AN INFORMATION GUIDE FOR PATIENTS

Health
Northern Sydney
Local Health District

MANAGEMENT OF MISCARRIAGE: YOUR OPTIONS EXPLAINED

If you're reading this leaflet, you are probably dealing with a miscarriage right now – or supporting someone else through the process. You are facing difficult choices at a difficult and distressing time. Whatever your situation, we hope you will find this leaflet helpful.

What this leaflet is about

In some miscarriages the uterus (womb) empties itself completely. But in others an ultrasound scan shows that the baby has died but has not yet been miscarried or some of the tissue still remains. This leaflet describes the different ways these kinds of miscarriages can be managed.

Methods of management

A complete miscarriage will happen naturally in time and some women choose this option. But the process can be sped up, or 'managed' by medical treatment or surgery. If you choose to have one of these treatments, you may be asked to wait a week or more for a second scan to confirm the pregnancy has definitely ended before treatment begins. You may find it easy or difficult to make a decision depending on your situation. Unless you need emergency treatment, you should be given time to choose the right way forwards for you. It may help to know that research comparing natural, medical and surgical management found that:

• The risks of infection or other harm are very small with all three methods (2-3 %);

• Your chances of having a healthy pregnancy next time are equally good whichever method you choose;

• Women cope better when given clear information, good support and a choice of management methods.

We hope the information that follows will help you to understand the different options better and make it easier to decide.

NATURAL MANAGEMENT (also called 'expectant' or 'conservative' management):

Some women prefer to wait and let the miscarriage happen naturally, generally there is no urgency to empty the uterus. Doctors often recommend this, especially in the first eight or nine weeks of pregnancy. Clinical practice guidance also states that natural management should be the first method to consider. However, your choice will be important in deciding the best and safest option for you.

What happens?

This can vary a lot depending on the size of the pregnancy and the findings of the ultrasound scan. It can take anything from days to weeks before the miscarriage begins. Once it does, you are likely to have strong period like cramps and bleeding. The bleeding is expected to be heavier than a normal period and may contain some clots. The bleeding may soak up to a sanitary pad per hour lasting several hours when the pregnancy is being passed. The bleeding generally settles once the clots have passed but may continue for up to 2 to 3 weeks; it can be very difficult to predict exactly what will happen and when. Some clots can be as big as the palm of your hand. You may also see the pregnancy sac, which might look different from what you expected. You may – especially after 10 weeks – see an intact fetus that looks like a tiny baby.

You will be asked to visit or contact EPAS over the next few weeks. You will be offered an ultrasound to check whether the uterus has emptied once the vaginal bleeding has settled.

If the follow up ultrasound shows you have an incomplete miscarriage or retained pregnancy tissue; at that point you may be offered medical or surgical management, in most cases the medical staff will suggest ongoing natural management though.

Does it hurt?

Most women have period-like cramps that can be very painful, especially when the pregnancy tissue is being pushed out. This is because the uterus is tightly squeezing to push out its contents, much like it does in labour. The hospital team should prepare you for what to expect and advise you about pain relief.

What are the risks?

Infection - This affects about 2 to 3% of woman experiencing miscarriage. We do not routinely prescribe antibiotics to prevent infection unless you are showing signs.

Signs of infection include:

• A raised temperature and flu-like symptoms, night sweats & chills;

• Vaginal discharge that looks or smells offensively bad;

• Abdominal pain that gets worse rather than better;

• Bleeding that gets heavier rather than lighter or very prolonged.

Treatment is with antibiotics. You may need an operation to remove any remaining pregnancy tissue also.

