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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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## Conservative Management of Miscarriage Women's Health



# Conservative Management of Miscarriage

This leaflet is intended to give you additional information to that received from your healthcare professional.

## Introduction

We are very sorry that your pregnancy is no longer progressing. We understand this may be a very distressing time for you. Sadly, miscarriages are known to occur in 1 in 4 pregnancies. In early pregnancy, the most common reason for a miscarriage is Chromosomal (genetic building blocks) abnormality in the baby and so is out of your control.

This leaflet will inform you of what to expect with conservative management.

## Making your decision

Please remember that no decision about your care is final. It may be your choice to change the way your miscarriage is managed, or it may become medically necessary to perform an operation to remove the pregnancy tissue because of excessive prolonged bleeding or unsuccessful conservative management. This operation is known as **surgical management of miscarriage** (SMM-see separate leaflet).

The Association of Early Pregnancy Units,  
[www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk)

Royal College of Obstetrics & Gynaecology:  
[www.rcog.org.uk](http://www.rcog.org.uk)

National helpline service for pregnancy loss, unplanned pregnancy or post termination concerns:  
[www.careconfidential.com](http://www.careconfidential.com)

## Useful reading

Miscarriage, what every woman should know -  
Professor Lesley Regan ISBN No. 0747530246  
Miscarriage - Ann Oakley ISBN No. 0140120246

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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period, this is not harmful and it doesn't increase the chance of a miscarriage.

We will advise the following pre-conceptual care;

- Stop smoking (<https://www.nhs.uk/smokefree/help-and-advice/support>)
- Take Folic acid, maintain a healthy diet and exercise regularly
- Reduce alcohol, caffeine intake and optimise your health

If you are unsure whether or not to conceive in the future, it is advisable to consider contraception. Your local GP, the family planning clinic, the nurse or doctor can discuss your options.

## Useful Contacts

We realise that this is a very sad and emotional time for you and your family. We hope that we are able to support you through this. Please feel free to ask any questions, or to contact the unit for advice.

Early Pregnancy Unit  
01932 722662

The Miscarriage Association  
01924 200799 (Helpline)  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

## Why have I been offered this treatment?

NICE (National institute of clinical excellence) has recommended that conservative management of miscarriage be offered as first line treatment for early miscarriage.

There are several reasons why this treatment may be appropriate for you:

- You have been diagnosed with a missed miscarriage
- You have been diagnosed with an incomplete miscarriage
- Your general health is good and your condition stable
- You don't wish surgical intervention at the moment

## What should I expect?

The process of a miscarriage will vary depending on the size of the pregnancy and the findings of the ultrasound scan. It can be very difficult to predict what will happen. It may take a few days to several weeks for the miscarriage to start. It is not uncommon for the bleeding to last up to 2-3 weeks when the miscarriage starts.

- **Pain**

You are likely to experience abdominal pain or cramps. This can be very similar to strong period pain especially as the pregnancy tissue is being passed. The reason for the pain is because the womb is trying to push out the pregnancy tissue, rather like the contractions of labour.

It is advisable to have suitable pain relief available which you are able to tolerate. The following pain killers are useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers

Please ensure you read the label/instructions carefully before taking them and don't exceed the maximum daily dose.

If the pain becomes unmanageable, you should attend the Accident and Emergency department.

### • Bleeding

When a miscarriage happens, the pregnancy tissue or pregnancy sac with part of the lining of the womb will shed and pass out through the neck of the womb into the vagina. It is difficult to predict when the bleeding will start but it may take up to 1-3 weeks from your scan. In some women, the bleeding may have started before your miscarriage is confirmed on scan. The amount of bleeding can be difficult to predict but it is not uncommon for this to be heavy or to pass clots. Please ensure you have enough sanitary protection. Some of these clots may be small like a penny or large like an egg yolk. Some people may pass larger clots than the ones described above. This is more common if the pregnancy is more advanced. The bleeding may initially be heavy and then gradually reduce over 2-3 weeks. You may also pass a pregnancy sac which may look grey in colour or clear jelly like tissue. You may also see an intact fetus especially if you are miscarrying after 10 weeks.

concerned about the heaviness of the period, please contact your GP.

