You may attend the burial service if you wish to do so. This is a personal choice - some people find it helpful to attend while others prefer not to attend.

If you wish to attend the service please contact the Gynaecology Ward and they will advise you as to date of burial.

Memorials

If you decide to attend the burial service or visit the plot in Belmont Cemetery, you may bring a small floral tribute with you. These will be left on the grave until just prior to the next burial in two months time, when they will be removed.

As the grave is re-opened regularly, permanent memorials cannot be left.

If you wish to have a permanent memorial then you will need to arrange your own private burial. There will be no individual names of babies read out during the service.

Support available to you

For more information on support available please speak to the hospital staff, your GP, midwife or health visitor.

Ward telephone numbers:
Gynaecology Ward, Antrim Area Hospital
Tel: 028 9442 4198

Gynaecology Ward, Causeway Hospital
Tel: 028 7034 6061

If you wish to access further support, you may also contact a hospital social worker.

Children’s Hospital Social Work Team
Alder House
Antrim Hospital
Bush Road
Antrim
BT41 2QB
Tel: 028 9448 4600

The Miscarriage Association

This Miscarriage Association provides information booklets and a confidential telephone support line for those in need of a listening ear.

Tel: 028 9336 3384 Gillian
Tel: 028 8953 1677 Martina
Email: info@miscarriageassociationni.org.uk
www.miscarriageassociationni.org.uk

We hope this leaflet will help you to make the decisions which are right for you and your family. If you require further information on any of these issues, please contact the hospital staff.
The aim of this leaflet is to provide you with information about some of the decisions and arrangements that you and your family will now need to make after a miscarriage.

We would like to express our sympathy to you and your family at this time and hope this information is helpful to you. Staff are available to answer any questions and discuss any concerns you may have.

**Types of miscarriage**

**Missed miscarriage**
This is where your baby has died at a very early stage of its development.

**Incomplete miscarriage**
This is where your baby has died, however, your womb may not be completely empty.

**Complete miscarriage**
This is where your baby has died and your womb is completely empty.

**Treatment options**

**Expectant management**
"Wait and see"

This option lets nature take its course and staff at the hospital will review you fortnightly. This method involves no surgery or tablets, but may take several weeks.

**Medical management**
You will be given three tablets called Misoprostol orally. You will be reviewed at the hospital after 48 hours when you will be re-examined. If you have not completely miscarried, then the treatment process will be repeated. Following this, if the womb is not completely empty then the options will be discussed again.

**Surgical management**
You will undergo an operation called an evacuation of the uterus under general anaesthetic to remove the contents of the womb. Usually you will be able to go home 4-6 hours after the procedure.

**What will happen in expectant and medical management?**
You may experience a heavy painful period. As well as bleeding you may also pass some tissue like material, that could be the pregnancy tissue: it is your decision what you wish to do with this. You can discard it along with the sanitary towels you are using or if you wish, you can return it to the hospital - a container will be provided. If tissue is returned for examination, then burial will have to be arranged by either yourself or the hospital. Staff will advise you of the options.

**Risks and possible problems**

**Expectant and medical management**
Occasionally, the bleeding may be very heavy and you may require assessment in hospital and possibly have to go to theatre for an evacuation of the uterus as an emergency.

If you opt for medical management, the tablets can sometimes cause diarrhoea and vomiting, this is unusual.

When you return home, we would advise that someone stays with you in case you need to come back to the hospital as an emergency because of bleeding.

Sanitary towels should be used instead of tampons so that you can monitor how much you are bleeding. Tampon use could also potentially introduce infection. Intercourse should also be avoided whilst bleeding due to the risk of infection.

If you experience an offensive smelling discharge and/or feeling feverish, please contact the hospital.

The experience of pain is a very individual one and you will know what is tolerable for you. You may take pain relief as required.

**Risk of surgical management**
The risks of the procedure will be explained to you prior to the operation.

Consent will be required and you will receive an explanation from an anaesthetist regarding the complications of anaesthesia.

Complications from the operation are uncommon but can include:
- Infection (2%)
- The need to repeat the procedure if the womb is not evacuated completely (2%)
- Damage to the womb (perforation 1:3000). This may require further surgery.

**Burial of your baby**
You will be given a consent form to sign to allow examination of your baby. You will be asked if you wish the hospital to arrange burial of your baby’s remains following examination or if you wish them to be returned to you so that you can make your own arrangements for burial.

If you choose to have your baby’s remains returned to you for burial, a staff member will contact you to arrange for the remains to be collected.

If you choose hospital burial, the Northern Trust arranges burial by a local Funeral Director in Belmont Cemetery, Antrim.

Burial will take place collectively, with other early babies, on the third Wednesday of alternate months. A hospital chaplain will carry out the short committal service at the graveside commencing at 1.30pm.