

It is normal to bleed heavily for a short period of time during the miscarriage. Very occasionally ladies may bleed too much (haemorrhage). If you have any worries about your bleeding then please contact EPAU or Ward B11 to talk to a Midwife, Nurse or Doctor for advice. The chance of getting an infection is minimal but if you develop a vaginal discharge which smells unpleasant, or a high temperature with flu like symptoms or a fever then you need to contact EPAU or Ward B11 for advice.

You will be asked to take a pregnancy test in 3 weeks. If the test is positive, you will be given a follow up appointment in EPAU where we will rescan you to see if your pregnancy has completely gone. If this has not happened or some of the thickened lining is left behind we will re-discuss your options. You can choose this method for as long as is needed as long as you stay well and attend for regular check ups. If you change your mind at any stage and wish to re-discuss your options, contact us and we will arrange an appointment for you.

### 2. Medical management

Medical management is when we use a drug called misoprostol to make your body miscarry. We can arrange a date as an inpatient for you to have this procedure, which is usually within a week. You will be nursed in a side room so you can have some privacy. Please take a pregnancy test 3 weeks after medical management and contact EPAU if still positive. We can provide you with more information about this if you want. Medical management of miscarriage has an 85% success rate.

#### **Medical management as an outpatient**

It is possible to have medical management as an outpatient, providing you have adequate support at home and are able to return for further drugs to be administered if necessary. You will be given a drug called misoprostol either to swallow or by having pessaries inserted into the vagina which cause the neck of the womb (cervix) to open and allow the pregnancy tissue to pass through. This usually takes a few hours when you will experience some pain and cramping with vaginal bleeding and may pass clots, (like a heavy period). You may take the same pain relieving drugs that you would use for 'period pains'. If the bleeding has not started by the following day, you may need a further dose of misoprostol or may wish to discuss other management options. Medical management of miscarriage has an 85% success rate. A more detailed leaflet is available upon request.

### 3. Surgical management

This is the removal of the pregnancy under a general anaesthetic, which means you will be asleep. This is a minor operation which usually takes 10 to 15 minutes. We arrange a date for you to have this procedure and you would need to attend EPAU a day or so, before the procedure to have some routine tests. We can provide you with more information about this if you want.

#### **Manual Vacuum Aspiration (MVA)**

This is a clinical procedure to remove pregnancy tissue from the womb. You may be offered the procedure to remove pregnancy tissue from the womb under local anaesthetic rather than under general anaesthetic. This procedure is successful in 98% of cases and removes the pregnancy tissue by applying suction through a fine tube which has been inserted through the neck of the womb (cervix) into your womb (uterus). The procedure will take approximately 10-15 minutes, but you will be in the clinic for a total of 2-3 hours for pre and post procedure observations and care. A more detailed leaflet is available upon request.

## Miscarriage

### Physical aftercare

Following your miscarriage you may experience a blood loss for between 7 to 14 days. You may lose a discharge for up to a month after your miscarriage. As long as this does not become unpleasant smelling there is no need to worry. We advise you to use sanitary pads during this time and not tampons to reduce the risk of infection, and avoid intercourse until the bleeding has stopped.

Most ladies will have their next period within four to six weeks after the miscarriage. The first period you have may be different to your normal periods, this is nothing to worry about as your periods will soon return to your usual pattern.

If you have not had a period for eight weeks and a pregnancy test is negative we would suggest you see your GP. If a pregnancy test is positive then it is a new pregnancy and you will need to contact your midwife. Generally we suggest that you have a period before you start trying again.

### Emotional aftercare

The loss of a pregnancy at whatever stage is unique to you. Everyone has different ways of expressing their feelings, grieving is individual to you, and has no set pattern or time span.

### Your feelings

When you started to miscarry you probably felt frightened and helpless as there is usually nothing you can do to prevent it happening. Some women recover quickly, others take a long time. You are very likely to feel sad and you will need time to grieve. Do not expect too much of yourself. You may never forget the baby you have lost but the pain will get easier.

Many women are left with feelings that they find difficult to cope with and talk about. Not everyone is the same but many women will experience some of these feelings; anger, sadness and crying, sense of bereavement, loss of interest in everyday life, depression, feelings of guilt and failure, tiredness, talking about it all the time or finding it too difficult to discuss, numbness and emptiness.

It is important to realise that all these feelings are normal. Sharing your grief will make it easier to cope with but for some couples the need to protect each other from painful feelings stop them from talking to each other. Although it may be difficult at first try to tell partners, family and friends how you feel.

## Miscarriage

They may have experienced the same situation, but be prepared for responses such as “you can try again” or “it happened for a reason”. These statements may not help although most people mean well. Some of you will recover more quickly than others, if at any time you feel you cannot cope then contact your GP or EPAU for counselling advice.

### Service of remembrance

A communal service of remembrance is held for all parents who have experienced a miscarriage or have lost a baby. This is usually on a Saturday in April. The service is held annually. Please contact the chaplain if you would like to attend this years service.

### Book of remembrance

Parents may wish to write a short verse or poem to be entered in the book of remembrance which is kept on Ward B11 and available for anyone to read. Please ask staff for more details. Sometimes parents would like a naming ceremony for their baby. The staff in EPAU, Ward B11 and the chaplain can give you further advice about this. In very early pregnancies or where there is no recognisable baby the pregnancy is taken to the crematorium for cremation in a sensitive and considerate manner. Again any of the staff you come into contact with can give you more information about this.