## Emotions

Your reaction following your pregnancy loss can be very varied and may change from day to day. This is quite normal. There are days when you may feel very normal and other days when you don't. If you or your partner is struggling to cope, you could contact your GP for referral for counselling or you may contact us and we could explore if you would like to be referred to our bereavement support midwifery team.

## Work

Going back to work during or following a miscarriage is an individual decision. It all depends on how heavy your bleeding is, and how you feel generally. Many women feel that at least a few days off work may be necessary. Most work places allow you to self-certify for up to 7 days, but please let staff know if this is problem and you require a sick certificate.

## When can I start trying for another baby?

This is a very personal decision and you and your partner can start whenever you both feel ready. For dating purpose, there may be some advantage in waiting for the next normal period before trying to conceive. However, if you conceive before your next

## **What if I change my mind?**

Please contact our unit so we can discuss your options and arrange further management.

## **Do I require follow up?**

This will have been discussed with you at the time of your decision. We may advise that you attend for a repeat scan if your bleeding doesn't start within two weeks. We may advise that you re-attend our unit if the bleeding carries on for longer than 2-3 weeks. If a repeat scan is performed and there is still some pregnancy tissue inside the womb, you may choose to continue to wait or consider another treatment option.

## **Do I need to inform anyone of my miscarriage?**

We will usually cancel your pregnancy scans and midwifery or antenatal appointments if you are booked in our hospital. We will also contact your GP. We will also give you a copy of your correspondences for your GP.

## **When can I expect a menstrual period?**

Everyone is different regarding how soon after a miscarriage to expect a period. This may take over 4-8 weeks. Often the period may be different than normal (heavier or lighter). Should you be

We will recommend you avoid using tampons and refrain from sexual intercourse while you are bleeding to reduce the risk of infection.

If the bleeding becomes unmanageable, you should attend the Accident and Emergency department.

## **What should I do when I miscarry?**

If you miscarry at home, in hospital or somewhere else, there is a possibility you may pass the pregnancy remains into the toilet. You may want to look at what has come away and you may see pregnancy tissue, pregnancy sac and/ or fetus or something you may think might be the fetus. You may decide to simply flush the toilet-many people do this automatically -or perhaps to take a closer look at the pregnancy tissue, sac or fetus. You may choose to bury the pregnancy remains in your garden. If you choose to do this, you must contact your local health authority to confirm what the requirements are.

If we have advised you to bring the pregnancy tissue to the early pregnancy unit (usually women with a history of recurrent miscarriage) to be examined, please place this in the container we may have provided or in any clean jar with a tight fitting lid like a jam jar. Please return the pregnancy tissue to the Early pregnancy Unit at your earliest convenience. Our unit is open Monday to Friday from 0900-4pm, excluding bank holidays.

## What are the advantages of conservative management?

- 50 out of 100 women will miscarry completely without any additional intervention
- You do not have to stay in hospital
- You avoid surgery and the possible risks or side effects of surgery and general anaesthetic
- It may feel more like a natural process as you are allowing nature to take its course.

## What are the disadvantages of conservative management?

The risks are small and similar with all methods of management of a miscarriage.

- **Infection:** This is usually treated with antibiotics. Approximately 1 in 100 women will develop an infection. In some cases, you may be advised surgical management.
- **Bleeding:** Research suggests 2 in 100 women have bleeding severe enough to require a blood transfusion. There may also be need to perform an emergency surgical management of the miscarriage to help remove the pregnancy tissue and stop the bleeding.
- **Pain:** some women may find the pain unacceptable.

- **Unpredictable:** It is difficult to predict when or if the miscarriage may happen and what your symptoms will be like.
- **Manual removal of the pregnancy tissue:** In rare case, the pregnancy tissue may become trapped within the neck of the womb. This can cause intense pain and bleeding. This may need to be removed during a vaginal examination.
- **Failure of the procedure:** 50 out 100 women who choose conservative management may require an additional procedure. This may involve surgical management. Please see separate leaflet on surgical management of miscarriage.

## What are the signs of an infection?

An offensive vaginal discharge with increasing pain and bleeding associated with fever and/or chills may be a sign of an infection. You should contact your GP or our early pregnancy unit for assessment as you may require antibiotic treatment.

## What if the miscarriage does not happen?

If there has been no bleeding, and you don't think the miscarriage has happened, you may decide you want to have surgical intervention. Please contact our early pregnancy unit for further advice.