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AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Managing your Miscarriage

Options for your care

Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,

Greetings and Welcome to National Women's

Auckland District Health Board
National Women's Health

A miscarriage is almost always a sad event.

We are aware that this could be a difficult time for you and therefore acknowledge your loss and what ever that may mean for you and your family.

This leaflet aims to give you some information about managing your miscarriage at home, without the need for an operation.

Miscarriage

A miscarriage is a pregnancy that has ended spontaneously before 20 weeks and may have occurred unnoticed or some bleeding and abdominal discomfort may have happened.

Are all miscarriages the same?

Some women have their miscarriage diagnosed on a routine scan and they have had very little or no bleeding or pain. This is called an early pregnancy loss. Other names for this are missed miscarriage, non-viable pregnancy or blighted ovum.

Some women seek medical attention because of bleeding and/or pain in pregnancy. Some may have already passed some pregnancy tissue.

If this happens it is called an incomplete miscarriage.

A complete miscarriage is when all the pregnancy tissue has been passed. In this situation no further treatment is necessary.

What happens after a miscarriage is confirmed?

Unfortunately nothing can be done to save the pregnancy but it will either be lost naturally through the vagina or will need some intervention to help the emptying process of the uterus.

Treatments for Miscarriage can be Conservative, Medical or Surgical

Conservative, also known as Expectant Management

A ‘Wait & See” approach.

In an *early pregnancy loss*, if the pregnancy tissue were left, we would expect the uterus to empty itself naturally within a few weeks. It is difficult however, to say when exactly this will happen. Up to two-thirds of women have an empty uterus by the end of 4 weeks, but the remaining one third require medical intervention (1).

If you choose this option your pregnancy hormone (BHCG) will be monitored weekly and a scan arranged for two weeks time.

Medical Management

This treatment option would involve using a medication called Misoprostol, which is given to assist the natural passing of the pregnancy tissue (4).

Misoprostol is a medicine in the same group as prostaglandin, which is used to induce labour. It is licensed world-wide as a medication used in the treatment of stomach complaints. Misoprostol has, however, been widely used in gynaecology for several years as it causes the cervix (neck of the uterus) to soften, and the uterus to contract.

The most common side effects of Misoprostol are abdominal pain (though most women usually only experience a mild discomfort) and occasionally vaginal bleeding occurs. Less commonly women may experience diarrhoea or nausea, and very rarely vomiting.

The first dose of Misoprostol is given into the vagina as this reduces the risk of side effects and acts more quickly on the cervix and uterus.

Further doses can be given by mouth if required.

If you choose this option you will be given vaginal Misoprostol then go home. Have an adult with you at home. A follow-up oral dose may be required the next day and a blood test arranged for two weeks later.

What can I expect if I choose Conservative or Medical Management?

Bleeding

When the miscarriage is about to happen you can expect very heavy bleeding for a short time, for at least a couple of hours, with some pregnancy tissue and clots being passed. This should settle within a few hours to moderate bleeding similar to the heaviest day of your monthly menstrual period. After that you should expect light bleeding which should slowly settle over several days. The amount of time before the bleeding stops varies from person to person. The total amount of blood lost during Expectant or Medical Management of a miscarriage is the same as if you had a Surgical Evacuation (D&C). With a D&C most of the blood is lost during the surgery, and therefore settles down more quickly. Without surgery the bleeding is more spread out, lasting longer.

Sometimes you may see the foetus in the pregnancy tissue that is passed. Some women find this upsetting and others find it helpful to see what has happened. We will provide you with a small container for the pregnancy tissue so that you can bring it into the hospital (within three days) so that it can be sent to the laboratory if you wish. The laboratory will confirm whether it is pregnancy tissue.

Pain

The emptying process of the uterus can be painful, but the pain should only last for a few hours. We advise you to take tablets for pain relief such as Paracetamol, Ibuprofen or other prescription pain relief. We will provide you with a prescription for these medications. Heat packs are also very helpful as a pain relief method.

Do's and Don'ts

- Do stay at home (or the equivalent of 'home') while you are miscarrying.
- Do let someone at home, or close to home, know what is happening to you and that you may need some help.
- Do take regular pain relief as prescribed
- Do use sanitary towels or pads NOT tampons
- Do have showers NOT baths
- Do ring the hospital for help if you feel concerned or out of control of your pain or bleeding. (307 4949 x25900)
- Do return to hospital if you have:

    ⇒ heavy bleeding that is not settling down (ie: you are soaking your pad half-hourly and have done so for the past two to three hours)

    ⇒ you have pain that isn't relieved by regular prescription pain relief

    ⇒ you have hot & cold "flu like" symptoms

    ⇒ you have a fever

For as long as you are bleeding …

- Don't go swimming in swimming pools, the sea or spa pools
- Don't have intercourse or put anything into your vagina
- Don't use tampons – just use pads

Contraindications for Conservative/Expectant or Medical management

There are some situations when it is not advisable to use Expectant or Medical Management of miscarriage. In the following situations

Surgical Evacuation is the best option:

- Very heavy bleeding with low blood pressure or low blood count
- Signs of infection
- Molar pregnancy – your doctor or nurse can explain this more fully.
- Intra Uterine Contraceptive Device (IUCD) in the uterus
- Recurrent miscarriage (3 or more)
- History of severe illness
- If the pregnancy is more than 12 weeks in size it is recommended to have a D&C.

Surgical Management

Traditional thought surrounding surgery for a miscarriage came about because of complications especially anaemia and infection. Recent studies have shown that the chances of having such complications have decreased greatly (1).

Having an operation following a miscarriage (called either a D&C or an Evacuation) is a relatively safe procedure but there is still a small risk of complications such as anaesthetic-related problems or damage to the uterus and internal organs.

If you choose this option you will need to complete paperwork and return for your surgical appointment which can usually be booked within one week.

Contact Details

If you have any questions, concerns or problems please contact the Early Pregnancy Assessment Unit (EPAU)
Phone: 307 4949 ext 27230 between 7.30am – 3 30p.m. Monday to Friday

If you are phoning outside of these hours please ring Women's Assessment Unit (WAU) at Auckland City Hospital Phone: 307 4949 ext 25900 and ask to speak to the Gynae nurse.

References

Luise et al "Outcome of expectant management of spontaneous first trimester miscarriage : observational study" ; British Medical Journal 13 April 2002 pp 873 - 875

Nielsen and Hahlin "Expectant management of first-trimester spontaneous abortion" ; Lancet 1995 ; 345 : 84 – 86

Chung et al " Spontaneous abortion : a randomized, controlled trial comparing surgical management with conservative management using misoprostol "; Fertility and Sterility 1999 ; 71 : 1054 – 9

Murchison A and Duff P "Misoprostol for uterine evacuation in patients with early pregnancy failures" Am. J. Obstet.Gynaecol. 2004:190:1445-6.