

Women's Services

Expectant management of miscarriage

Contact telephone numbers

- Daphne ward (08:00 20:00 Monday - Friday. 08:30 14:00 Saturday - Sunday): 01223 217636
- Ward L4 (all other times): 01223 348500

Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

Depending on the circumstances, including how clinically well you are at the time when you were seen on Daphne ward, you will have been offered three choices to help you with the next part of your inevitable miscarriage:

- Expectant management
- Surgery-evacuation of retained products of conception (ERPOC)
- Medical management of miscarriage

This leaflet aims to help you understand more about **expectant management of miscarriage**.

Expectant management of miscarriage means letting nature take its course, with no intervention to affect the miscarriage (such as drug therapy or surgery).

This certainly means experiencing some heavy vaginal bleeding, and probably cramping pains.

Advantages of expectant management

- There is no need to be in hospital
- You may feel more 'in control' of the process, because you are not in hospital.

Disadvantages of expectant management

- You can not predict when the miscarriage will occur, or be complete.
- You may experience pain, and certainly heavy bleeding.

What to expect

Bleeding

Be prepared for when the bleeding starts, or becomes heavier. It is advisable to use sanitary towels rather than tampons, as this reduces the risk of any infection.

It is difficult to predict how heavy the bleeding might be, but most probably it will be heavier than a normal period, and you may pass blood clots, tissue or even a recognizable foetus, which can be alarming.

If you are concerned that the bleeding is excessive (requiring you to change a sanitary pad every half an hour) please telephone either **Daphne ward** or **ward L4** for advice.

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We understand that bleeding heavily at home can be frightening-please do not hesitate to contact us if you are unsure what to do.

Once you have actually miscarried (passed clots of blood or tissue) the bleeding will ease and it will become much lighter. Any cramping pain will also cease.

It is not unusual to bleed for 10 to 14 days after a miscarriage, but this bleeding should be noticeably lighter, and more period-like.

It is advisable to avoid intercourse whilst you are bleeding, again to reduce the risk of infection.

Discomfort/pain

Having a miscarriage can be quite painful, with cramping type pains and lower back ache occurring at any time, but especially when the miscarriage is imminent.

It is advisable to be prepared with a suitable type of pain relief which you are able to tolerate.

The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers

If these types of pain relief are insufficient, please do not hesitate to contact us on the telephone numbers at the top of this leaflet.

Hygiene

Avoid hot baths whilst you are bleeding heavily, as you may feel faint. Otherwise it is safe for you to have a warm bath or shower.

Signs of infection

Increased bleeding or pain, or developing an offensive smelling vaginal discharge may be symptoms of an infection.

You should see your GP immediately if you develop any of these symptoms as you may require antibiotic treatment. If your GP is concerned, you will be referred back to the Gynaecology Team for further management.

If you are unable to see your GP please contact us on Daphne ward and we will be happy to advise, and if necessary, see you.

Work

Going back to work during or following a miscarriage is a very individual decision.

It also depends on how heavy your bleeding is, and how you feel generally-having a miscarriage can be a very distressing event in a woman's life.

Many women feel that at least a few days off work may be necessary.

You can self-certificate for the first week off work, thereafter your GP should be able to provide you with a sick certificate.

What if the miscarriage does not happen?

If there has not been any bleeding, and you do not think the miscarriage has happened, you may decide that you would prefer to consider managing the miscarriage by medical or surgical intervention, depending on your individual circumstances.

Please telephone staff on **Daphne ward**, who will be able to make suitable arrangements for you.

Follow-up

It is not necessary for us to see you again on Daphne ward after your miscarriage.

In most cases it is not necessary to scan you to ensure the miscarriage is complete.

However staff on Daphne ward will arrange to telephone you approximately 14 days after you were initially seen on the ward, to discuss your progress and to enquire how

you are. You might be asked to perform a urine pregnancy test, prior to us telephoning you.

Following this discussion staff may advise you to come back to Daphne ward for further assessment. This might include a urine pregnancy test and/or an ultrasound scan.

You may wish to see your own GP two to three weeks after the miscarriage, to ensure all is well.

Emotionally

It is not unusual to feel low in mood or tearful at any time during or after a miscarriage. Some women even feel quite angry, 'why has it happened to me?'

It is quite normal for you to feel sad and upset about losing your baby. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

- Karen Burgess, Counsellor Women's services: 01223 349327 (answer phone)
- Email: rosiecounsellingservice@addenbrookes.nhs.uk
- The Miscarriage Association: 01924 200799 (Monday-Friday 09:00 – 16:00)
- www.miscarriageassociation.org.uk

When can I expect a period?

Every woman is different regarding how soon after the miscarriage they have their next period, however sometime in the next four to six weeks is considered usual. Often this period may be different than usual (heavier or lighter, again this is nothing to be concerned about, unless the bleeding is very heavy-in which case consult your GP).

If you do not have a period, within six weeks of your miscarriage, it may be advisable to contact your GP.

Do I need to inform anyone about my miscarriage?

No. Staff on Daphne ward will have written to your GP and community midwife and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

The future

It is advisable to wait for at least two normal periods before you try to get pregnant again.

This helps you have time to grieve for one baby before embarking on another pregnancy and also allows your body time to recover too.

Remember that miscarriage is a very common occurrence, and in most cases the cause of the miscarriage is unknown.

If this is your third consecutive miscarriage, staff on Daphne ward will discuss with you and your partner if you wish to be referred to one of the consultant gynaecologists, who sees couples in this situation for investigation and support.

Any preconception care you have been following should continue, such as:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Stopping smoking

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time.

We hope this information leaflet has been of help to you. If you have any further concerns, please contact the staff on Daphne ward.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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Contact number	01223 217636
Publish/Review date	March 2010/March 2013
File name	Expectant_management_of_miscarriage
Version number/Ref	2/PIN1723