



THE GYNAECOLOGY GROUP

MR PHILIP KALOO MR ROB GORNALL MR MARK WHITTAKER MISS KATHRYN HILLABY

PATIENT LEAFLET - MISCARRIAGES

MORE INFORMATION CAN BE FOUND AT WWW.THEGYNAECOLOGYGROUP.CO.UK

WHAT IS A MISCARRIAGE?

A miscarriage is the loss of a pregnancy that happens sometime during the first 23 weeks. Around three quarters of miscarriages happen during the first 12 weeks of pregnancy (the first trimester).

The main symptom of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in your lower abdomen. If you have vaginal bleeding, contact your local NHS hospital or the Nuffield Private Hospital, Cheltenham.

While a miscarriage does not usually seriously affect a woman's physical health, it can have a significant emotional impact. Many couples experience feelings of loss and grief.

For most women, a miscarriage is a one-off event and they go on to have a successful pregnancy in the future.

WHAT CAUSES A MISCARRIAGE?

It is thought that two thirds of early miscarriages are due to abnormal chromosomes in the baby. Chromosomes are genetic "building blocks" that guide the development of a baby. If a baby has too many or not enough chromosomes, the pregnancy can end in miscarriage.

In later miscarriages, a problem with the womb or cervix (neck of the womb) may be the cause.

HOW COMMON ARE MISCARRIAGES?

Miscarriages are much more common than most people realise. This may be because many women who have had a miscarriage prefer not to talk about it.

Among women who know they are pregnant, it is estimated that 12% of these pregnancies will end in miscarriage. This is around one in eight pregnancies. Many more miscarriages occur before a woman is even aware that she has become pregnant.

Losing three or more pregnancies in a row (recurrent miscarriages) is uncommon and affects around 1 in 100 women. Even in cases of recurrent miscarriages, an estimated three quarters of women go on to have a successful pregnancy in the future.

TREATING MISCARRIAGE

Your treatment for a miscarriage depends on whether there is any foetal tissue left in your womb (a complete or incomplete miscarriage):

COMPLETE MISCARRIAGE

If there is no foetal tissue left in your womb (a complete miscarriage), no further medical treatment is required. However, a miscarriage can have a significant emotional effect and you and your partner may need counselling or support.

INCOMPLETE MISCARRIAGE

If there is foetal tissue left in your womb (an incomplete miscarriage), this needs to be removed as there is a risk that it could become infected. This can be done in three ways:

- using minor surgery to remove the tissue
- using medication to remove the tissue
- waiting for the tissue to pass naturally out of your womb (expectant management)

There are benefits and risks of each option that you should consider when making your decision.

If you have surgery, any bleeding or pain you are experiencing because of your miscarriage should quickly improve. However, all surgical procedures carry their own risks. Medication avoids the need for surgery but can cause increased pain and bleeding. Waiting for the tissue to pass naturally avoids taking medication or having surgery, but can take several weeks. It is also possible that not all of the tissue will be removed, and that you will later require surgery.

Discuss the options with your gynaecologist.

SURGERY

Surgery usually takes place within a few days of a miscarriage. However, there are circumstances where you may be advised to have immediate surgery, including:

- if you experience continuous heavy bleeding
- if there is evidence that the foetal tissue has become infected
- if medication or waiting for the tissue to pass out naturally have been unsuccessful

Surgery is usually performed under general anaesthetic. Your cervix (neck of the womb) will be opened with a small tube, known as a dilator, and the tissue will be removed using a suction device. This type of surgery is known as evacuation of retained products of conception (ERPC).

Before surgery, you may be given medication to soften the cervix and to make it easier to perform the surgery. This type of surgery is usually very safe. However, as with all surgery, there is a small risk of complications. Possible complications include:

- infection
- excessive bleeding
- the womb or cervix being torn during the procedure: this may require further surgery to repair it

Around 2 in 100 women will experience a serious complication, such as a tear to their womb or cervix.

MEDICATION

Using medication to remove the tissue involves taking tablets that cause the cervix to open, allowing the tissue to pass out. There are two types of tablets:

- tablets that you swallow
- tablets called pessaries that are inserted directly into your vagina, where they dissolve

The effects of the tablets usually begin within a few hours. You will experience symptoms similar to a heavy period, such as cramping and heavy vaginal bleeding. You may also experience vaginal bleeding for up to three weeks.

Medication is successful in removing foetal tissue in around 9 out of 10 cases. However, you will need to have surgery if the medication is unsuccessful.

WAITING METHOD

If you wait for the tissue to pass naturally out of your womb, it may be some time before you experience vaginal bleeding. This tends to be heavier than your usual period and you may also experience cramping. Bleeding can last for up to three weeks.

If the bleeding becomes particularly heavy or you experience severe pain, contact your hospital. You should be given a 24-hour helpline number to call in case of emergency.

For more than half of miscarriages, this method is unsuccessful in removing foetal tissue. In this situation, you will need either medication or surgery.

AFTER A MISCARRIAGE

You can discuss with your gynaecologist what, if anything, you would like to do after your miscarriage.

It is possible to arrange a memorial and burial service. In some hospitals or clinics, it may be possible to arrange a burial within the grounds. You can also arrange to have a burial at home, although you will need to consult your local authority before doing so.

Cremation is an alternative to burial and can be performed at either the hospital or a local crematorium. However, not all crematoriums provide this service and they have no legal obligation to do so. There will not be any ashes for you to scatter after a cremation.