## Miscarriage

### Getting back to normal

You should be able to return to work around a week following your miscarriage. Take care not to over do things as you still need time to heal mentally as well as physically. If you do not feel capable of returning to work there is no harm in giving yourself a little more time and your GP can provide you with any help and support you need.

### Finally.....

Most couples will go on to have a perfectly normal pregnancy with no problems after a miscarriage. It is normal to be very anxious when you do become pregnant again. Do not be afraid to share your worries with your GP or midwife. Most doctors do not start investigating couples for miscarriages until they have lost 3 consecutive pregnancies unless there is a strong medical or family history to suggest there may be an underlying cause. Most couples who have investigations never have a reason identified for their losses but do go on to have successful pregnancy.

**If you have any questions or concerns,  
please contact:**

**EPAU** 01709 427072

**Ward B11** 01709 424349

**Chaplain** 01709 820000

and ask for the Chaplain.





## How to contact us

### **EPAU**

Telephone 01709 427072

### **Ward B11**

Telephone 01709 424349

### **Switchboard**

Telephone 01709 820000

## Useful contact numbers

### **The Miscarriage Association**

Telephone 01924 200799

### **The National Child Birth Trust**

Rotherham Branch, 47 Braithwell Rd  
Ravenfield, Rotherham

Telephone 01709 545760

### **Cruise Bereavement Care**

17 Newman Court, Rotherham

Telephone 01709 362744

### **Stillbirth & Neonatal Death Support (SANDS)**

28 Portland Place, London

Telephone 0207 4367940

### **National Fertility Association**

Telephone 01922 722888

### **NHS 111 Service**

Telephone 111

### **Health Info**

Telephone 01709 427190

### **Stop Smoking Service**

Telephone 01709 422444

## Patient Services

Telephone 01709 424461

### **A&E**

Telephone 01709 424455

### **For GP out of hours, contact your surgery**

## Useful websites

[www.nhs.uk](http://www.nhs.uk)

[www.direct.gov.uk](http://www.direct.gov.uk)

[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

## We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

### **The Rotherham NHS Foundation Trust**

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

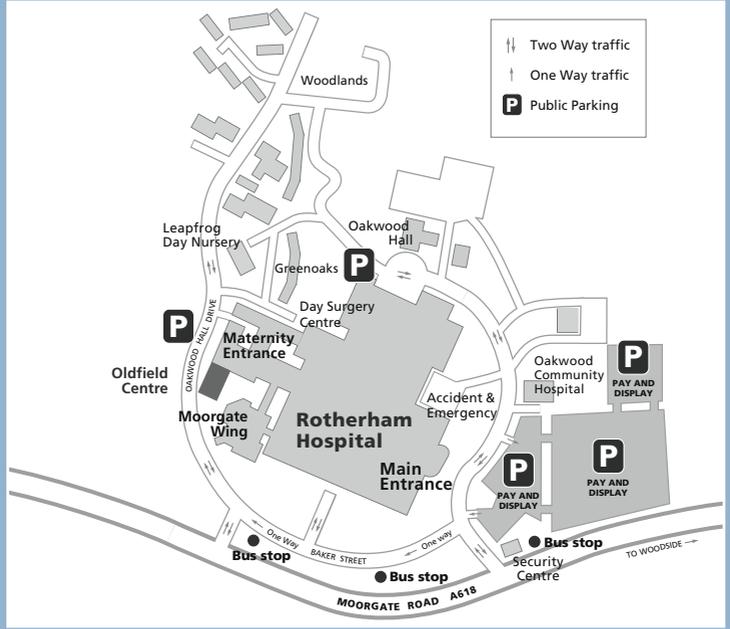
S60 2UD

Telephone 01709 424461

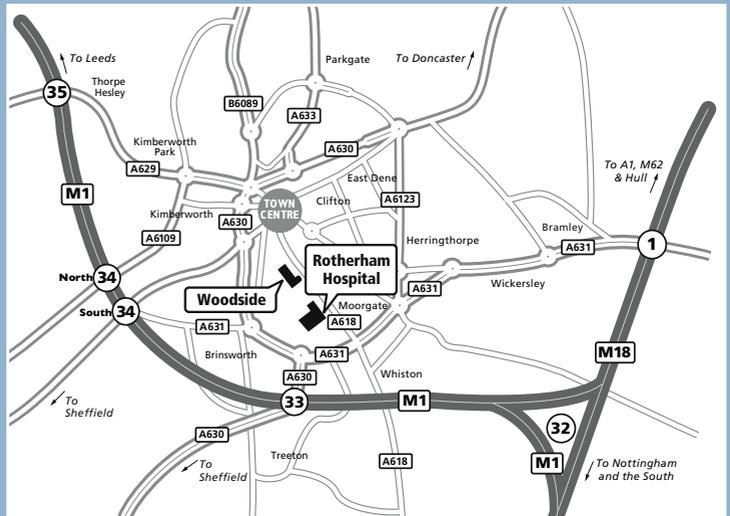
Email [complaints@rothgen.nhs.uk](mailto:complaints@rothgen.nhs.uk)

# How to find us

## Hospital site plan



## Rotherham main routes





LS 536 07/13 V3 WFO



The Rotherham **NHS**  
NHS Foundation Trust

**Rotherham Hospital**  
Moorgate Road  
Oakwood  
Rotherham  
S60 2UD

Telephone 01709 820000  
[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

