HUTT maternity
Hutt Valley Maternity Care

Early Pregnancy Loss- Miscarriage

Information for women

Many miscarriages happen without any obvious cause – it is estimated that approximately one in five pregnancies miscarry.

When you conceive and a baby is created, half its genes come from the sperm and half from the egg. At the time of conception there is a crossing over of these genes and sometimes for no obvious reason some of this information is lost, the pregnancy from that point is destined not to survive and miscarriage will often then occur.

Sometimes an illness, like German measles or Listeria, can affect a pregnancy and a miscarriage may follow.

Reproductive hormones are an integral part of the developing pregnancy and may be a possible reason for miscarriage.

Women will often ask themselves if there was anything they did that caused the miscarriage. No blame can be attributed for the miscarriage.

Types of miscarriage

There are different types of miscarriage, and treatment options will depend on the type of miscarriage you have had, or are having.

- **Threatened miscarriage**: this is when there may have been some bleeding and/or cramping. It is often noticed when going to the toilet as a smear of pink, brown or red

loss on the toilet paper. The amount of bleeding may vary from just spotting to a gush with clots. After assessment and tests the pregnancy is progressing normally.

- **Complete miscarriage**: this is the spontaneous loss of the pregnancy and all tissue is passed. Symptoms of pain and bleeding decrease following the passage of the pregnancy.
- **Incomplete miscarriage**: this is when part of the pregnancy is passed, but some tissue remains in the uterus. Symptoms of pain and bleeding, and passing of clots continues.
- **Missed miscarriage**: the baby has died but there have been no signs of miscarriage.
- **Recurrent miscarriage**: when a woman miscarries 3 or more times in the first trimester (under 13 weeks) consecutively. Following assessment, further investigations may be offered to eliminate a possible cause, eg metabolic abnormality, infection or genetic abnormality.

Treatment options

Once you have had some tests, normally an ultrasound scan, bloods tests and vaginal examination by a Doctor, options for treatment will be discussed with you. In some circumstances a particular treatment option will be the best option, based on individual clinical indications.

Expectant management – this is waiting for the miscarriage to occur naturally. There is no time frame of knowing when this will occur, and may take 2-3 weeks. It may involve light to heavy bleeding and the passing of clots and tissue, associated with cramping, and/or back ache.

- You may take any regular types of analgesia for your pain such as panadol or panadeine.
- Sometimes a heat pack or hottie on your tummy or back may help.
- Once the pregnancy tissue has been passed the bleeding and cramping should settle.
- Expect to have period-like bleeding for 7 – 10 days following a miscarriage. During this time it is recommended that you use pads not tampons, and avoid sexual intercourse until your bleeding stops. This is to reduce the risk of introducing an infection.
- **If you experience heavy bleeding or pain not controlled by regular analgesia, please present at the Emergency Department. (Heavy bleeding is soaking a full pad every hour for 2-3 hours)**
- If a miscarriage does not occur we recommend you are reviewed in the Maternity Assessment Unit. This is individual and will be arranged with you. Please phone the MAU Staff on 587 2649, Mon-Fri, 8.30 am to 4.00 pm to discuss this.

Your review in MAU is at: _____ on: _____, or earlier at your request. Please contact the staff in MAU on the above number if you would like to be seen earlier.

What to expect with the miscarriage: This depends on how far along you are in the pregnancy. It could look like a small grape like sac, long stringy pieces of tissue, or you may be able to identify the embryo/fetus as it passes. You may also pass blood and blood clots; you should expect this to be heavier than a period. The more advanced the pregnancy the more bleeding you may experience. You do not need to keep this if you pass the pregnancy into the toilet, but some people chose to collect it and bury it.

Medical management – The doctor prescribes medications that cause the cervix to dilate and the uterine lining to shed. This medication may be oral or vaginal depending on the specific protocol. Bleeding and miscarriage may begin within a few hours after administration of the drug and usually progresses similarly to a natural miscarriage. Side effects of the drugs can include pain, nausea, vomiting and diarrhoea.

Doctors will prescribe you a medication, called Misoprostol. This medication acts on the cervix and uterine muscle to expel the pregnancy. It will involve light to heavy bleeding and the passing of clots and tissue, associated with

cramping. Each woman is different and pain will vary from person to person. Miscarriage usually happens within 24-72 hours. There is a 75-85% chance of this medication being successful. If unsuccessful or there is retained pregnancy tissue, further Misoprostol can be given, or expectant or surgical management may also be available.

According to research, the success rate for completing a miscarriage after using Misoprostol is roughly 75 to 85% and the majority of women who choose medical management are satisfied with the choice when interviewed later.

Risks of using medication to expedite a miscarriage (rather than having surgical management) are about the same as the risks of miscarrying naturally. There's a small chance of haemorrhage, infection, and needing a D & C later on if tissue remains in the uterus (this is a surgical procedure and will be discussed if required).

- You will need to sign a consent form prior to taking this medication
- After the initial dose of Misoprostol, some women will need a further dose 24 hours later.
- It is important not to drink alcohol or smoke after this medication.
- Side effects of this medication may include nausea and diarrhoea.

