Gynaecology

Miscarriage

Information for patients, relatives and carers

Introduction

We are very sorry for your loss.

The following information should be helpful in understanding what has happened and answering some of the questions you may have. If you have any further questions, please don't hesitate to ask us.

What is a miscarriage?

A miscarriage is the loss of a pregnancy before 24 weeks. It is, unfortunately, very common, occurring in approximately 1 out of every 4 to 5 pregnancies. The majority of these will occur before 12 weeks.

Although it is common, there's a lot we still do not know about why miscarriage occurs. Most of the time, you will not find out why a miscarriage happened to you, which can be difficult to cope with.

Research has shown that it is common for miscarried pregnancies to have genetic changes, which may have meant that the pregnancy did not develop properly from the start. Rarely, there are other causes, such as infection, blood-clotting problems or physical causes to do with the shape of the womb or the strength of the cervix.

It is very important to know that your miscarriage is very unlikely to have happened because of anything you did or didn't do. It is also important to know that it is most likely that it happened by chance and is no more likely to happen in a future pregnancy.

Different terms used to describe a miscarriage

In some miscarriages the womb (uterus) empties itself completely. This is called a complete miscarriage. In some cases, an ultrasound scan shows that the baby has died or not developed but has not physically miscarried.

There are several ways that doctors might describe a miscarriage that is not complete. Unfortunately, not everyone uses the same words to explain it, so it can be difficult to understand what they mean. We explain the common terms below:

Missed miscarriage

(also called a delayed or silent miscarriage)

This is where the baby has died or failed to develop but your body has not physically miscarried the pregnancy. There may have been little or no sign that anything was wrong and the miscarriage may have been diagnosed at a routine scan. You may still feel pregnant, although your symptoms may be weaker than before and a pregnancy test usually remains positive.

Early pregnancy failure

(also called early fetal demise, blighted ovum, anembryonic pregnancy or missed miscarriage)

These terms are sometimes used when an ultrasound scan shows a pregnancy sac with nothing inside. This happens when the embryo (the start of a baby) either stops developing very early or doesn't form at all.

Incomplete miscarriage

Sometimes when a miscarriage occurs, not all the pregnancy tissue in the womb comes away. Although the pregnancy is over, symptoms of pain and heavy bleeding continue.

What should I expect?

If you have not miscarried completely or there is tissue left behind your doctor may suggest a minor operation called surgical management of a miscarriage (SMM). You may be offered treatment with tablets (medical management). Alternatively, you may decide to wait for the miscarriage to happen naturally (expectant management).It might help to read our leaflets about these different options.

What medication can I take?

Paracetamol and/or ibuprofen are good options for pain relief. Take these at regular intervals as directed to minimise any discomfort.

Are there any risks after having a miscarriage?

If you had a natural miscarriage or tablets to help the process along, you might have strong cramping pains as well as heavy bleeding. The bleeding and pain should gradually ease off. If they are severe or if you are changing a large pad more than once every hour, then you should call us for advice or come in to A&E.

If you notice vaginal discharge that looks or smells bad or if you have a high temperature, these can be signs of infection and you will need treatment with antibiotics. While bleeding continues, you can reduce the risk of infection by using pads rather than tampons and avoiding sex. During this time, it's fine to bath or shower but best not to go swimming.

What happens to the pregnancy?

If you miscarry at home or somewhere other than a hospital, you are most likely to pass the remains of the pregnancy into the toilet (this could happen in hospital too). You may look to see what has come away and you might see a pregnancy sac and/or the baby, or perhaps something that you think might be the baby. You may decide simply to flush the toilet – many people do that automatically – or perhaps to remove the sac or baby for a closer look. That's also a very natural thing to do. Whether or not you see a recognisable baby, however tiny, you may wonder what to do with it.

You may want to put what you've passed into a container and take it to the hospital. If you do this, or if you have a surgical management of miscarriage, then your doctors will talk to you about the sensitive disposal of the remains, taking into account your wishes. As part of this you will be asked to complete some paperwork. You can read more about your options in our sensitive disposal leaflet.

What tests do you carry out?

Depending on what treatment you have, we may need to do blood tests to check your blood count and your blood group (whether you are rhesus positive or rhesus negative). If you have had surgery or have brought tissue that you have passed to us, often we will suggest that we look at a tiny portion of it under the microscope. We will ask for your written permission to do this. This test is to look for a very specific and uncommon complication called a molar pregnancy but does not usually tell us the cause of your miscarriage.

It is important to know that we don't generally carry out any tests to look for a cause of your miscarriage. This is because miscarriages are mostly the result of chance. Most of the time they do not recur and, if they do, it is still most likely to be chance. If you have had three or more miscarriages then you may wish to discuss referral to a special clinic dealing with recurrent miscarriage with your GP. They will run some tests to look for some rare causes of recurrent miscarriage which may be able to be treated. This doesn't mean that your next pregnancy won't be successful and doesn't mean that you will need any treatment.

What follow up will I have?

If you have had a complete miscarriage or surgical management of a miscarriage you won't usually need any follow up. If you have chosen expectant or medical management of miscarriage you will usually have another appointment booked for you after two weeks to perform a scan and check that the womb is empty and also be asked to do a home pregnancy test after three weeks to check that it is negative.

You are likely to have your next period 4-6 weeks after the miscarriage. It may be heavier and more painful than usual.

You can start trying for a pregnancy as soon as you feel ready to. We advise waiting until after your next normal period, in part so that we can better estimate the likely date of conception and time scans in that pregnancy. If you are planning to try for another pregnancy, we suggest you continue taking folic acid (400mcg, once each day).

Your and your partner's feelings

There is no right way to feel after miscarriage. It is very common to feel sad and need time to grieve. That pain will usually lessen in time, although the memory of your loss may stay with you always. We also recognise that miscarriages can result in more severe and longer-lasting emotional effects including depression, anxiety or post-traumatic stress.

It may be useful to talk to your doctor about the symptoms of these conditions, especially if your miscarriage is still having an impact on your ability to function normally at work or at home after a few weeks. These conditions may need treatment.

Who can I contact for more information?

The gynaecology emergency room at St Mary's Hospital: 020 3312 2185 (09.00-17.00, Monday to Friday).

The early pregnancy assessment unit (EPAU) at Queen Charlotte's & Chelsea Hospital: 020 3313 5131 (09.00-16.30, Monday to Friday).

Out of hours, you should go to the A&E department at St Mary's Hospital for assessment. If you need urgent medical advice out of hours, you should phone the hospital switchboard on 020 3312 6666 and ask to be put through to the on-call gynaecology registrar or senior house officer (SHO). Please note that due to other emergencies in the hospital, they may not always be able to take your call immediately.

You can access all of our gynaecology leaflets here:
www.imperial.nhs.uk/our-services/gynaecology/patient-information

What kind of support can I get?

Monthly pregnancy loss support groups meet at Hammersmith Hospital which you are welcome to attend. You can find details here:

www.miscarriageassociation.org.uk/how-we-help/support-groups/

You may also find the following organisations helpful:

- **The Miscarriage Association:** 01924 200 799 (09.00-16.00, Monday to Friday) www.miscarriageassociation.org.uk
- **Tommy's Pregnancy Helpline**: 0800 0147 800 (09.00-17.00, Monday to Friday)

How do I make a comment about my visit?

If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's). You can also email PALS at imperial.pals@nhs.net

Alternatively, you may wish to complain by contacting our complaints department:
Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY
Email: ICHC-tr.Complaints@nhs.net
Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Gynaecology
Published: October 2019
Review date: October 2022
Reference no: 2475