

# Early Pregnancy Loss – Miscarriage

## Patient Information

Surname: ..... NHI: .....

First Names: .....

Date of Birth: ..... / ..... / ..... Sex: .....

PLACE PATIENT ID HERE

## Women's Health Service



### Why did you miscarry?

Miscarriage is common – approximately 1 in 5 (20%) of pregnancies miscarry.

When the baby is created it takes half its genes from the sperm and half from the egg. At the time of conception there is a crossing over of these genes – sometimes for no obvious reason some of this information is lost and the pregnancy from that point is destined not to survive. Miscarriage will often then occur – it can be seen as nature's way of ensuring that when you have a baby it has the best chance at life. This is the most common cause of miscarriage, and becomes more common with age.

Sometimes an illness, like German Measles or Listeria, can affect the pregnancy and miscarriage may follow. Some medical conditions if not well managed (e.g. Diabetes, thyroid disease etc.) can lead to miscarriage.

Women will often ask themselves if there was anything they did that caused the miscarriage. You are not to blame for your miscarriage.

### How is the diagnosis confirmed?

The attending doctor or midwife will assess your symptoms and perform a vaginal examination. A blood test may be required.

An ultrasound scan **may** be required to confirm miscarriage. This is often arranged by your GP or midwife.

### Types of miscarriage

**Complete miscarriage** – all of the pregnancy tissue comes away by itself. Symptoms of pain and bleeding decrease following the passage of the pregnancy.

**Incomplete miscarriage** – symptoms of bleeding often associated with pain and the passing of blood clots with some tissue. Some pregnancy tissue remains in the womb. The cervix may be open

when assessed by the doctor on vaginal examination.

**Missed miscarriage** - the baby has died but there are no signs of miscarriage. There may be some dull pelvic cramps and spotting of blood. On examination the cervix is closed. The scan shows no growth of baby and blood test results stop increasing.

**Recurrent miscarriage** – when a woman miscarries 3 or more times in a row. Following assessment, further investigations may be offered to look for a possible cause.

### What treatment options do I have?

**Expectant management** – waiting for the miscarriage to occur naturally without any medical intervention. This has an unknown timeframe that varies from woman to woman. It progresses from light bleeding to a heavier flow and the passing of clots and tissue with associated cramps. The amount of blood loss and pain intensity varies from woman to woman. If the bleeding and pain become excessive or distressing to you, support and assessment is available through your lead maternity carer, G.P. or the Acute Assessment staff.

**Medical management** – the use of medication to trigger the start of the miscarriage. Misoprostol is a drug that acts on the cervix and womb to expel the pregnancy. This option requires you to be in hospital for 1 hour while the medication is given. Miscarriage may occur that day but usually will happen within 24-72 hours.

The miscarriage is a natural process with cramps and bleeding and the passing of clots and pregnancy tissue that may be whitish in colour. If unsuccessful or there is retained pregnancy tissue, further Misoprostol can be given. Expectant or surgical management may also be available options.

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**Surgical management** – You would be booked into hospital as a day-patient for an operation called a dilatation and curettage (D&C). This is a minor procedure performed in hospital to gently remove and collect the tissue from inside the uterus. Prior to the D&C operation, a single dose of Misoprostol is given to soften the cervix. The vagina is held open by a speculum. The cervix is gently widened (dilated) using a surgical instrument and a suction device is gently passed through the canal into the womb. The inner layer of the uterus is gently removed and the tissue collected is sent to the laboratory to confirm pregnancy tissue has been collected.

### **Misoprostol**

Misoprostol is a medication that is effective for softening and opening the cervix and is sometimes used to assist the passage of pregnancy tissue and manage bleeding during miscarriage. Misoprostol is not registered in New Zealand specifically for this purpose, however it is widely used internationally for this purpose. Research has shown Misoprostol to be a safe and effective medication. Use of this medication is approved by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. As Misoprostol is used in this setting for an 'off-license' purpose, you will be asked to sign a consent form prior to administration of this medication. If you have any questions or concerns about the use of Misoprostol, please do not hesitate to ask your Doctor or nurse about this.

### **Can I take the pregnancy tissue home?**

Some women want to take the pregnancy tissue home. Occasionally we offer to send the tissue to the laboratory to verify that pregnancy tissue has been passed. You can decline this test being performed or have the tissue returned once it has been examined. You will need to make this decision prior to the tissue being sent to the laboratory.