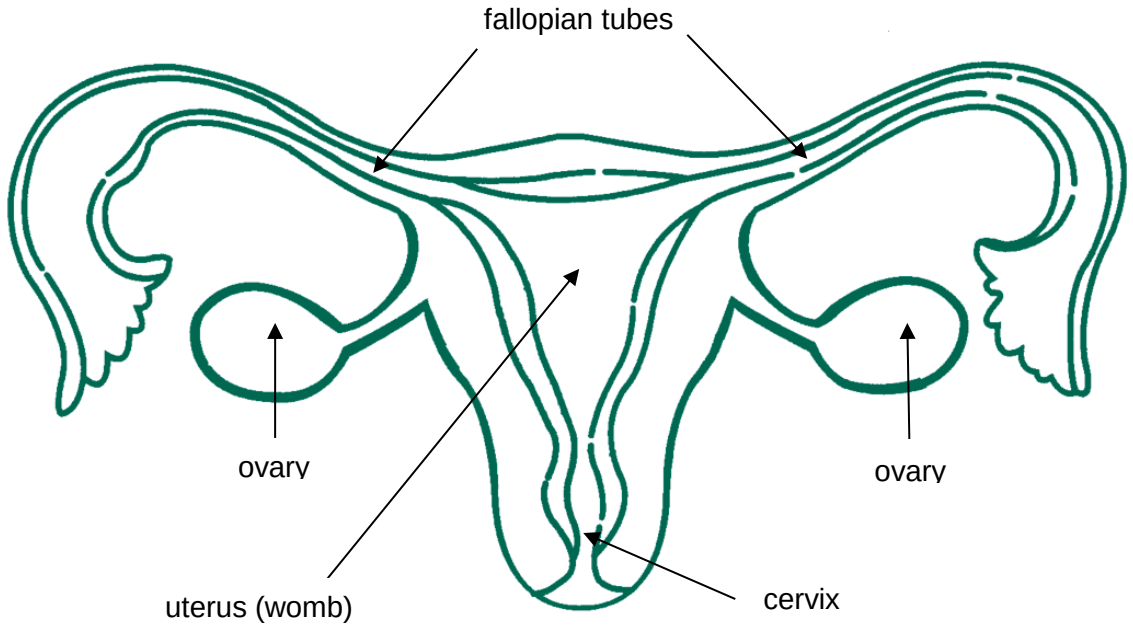
We advise you to use pads rather than tampons for the bleeding and not to have sexual intercourse until the bleeding has stopped.

Haemorrhage (extremely heavy bleeding) - About 2 in 100 women have bleeding bad enough to need a blood transfusion. Some of them need emergency surgery to stop the bleeding. If you are bleeding very heavily and you find you have soaked more than 2 pads per hour over 2 hours – or you have severe dizziness or have fainted – or feel otherwise unwell or unable to cope please go to your nearest Accident & Emergency Department.

In rare cases, pregnancy tissue gets stuck in the cervix (neck of the uterus) and needs to be removed during a vaginal examination. The doctors in emergency will assess for this and try to remove it.

Retained tissue - Sometimes a natural miscarriage doesn't complete itself properly – even after a few weeks – and some pregnancy tissue remains in the uterus.

The cervix is a cone-shaped passageway, about 3 cm long that connects the vagina and the uterus (womb). It is normally closed, but dilates (opens) during labour. It may also dilate naturally during miscarriage. (Diagram below)



What are the benefits of natural management?

The main benefit is avoiding any invasive management. You may want your miscarriage to be as natural as possible and to be fully aware of what is happening. You may also find it easier to say goodbye to the pregnancy if you see the tissue and maybe the fetus as it passes.

You may still want advice, though, on what to do with the remains of your baby (see 'After your miscarriage at home' on page 4).

If you choose natural management, please know that you can change your mind at any stage and ask to have medical or surgical management.

What are the disadvantages of natural management?

• You may find it difficult not knowing when or where the miscarriage might happen. This can take anytime from days to weeks. You may worry about starting to bleed heavily in public when you are least prepared – although wearing sanitary pads as a precaution can help;

• You may be anxious about how you will cope with pain and bleeding

• You may be frightened about seeing the remains of your baby;

• You may find it upsetting or inconvenient to have follow-up scans or blood tests to check on progress – although some women find this reassuring;

• You might be too upset to wait for the miscarriage to happen naturally once you know your baby has died.

