

# Patient Information for Consent

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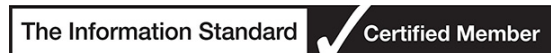
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## OG17 Miscarriage (Treatment Options)

Expires end of March 2021

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## COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

You have been told that you are having a miscarriage. We know that you will be distressed. This document will help you to understand what options there are for treating a miscarriage.

We want to manage your miscarriage in a way that is best for you, causing as little distress as possible.

Please discuss this document with the healthcare team, who will be able to listen to how you feel and help you to make a decision about your care.

## What is a miscarriage?

A miscarriage is the early end to a pregnancy that results in the death of the developing baby.

Miscarriages happen in more than 1 in 5 pregnancies. In almost all cases there is no known reason why this unfortunate event should happen.

There are three common types of miscarriage.

- An incomplete miscarriage, where the pregnancy is lost but some tissue still remains in your uterus (womb).
- A silent or delayed miscarriage, where the baby dies in the early stages of pregnancy, most commonly between 6 and 8 weeks. This is often not discovered until a small amount of bleeding happens or until the routine dating scan.
- A blighted ovum, where the fertilised egg (ovum) stops developing early on in the pregnancy.

The healthcare team will help you to understand the choices you have for managing your miscarriage.

The healthcare team will help you to follow your wishes as much as possible during this difficult time for you and your family. Please ask if there is anything you do not understand.

## What options do I have?

There are three options for managing a miscarriage. Information for each option is given below to help you to make an informed decision.

The healthcare team will discuss the options with you and may recommend an option for you. They will tell you what to expect after each stage of treatment.

If you are worried about anything once you are at home, contact the healthcare team on the phone number they give you. They should be able to reassure you or arrange for you to have a check-up.

## Expectant management

This option allows nature to take its course and avoids medical intervention.

You will have cramping pains similar to a period that can be controlled with simple painkillers such as paracetamol, and heavy vaginal bleeding, like a heavy period. You may also pass blood clots as well as tissue, which may appear grey and stringy. It is normal to bleed for up to 2 weeks.

A miscarriage usually completes within 2 weeks but it can take several weeks. If this is the case, the healthcare team will arrange for you to come back to the clinic regularly.

There are possible complications associated with this option.

- Developing an infection in your womb (risk: less than 4 in 100). If you have flu-like symptoms, a fever, severe stomach pains and heavy or unpleasant-smelling bleeding, an infection may be developing so contact the healthcare team.
- The miscarriage may not complete (risk: 1 in 5).

Expectant management is most successful for women who have had an incomplete miscarriage.

Let the healthcare team know if you have severe pain or bleeding more than a heavy period.

Perform a pregnancy test after 3 weeks. If the test is positive, let the healthcare team know.

The healthcare team will usually contact you after 2 to 3 weeks to check if the miscarriage has completed. If there are any problems, they will arrange for you to come back to the clinic and you may need a scan. They will discuss further management with you.

## Medical management

This option involves medication to induce a miscarriage. You will be given a course of tablets, usually over 2 days, either given to you to swallow or placed in your vagina.

The treatment can be arranged at a convenient time for you. You will usually be observed in hospital for about an hour before being able to go home.

Following the treatment you will have cramping pains similar to a period that can be controlled with painkillers, and heavy vaginal bleeding, like a heavy period. You may also pass blood clots as well as tissue, which may appear grey and stringy.

You may also have diarrhoea and vomiting. The healthcare team will offer you medication to prevent you from vomiting.

It is normal to bleed for up to 2 weeks.

There are possible complications associated with this option.

- Developing an infection in your womb (risk: less than 3 in 100). If you have flu-like symptoms, a fever, severe stomach pains and heavy or unpleasant-smelling bleeding, an infection may be developing so contact the healthcare team.
- The miscarriage may not complete (risk: 1 in 6).

Medical management is most successful for women who have had an incomplete miscarriage.

Let the healthcare team know if you have not started bleeding after 24 hours.

Let the healthcare team know if you have severe pain or bleeding more than a heavy period.

Perform a pregnancy test after 3 weeks. If the test is positive, let the healthcare team know.

The healthcare team will usually contact you after 2 to 3 weeks to check if the miscarriage has completed. If there are any problems, they will arrange for you to come back to the clinic and you may need a scan. They will discuss further management with you.

## Surgical management

This option involves an operation to remove anything that is left in your womb following an incomplete miscarriage.

The operation is called SMM (surgical management of miscarriage).

It is usually performed on the day you are admitted to hospital, to make sure your stay is as short as possible.

The operation is usually performed under a general anaesthetic and involves instruments being placed in your womb through your vagina. Tablets are often placed in your vagina or given to you to swallow 1 or 2 hours before the operation, which helps to make the procedure more straightforward.

You should receive an information document 'OG15 Surgical Management of Miscarriage' that will give you information about the benefits and risks to help you to make an informed decision. It is your decision to go ahead with the operation or not.

## What happens to the baby?

The healthcare team will be able to discuss the options with you and explain the procedures that you need to follow. You will need to give your consent. Any tissue you bring us, or that is removed during your treatment, is usually sent to the laboratory for tests and then to a funeral director for cremation.

## What can I expect after my miscarriage?

While you are still bleeding you may have a higher risk of infection, so do not have sex and use sanitary pads rather than tampons.

When the bleeding stops, your periods will return. It is normal for the first period to be delayed.

If you are worried about anything once you are at home, contact the healthcare team on the phone number they give you. They should be able to reassure you or arrange for you to have a check-up.

Having a miscarriage does not usually affect your chance of having a successful pregnancy in the future.

It is important to grieve and come to terms with your loss. The healthcare team can arrange for you to have counselling. They will also provide support by giving you information, answering your questions and discussing any concerns you may have.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

### Acknowledgements

Reviewers: Mr Andrew Woods MBBS MRCOG FRANZCOG, Dr Clare Myers MBBS FRANZCOG

**This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.**