If you would like your tissue to be returned you will be given a form to sign confirming this and you will be given a copy of the form to take home with you. There will be instructions and a contact number to call to find out when your tissue will be ready to be collected.

If you have not received your copy of this paperwork please let a staff member know **before your tissue goes to the Laboratory.**

### **What can you expect after the miscarriage?**

It is important to confirm your blood group with the hospital staff or your Lead Maternity Carer (LMC). If necessary you will be offered an Anti-D injection prior to leaving the hospital.

At the time of your miscarriage expect bleeding which is heavier than your normal period. This will usually last about 2-3 hours. The bleeding may differ from menstrual bleeding and you may pass clots as the miscarriage occurs or tissue is expelled. After the miscarriage you can expect vaginal bleeding for up to 3 weeks. Bleeding should gradually reduce until completely stopped.

Use sanitary pads rather than tampons until your bleeding has stopped. **AVOID** spa pools and swimming pools for at least a week after your miscarriage or until your bleeding has stopped to reduce the risk of infection.

Try to avoid having sex while you are still bleeding as this puts you at risk of infection.

Regular periods usually return 4-6 weeks after a miscarriage.

### **Complications of miscarriage to look out for:**

- High temperature
- Increased pain and/or heavy bleeding
- Unusual or offensive smelling vaginal discharge.
- Feeling generally unwell
- Flu-like symptoms

If you develop any of these symptoms you need to call your GP or the Acute Assessment Unit (WHAS).

**If you are soaking more than 2 maternity pads an hour for 2 or more hours you need to call the Acute Assessment Unit number (WHAS) at the bottom of this information sheet or call 111 for an ambulance.**

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## Follow-up

Your discharge summary is provided to you and your GP.

Your follow-up plan will be specified in your discharge summary. In most cases you won't need to come back to be seen in clinic but if this is your third miscarriage, discuss this with your Doctor.

You may wish to see your GP in 10-14 days for follow-up to assess your recovery and discuss any questions you may have.

## Will it happen again?

If you have had one or two miscarriages you are ***no more likely to have another miscarriage than any other pregnant women is*** – the odds are in favour of the next pregnancy being successful.

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.

This is a good opportunity to think about lifestyle factors such as stopping smoking, reducing alcohol consumption and stopping any other drug use.

## How long should I wait before trying again?

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

It is advisable that you wait until you have had at least one normal period. If you had a regular cycle prior to the pregnancy you can expect a period within 4-6 weeks.

## Grief and Emotion

No pregnancy loss is the same and how you process your emotion or grief may be different from other women. Your feelings may present themselves in different ways over time and not always straight away. There is no 'right or wrong' way to feel about your miscarriage and no length of time in which you are expected to process your feelings. You may or may not want to talk about your miscarriage, this is ok also.

It is important to acknowledge that feelings of emotion or grief may be felt by the baby's father and/or other members of your family and they may process their feelings about the miscarriage differently to you.

Recovery time will vary from woman to woman, you may feel emotionally tired for a while, resting for the first few days may be helpful.

Below are some resources and support services that you may find helpful –

**Miscarriage Support NZ** have a number of online resources and information.

[www.miscarriagesupport.org.nz](http://www.miscarriagesupport.org.nz)

**Sands** – are an organization that support parents and families following the death of a baby, at any stage of pregnancy and under any circumstance. They can be contacted before or after the birth.

Sands Wellington-Hutt Valley on 021 776 436 or 0277105130 or [sandswgtnhutt@gmail.com](mailto:sandswgtnhutt@gmail.com) or [www.sandswellingtonhutt.org.nz](http://www.sandswellingtonhutt.org.nz).

The national contact for Sands is

[www.sands.org.nz](http://www.sands.org.nz).

**Skylight** – are a trust which enables children, young people, their family/whanau and friends navigate through times of trauma, loss and grief. There is an associated cost. Skylight can be contacted at [info@skylight.org.nz](mailto:info@skylight.org.nz) or 0800 299 100.

## Contacts

**Women's Health Assessment Service (WHAS)**

– Monday to Friday (8.00am to 4.30pm – calls after this time are automatically transferred to the Gynaecology ward)

Phone (04) 806 0760

**Counselling at Women's Clinics – Te Mahoe -**

Phone (04) 806 0761

**Ward 4 North Gynaecology (24 hours) –**

Phone (04) 806 0881

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## References

National Institute for Health and Care Excellence (NICE) – Ectopic pregnancy and miscarriage: diagnosis and initial management guideline, April 2019. <https://www.nice.org.uk/guidance/ng126>