Be prepared

If you decide to manage the miscarriage naturally, being prepared with extra-absorbent sanitary pads, painkillers and emergency contact numbers can help you cope with what happens. You may want to make sure you have people on hand to support you.

MEDICAL MANAGEMENT

This means treatment with a medication called 'misoprostol' to start or speed up the process of a missed or incomplete miscarriage. Not all hospitals offer this option and it isn't suitable for women with some health problems, including severe asthma or anaemia.

Misoprostol belongs to a group of medicines called prostaglandins. Misoprostol works by making your uterus contract and helping your cervix to relax; this helps to push out the contents of the uterus. Medical management for miscarriage is recommended for use only in the first trimester of non-viable pregnancies up to 9 weeks gestational size. The success rate is approximately 85% as long as at least 10 to 16 days is allowed for completion and a second dose of misoprostol is considered for initial failures.

What happens?

The EPAS doctor will prescribe you misoprostol 800 micrograms to take at home. Misoprostol can be taken by two different methods either orally or vaginally; the doctor may offer you this choice.

After you take misoprostol tablets you should stay at home and rest for 3 hours. Vaginal bleeding will occur and the pregnancy tissue may be expelled within a few hours of taking misoprostol or during the next few days. The bleeding lasts on average for 10 to 16 days and may be heavy. The bleeding is similar to natural management (see page 1&2).

Most women will require a second dose of misoprostol 48 hours after the first dose. Usually you will have a phone call appointment with the EPAS nurse to discuss taking a second dose.

There is also a 24 hour misoprostol hotline available to women who have questions out of hours - 1300 515 883.

Does it hurt?

The discomfort is expected to be stronger than experienced during a regular period. Some women liken the discomfort to be similar to the early stages of labour as the uterus contracts.

Your doctor will advise what analgesia is best suited for you. Typically non-steroidal anti-inflammatory medications (NSAIDs) plus other analgesia such as paracetamol will be suggested for pain relief. Warm packs can also be useful in the aid of pain relief.

Are there any side effects following misoprostol?

Vaginal bleeding and discomfort are to be expected. Other possible short lasting side effects may include nausea/vomiting and fever/chills that are caused by the medication. Infection affects

about 2 to 3% of woman experiencing miscarriage (see page 2).

What are the benefits?

The main benefit is avoiding an operation and the general anaesthetic that goes with it. Some women see medical management as more natural than having an operation, but more controllable than waiting for nature to take its course. As with natural management, you may prefer to be fully aware of what is happening, to experience the physical passing of the pregnancy.

What are the disadvantages?

• You may find the process painful and frightening, although good information about what to expect can help, there is an information handout specific to medical management please ask the nurse in EPAS for this;

• You may be anxious about how you will cope with pain and bleeding, especially because you are not in hospital at the time;

• Bleeding can continue for up to three weeks after the treatment and you will need a follow-up ultrasound to check on progress;

• Some women do end up having an operation anyway.

After your miscarriage at home

When you miscarry at home or somewhere else outside a hospital, you are most likely to pass the remains of the pregnancy into the toilet. You may look at what has come away and see a pregnancy sac – or something you think might be the pregnancy. You may want to simply flush the toilet – many people do that automatically – or you may prefer to remove the remains for a closer look. That's natural too. You may decide to bury the remains at home, in the garden or in a planter with flowers or a shrub. You may want EPAS staff to look at the remains. Be aware, that while they may be able to confirm you have passed pregnancy tissue, they probably won't be able to carry out any further tests that will determine the cause for your miscarriage.

If you have any questions about what to do or would just like to talk it through, you are welcome to discuss this with the EPAS staff.

SURGICAL MANAGEMENT OF MISCARRIAGE (also called 'dilatation and curettage' - D&C)

This is an operation to remove the pregnancy tissue. At RNSH it is done under general anaesthetic that puts you to sleep.

What happens?

The cervix (neck of the uterus) is dilated (stretched) gradually, this is done while you're under anaesthetic but you might be given a medication or vaginal pessary before the operation to soften the cervix. A suction curettage instrument is then inserted into the uterus to remove the remaining pregnancy tissue. This takes about 10 minutes. A sample of the tissue removed is sent to the pathology department to check that it is normal pregnancy tissue. It is not usually tested further unless you are having investigations for recurrent miscarriage (Recurrent miscarriage is three or more consecutive miscarriages).

