Miscarriage information and management options

Introduction
A miscarriage is classed as the loss of a baby before 24 weeks gestation and, unfortunately, this is known to occur in 10 to 20% of recognised pregnancies.
The loss of a baby is particularly distressing since, apart from the emotional impact, your body has started physical changes to accommodate the pregnancy and these have to return to normal.
There are a number of different medical terms used to describe the type of miscarriage you may be experiencing. This information will also guide the medical team to the most appropriate management for your particular situation.
- **Complete miscarriage** – occurs when all the pregnancy tissue in the womb (uterus) has been cleared by the body naturally, and the pregnancy is now over. The vaginal bleeding will continue for a while, similar to a period. As your body has completed the process naturally, there will probably be no need for any treatment at the hospital and the doctor may let you go home immediately.
- **Incomplete miscarriage** – occasionally, some of the pregnancy tissue remains in the womb (uterus). Although the pregnancy is over, you may experience pain and bleeding due to the retained tissue.
- **Missed miscarriage** – at other times, the pregnancy may end with little or no sign that anything is wrong. Sadly the baby has died but the pregnancy tissue has been retained in the womb (uterus).

Diagnosis
An ultrasound scan is the most accurate way of diagnosing a miscarriage. This may be a shock for you as you may still feel pregnant and your pregnancy test may still be positive. This is a result of the hormones in your body that altered when you became pregnant, and will take time to return to normal.
The scan will show whether there is any pregnancy tissue remaining in the womb. This tissue will eventually be eliminated by the body naturally but there are other ways of managing the situation that you may want to consider.

Care and management options for women after diagnosis of a miscarriage
There are three options that you may want to consider:

1. **Expectant management – waiting for nature**
If you are at Christchurch Women's Hospital, you may be given the option of going home to let nature take its course. If your miscarriage is diagnosed in the community by your LMC midwife, you will be able to discuss your options with her to decide if you want to stay at home. This would involve waiting for the bleeding to continue and remove the remaining tissue from the womb naturally (if incomplete miscarriage). Or it would mean waiting for the bleeding to start, which will be the body removing the pregnancy tissue from the womb naturally (if missed miscarriage). You should be contacted by the person managing your miscarriage about 10 days later.
The current opinion is that this approach is safe and effective.
Advantages
- A natural process, allowing nature to take its course.
- No drugs or anaesthesia are involved.
- No operation is required.

Disadvantages
- Time – this can take days or weeks to occur and the course of pain and bleeding is unpredictable.
- If your care has been provided by Christchurch Women’s, you will need to return to the Early Pregnancy Assessment Clinic for follow-up appointments.

2. Medical management
Medical management involves the use of medication to assist the womb in contracting and emptying itself, thus accelerating the process of miscarriage. This is suitable for both incomplete and missed miscarriages.

- **Incomplete miscarriage** – this requires one type of medicine called a prostaglandin. The most commonly used prostaglandin is misoprostol. This may be a tablet inserted into the vagina or taken by mouth. This stimulates the womb to contract and empty itself of the remaining pregnancy tissue. You will be admitted to the hospital for the day to receive this medication and any pain killers you may require. This process usually takes approximately six to eight hours, but may be quicker for some. You will be contacted by the nursing staff the day after discharge to check how you are.

- **Missed miscarriage** – if appropriate, this involves two types of medication. The first is a tablet called mifepristone, which lowers the hormonal levels in your body. You will be able to go home after taking this tablet, but will need to return 24 to 48 hours later for the second part of the treatment. Some women may miscarry following the first tablet (approximately 15%). However, the majority will need to return for the second tablet, which is the misoprostol, as described above.

Advantages
- No surgery or anaesthesia.
- You usually only need to be in hospital for a day.

Disadvantages
- It may take longer for the bleeding and pain to settle.
- In 5% of women, it is not successful, and some tissue may be left in the womb. In this case, you may need further tablets or to proceed to surgery.
- The risk of infection is minimal, but can occur in one in 20 women and this will require antibiotic treatment.

Possible side effects include: nausea, vomiting, mild diarrhoea, heartburn, mild fever, headache, dizziness, abdominal pain, rashes.

There may be circumstances where these medications may not be suitable for you, for example, if you have certain medical conditions such as high blood pressure, heart problems, or have had a stroke. Your doctor will discuss this with you.
3. Surgical management

This method is a small operation carried out while you are asleep (under general anaesthesia) and is called evacuation of retained products of conception (ERPOC). It involves gently stretching open the cervix (neck of the womb) and removing the remaining pregnancy tissue from the womb.

Advantages

- This method removes the remaining tissue and reduces the length of bleeding.
- It is a short procedure.
- Depending on when the procedure is undertaken, you only need to stay in hospital for approximately four to six hours.

Disadvantages

- An ERPOC is a safe operation. However, like all surgical procedures, there are potential risks involved.
- Heavy bleeding may occur during the operation. One in 10 women need a blood transfusion if this occurs.
- Infection can occur and affects one in 20 women. A temperature, abdominal pain, and offensive vaginal discharge are common symptoms if an infection is developing. If this happens, a course of antibiotics will be needed to treat any infection that occurs.
- There is a small chance that some tissue may still be retained in the womb and if this happens you may need another operation. Symptoms of retained tissue are abdominal pain and continued bleeding for more than seven days after the operation.

Rare events that can occur during an ERPOC

- The wall of the womb can be perforated (an accidental hole). If this occurs, you would need another operation to correct this, and a course of antibiotics.
- There may be damage to the cervix (neck of the womb). This could weaken the cervix for future pregnancies. To reduce this possibility, a hormone tablet is placed in the vagina about an hour before the operation.
- There are risks associated with anaesthetics that affect one in 100,000 women.

The doctors, nurses, and your LMC midwife (if you have one) are available to discuss these options further with you as you require. We appreciate that you will need time to think about what is best for you.

What happens next?

Once you and the team looking after you have decided on what is most appropriate for your individual needs, arrangements will be made accordingly.

Further tests?

If this is your third consecutive miscarriage, you may be offered a series of tests to determine what could have caused this to happen. A subsequent appointment will be made with a gynaecologist to discuss this further with you.
Frequently asked questions

What if I am worried or have questions?
Please contact your general practitioner or other professionals as identified in this handout.

When do I need to see my general practitioner?
Following your discharge from hospital, you should arrange to see your general practitioner six weeks later for a general check-up and to discuss any further questions you may have.

When can I return to work?
This will depend on how you feel. You may go back to work within a week of your miscarriage but it may take longer to recover emotionally.

When can we try for another baby?
There is no evidence to suggest that you normally have to wait before trying for another baby, but it is important that you allow yourself time to recover both emotionally and physically. Please ask your general practitioner for advice. If you are trying for another pregnancy, it is recommended that you take folic acid before becoming pregnant, as well as eating a nutritious diet, stopping alcohol and smoking. Your GP or midwife can advise you on these recommendations.

Will this miscarriage affect my chances of having a baby in the future?
After one miscarriage, there is still a chance of you having another, but most women go on to have a normal pregnancy. When you reach the stage of considering another pregnancy, it is advisable to discuss this with your doctor.

Contact numbers
Gynaecology Assessment Unit  (03) 364 4805
Gynaecology Ward Reception  (03) 364 4925

Further help and support
- Miscarriage Support
  Information, resources and support for women who have had a miscarriage, and their partners
- S.A.N.D.S Canterbury Inc. P.O. Box 5548 Christchurch. Phone 021 103 4911 or email maliahill@hotmail.com.

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