- You may take any regular types of analgesia for your pain such as panadol.
- Sometimes a heat pack or hottie on your tummy or back may help.
- Once the pregnancy tissue has been passed the bleeding and cramping should settle.
- Expect to have period-like bleeding for 7 – 10 days following a miscarriage. During this time it is recommended that you use pads not tampons, and avoid sexual intercourse until your bleeding stops. This is to reduce the risk of introducing an infection.
- **If you experience heavy bleeding or pain not controlled by regular analgesia, please present at the Emergency Department.**
- In some circumstances the Doctor will order an Ultrasound Scan, or blood tests, following the Misoprostil. This is to ensure that the miscarriage is complete.

What to expect with the miscarriage: This depends on how far along you are in the pregnancy. It could look like a small grape like sac, long stringy pieces of tissue, or you may be able to identify the embryo/fetus as it passes. You may also pass blood and blood clots; you should expect this to be heavier than a period. The more advanced the pregnancy the more bleeding you may experience. You do not need to keep this if you pass the pregnancy into the toilet. Some women and their families chose to bury the pregnancy.

Your first dose of Misoprostol was given on: _____, at _____

If needed your second dose is due on: _____ at _____

Other information:

_____

_____

_____

_____

_____

_____

_____

Surgical management - this is when you are booked into a theatre to have a procedure called a Dilatation and Curettage (D&C). You will be given a general anaesthetic (drugs to make you sleep), and the doctors would then remove the tissue from inside the uterus. Another term you may hear health professional's use is ERPOC – Evacuation of Retained Products of Conception. This is done vaginally – you will have no cut/stitches. Like all operations small anaesthetic and surgical risks are involved. There is a risk of infection or injury to the womb and cervix.

- This is usually booked for the next day or day after.
- It means you will spend approximately 4 – 8 hours as an inpatient at the hospital.
- After the D&C you will experience light bleeding for 7 – 10 days. During this time it is recommended that you use pads not tampons to reduce the risk of introducing an infection.

You are booked for a D&C on: _____

Please arrive to DPU: _____

Have nothing to eat or drink from: _____

Can I take the pregnancy tissue home?

We will often suggest sending the tissue to the laboratory to verify that pregnancy tissue has been passed. You can decline to have that test. Some women then choose to take the pregnancy tissue home, and some women choose to have the tissue cremated. This is done through a funeral director, arranged by you. Depending on the size and gestation of your pregnancy there may only be a very small amount of ashes (less than a tablespoon).

What will happen after the miscarriage?

- We will confirm you blood group. If you are Rhesus Negative, you will be offered an Anti-D injection. This will be explained more if it is required.

- For some women we recommend you see your LMC or GP in 10 – 14 days for follow up to assess your recovery and discuss any question you may have.
- Women vary in their recovery. Not only is there the physical recovery, but the emotional aspect of a miscarriage. Do not expect too much of yourself and rest as much as possible. It may help to talk over things with your partner, friends and family members. There is also support available through our Social Worker, and community support groups. Ask the Staff at the Maternity Assessment Unit if you would like access to this.
- You can take Panadol as per instructions on the packet.
- During this time it is recommended that you use pads not tampons, and avoid sexual intercourse until your bleeding stops. This is to reduce the risk of introducing an infection.
- Contraception will be arranged if required.

What are the complications of a miscarriage?

- Infection
- Heavy bleeding
- Retained pregnancy tissue
- Overwhelming grief

Following a miscarriage if you continue to bleed heavily, have ongoing pain/cramping, feel unwell with fever or chills, or have an unusual smelling

vaginal discharge you need to contact your GP, LMC or the Maternity Assessment Unit.

If you have had one miscarriage you are no more likely to have another miscarriage than any other pregnant woman is.

There is no known treatment that will make it less likely for you to miscarry during your next pregnancy.

It is not known if rest promotes an ongoing pregnancy but maintaining a healthy lifestyle will be of benefit to you and future pregnancies. Continue to take folic acid if you are planning to conceive soon.

We often advise that you wait until you have had at least one normal period. If you have had a regular cycle prior to the pregnancy, you can expect a period within 4-6 weeks.

Wait until you feel ready within yourself to cope with another pregnancy.

You should start any contraception as soon as possible if you wish to wait before trying for another pregnancy.

Further counseling and support is available through:

- Wellington Miscarriage Support Group, miscarriagewgtn@gmail.com, or contact our public Facebook page www.facebook.com/miscarriagewgtn

- SANDS - 022 398 3917 or sandswgtnhutt@gmail.com

- Marlene Beasley, Senior Social Worker, Hutt Valley District Health Board, 5666 999

- Your Lead Maternity Carer, or GP

Other written information:

- A Guide to Coping with Miscarriage, Wellington Miscarriage Support Group

Maternity Assessment Unit
Ground Floor, Heretaunga Block, Hutt Hospital
(04) 587 2652, (Mon-Fri 0800-1630)