Does it hurt?

If you require the vaginal pessary before the operation, you may have cramping pain and perhaps some bleeding as the cervix opens. Having a general anaesthetic means you will not feel anything during the operation itself; and there are no cuts or stitches. You may have some abdominal cramps (like strong period pain) when you wake up and for a few days afterwards. You may have bleeding for up to 2 weeks after the operation but this is generally light. If it gets heavier than a period or makes you worried, it is best to contact your GP or EPAS.

What are the risks?

• About 2-3% of women get an infection. For signs of infection and treatment, see under 'natural miscarriage' on page 2;

• Rarely – the operation can perforate (tear) the uterus; damage to other organs is rarer still;

• Haemorrhage (extremely heavy bleeding) and scarring (adhesions) on the lining of the uterus are also rare

• Very occasionally some pregnancy tissue remains in the uterus and a second operation is needed to remove it;

• Very rarely, the general anaesthetic can cause a severe allergic reaction

• Extremely rare - it can result in a hysterectomy; this would only be if there is uncontrollable bleeding or severe damage to the uterus.

What are the benefits?

With surgical management you know when the miscarriage will happen and can plan around that. With a general anaesthetic you won't be aware of what's going on. It may be a relief when the miscarriage is 'over and done with' and you can move on.

What are the disadvantages?

Some women are frightened of anaesthetics, surgery and staying in hospital. Some prefer to let nature take its course and to remain aware of the miscarriage process. The anaesthetic might make you feel groggy or unwell for a few days. Some women refuse surgery because they worry that the diagnosis might be wrong and their baby is still alive. If this is your concern, don't be afraid to ask for another scan just to be sure.

After your miscarriage in hospital

When a baby dies before 20 weeks of pregnancy, there is no legal requirement to have a burial or cremation. Even so, hospitals have sensitive disposal policies.

Even if you miscarry in hospital or have surgical management, you may want to make your own arrangements for burying or cremating the remains of your baby. Please discuss this with the EPAS staff prior to your surgery.

Frequently asked questions

When will my next period return?

• You can expect the return of your menses (period) within 4 to 6 weeks following your miscarriage regardless of the management you chose

• Your first period after the miscarriage may be heavier than usual

When can we try for a new pregnancy?

• It is possible for you to become pregnant again immediately after your miscarriage is completed. However it is recommended that you establish a menstrual cycle before trying for a new pregnancy

What If I am RH Negative blood type?

• If you are Rhesus negative - You will likely be administered Anti-D (Rh (D) Immunoglobulin); there is further information available for you and please discuss any concerns with EPAS staff

Summary

There are several ways of managing a miscarriage. Each has its pros and cons. But the risks associated with all of them are low; and your chances of having a healthy pregnancy in the future are equally good whichever you choose. Each method is different and affects people differently. We hope that this leaflet has provided the information to help you make your decision at what is a very difficult and distressing time.

Who to contact if you have any concerns?

EPAS is open Monday to Friday, 8am – 2pm (excluding public holidays) Ph. (02) 9463 2350

Seek urgent medical attention at your nearest Emergency Department if you develop severe pain uncontrolled by analgesia/ excessive vaginal bleeding/ persistent dizziness or fainting or any other concerns regarding your health.

Healthdirect Australia 1800 022 222 – A 24 hour government health information and advice line

Reaction to miscarriage

It is normal to feel a range of emotions after the loss of a pregnancy. You and your partner may find it helpful to talk to someone about your feelings. A social worker is available to provide support, counselling, information and referral. Contact social work department Ph. 9462 9477.

Web sites:

http://www.nslhd.health.nsw.gov.au/Services/Directory/Pages/EPAS.aspx

http://www.sidsandkids.org/

http://www.sands.org.au/

http://www.pregnancylossaustralia.org.au/