

Conservative Management of Miscarriage

You are being this leaflet because you have been told that you have had a miscarriage.

There are several types of miscarriage:

Complete – This usually is the case when the vaginal bleeding and abdominal pain has settled and on the ultrasound scan the womb is empty.

Incomplete – This is usually the case when the PV bleeding is continuing and you have pain, the scan will show some of the pregnancy tissue is still present in the womb.

Silent/missed – this is when on the ultrasound scan the pregnancy can be seen in the womb, the fetus does not have a heartbeat or the pregnancy sac is not growing.

Anembryonic – this is when a pregnancy sac is seen in the womb with no fetus in it.

Conservative management of miscarriage involves a 'wait and watch' approach.

This is offered when your pregnancy is measuring less than 10 weeks on the scan, in approximately 85% of women pregnancy tissue passes spontaneously and the body recovers naturally. If you choose to have conservative management a member of the early pregnancy team will call you within 2-3 weeks. You will need to do a urine pregnancy test the morning of this call as they will ask you the result of the test.

What to expect when the miscarriage happens:

You will have vaginal bleeding, like a period. If the bleeding becomes heavy with clots, or you have discoursed unpleasant smelling discharge, please contact the early pregnancy assessment unit or your GP.

If the bleeding becomes very heavy, like soaking a sanitary pad every hour you will need to go to A & E.

You may experience contraction type pains which should ease after a few days. Paracetomal can be taken to help with this. If you are requiring stronger pain relief we would advise you to contact the early Pregnancy Assessment area or your GP.

What if 'conservative management' does not work?

If no pregnancy tissue has been passed after 2 weeks further options will be discussed with you over the telephone with a member of the early pregnancy team, they will discuss:

1. Medical management (see leaflet)
2. Surgical evacuation management (see leaflet)
3. Conservative management for another 2 weeks

You can change your mind anytime during conservative management you can call the early pregnancy team anytime and they will arrange further discussion (you do not have to wait for the 2 weeks).

Information for Patients

Are there any risks?

There is a risk that you may bleed heavily with the passage of clots. If this happens you should contact the Early Pregnancy Assessment Unit or attend A & E.

You may experience abdominal pain during the miscarriage which may be worse than a normal period pain. Again, if this is severe you should contact the Early Pregnancy Assessment Unit or attend A & E.

If pregnancy tissue is not passed and bleeding does not stop then medical or surgical procedures may be required.

What else should I expect?

Tiredness is common after a miscarriage. It is important to let yourself recover both physically and emotionally. Listen to your body and resume normal activities when you feel able.

Bleeding may continue for up to 2 weeks after the miscarriage and may be accompanied by some abdominal discomfort.

An Early Pregnancy Nurse will call you 2 weeks following your visit to the unit and will ask how you are and what symptoms *if any) that you may have, she will also ask if you have done a pregnancy test that morning and what the result of this is, please do a home pregnancy test the morning of the scheduled telephone call so the nurse can make the best assessment for you.

Support:

Miscarriage Association: 01924 2007099 info@miscarriageassociation.org.uk

We offer a miscarriage support group at Heartlands Hospital once a month which we highly recommend; you can contact our volunteer Catherine on 070595840775 or email enquiry@thepinksnblues.co.uk

Contact Numbers:

Good Hope Hospital EGU: 0121 424 7747
Birmingham Heartlands Hospital EGU: 0121 424 3505

Lead Midwife for the Early Pregnancy and Miscarriage Care: Rachel Small

Accessibility

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