Northern Health and Social Care Trust

Patient Information On Pregnancy Loss

The aim of this booklet is to provide you with information about some of the decisions and burial arrangements that you and your family will now need to make after your pregnancy loss.

Types of miscarriage

Missed miscarriage

This is where your baby has stopped developing at an early stage. In many cases the baby can be seen on scan but the fetal heart is not present.

Incomplete miscarriage
This is when a pregnancy ends, but some pregnancy tissue remains in the womb.

Complete miscarriage
This is when a pregnancy ends and all pregnancy tissue has been passed, and bleeding has settled.

Treatment options:

What treatment options do I need to consider?

Conservative management

“wait and see”
This option allows nature to take its course and the staff in the Early Pregnancy Assessment Unit (EPAU) will review you every week. This method involves no medication or surgery but may take from a few days to several weeks.

Medical management: -

You will be given medication called Misoprostol which you take orally. The staff in EPAU will arrange a review for you at the clinic in 48hours. However you will have 24 hour access to the emergency department in the hospital during this time. If you have not completely miscarried, then the medication can be repeated if you wish to continue with this treatment. You will then have a further review at EPAU in one week. On reassessment if pregnancy tissue remains within the womb then further options will be discussed.

With both conservative and medical management options you may experience heavy bleeding. As well as passing large clots you may also pass tissue like material, this is likely to be pregnancy tissue. It is your decision what you wish to do with it. At times when people are at home much of the tissue is discarded when at the toilet but if you wish to have examination of the pregnancy and related tissue it can be returned to the hospital in a container provided by the early pregnancy staff.

Pregnancy tissue returned for examination will need to be buried and staff will advise you of the options available to you. Please see section on burial or cremation arrangements.

For those whose baby is greater than 6cm in size with no fetal heart beat, inpatient medical treatment will be offered.

Surgical management:

Following a discussion with the gynaecology doctor written consent will be obtained. You will have the opportunity to speak with the anaesthetist regarding the anaesthesia.
A surgical procedure to remove the pregnancy / pregnancy tissue in the womb under general anaesthetic will be performed. You will be able to go home within a few hours of returning from theatre.

Manual Vacuum Aspiration (MVA) is similar to surgical management but without a general anaesthetic. MVA is not currently available in all areas. Please ask a member of staff for further information.

Surgical management is not suitable for a pregnancy greater than 12-week size (where baby is >6cm).

Risks and possible problems

Conservative and Medical management: You will experience bleeding and pain as you miscarry, which are usually more intense than a normal period. Bleeding may become very heavy and you may require assessment in hospital and possibly an emergency surgery.

Medical Management:

Benefits -

- To complete miscarriage
- No anaesthetic
- Treatment can be taken at home
- Reduced risk of hospital admission

Risks -

- Bleeding
- Pain
- Failure 10-20% (repeat medication or surgical intervention may be required)
- Medication can sometimes cause diarrhoea & vomiting (this is unusual)

Possible additional treatment

- Repeat treatment
- Surgical management
- Blood transfusion

Surgical Management:

Benefits -

- To complete miscarriage
- Relief of heavy bleeding
- Relief of abdominal pain

Risks -

All risks are increased in those who have a BMI>30, have had previous cervical/ uterine surgery or have pre-existing medical conditions.

Frequent risks

- Bleeding
- Pain

Serious risks

- Uterine perforation (1/250)
- Cervical damage (1/100)
- Pelvic infection (1/10)
- Failure of procedure- retained pregnancy tissue (1/100)

Possible additional treatment

- Blood transfusion
- Laparoscopy (if suspected uterine perforation)
- Laparotomy

Advice:

When you return home, we would advise that someone stays with you in case you need to return to the hospital in an emergency.

If you find that you need to change towels every hour due to excessive blood loss, contact the Early Pregnancy Assessment Unit or if feeling faint and unwell attend the nearest Emergency Department.

The experience of pain is a very personal one and you will know what is tolerable for you. Take pain relief as required being careful not to exceed the recommended doses.

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

Sanitary towels should be used instead of tampons. This allows you to monitor how much you are bleeding. Tampon use could potentially introduce infection.

Intercourse should be avoided whilst bleeding to reduce the risk of infection.

Examination of Early Pregnancy Loss Tissue

Pregnancy tissue is routinely examined in the laboratory to see if a reason can be found for the miscarriage and to rule out the presence of a molar pregnancy (where the placenta has not developed normally) Molar pregnancy would require follow up investigation.

Early pregnancy loss tissue may include the gestational sac, placenta and fetus. The term fetus may be used to refer to a developing baby before birth.

Although a tiny fetus may be seen on ultrasound scan in early pregnancy, fetal tissue is normally only identified in around 1 out of 100 early pregnancy losses. There are several reasons for this: an embryo may not have developed or the fetus may have died some time ago and the tissue has been reabsorbed. Also at this very early stage of pregnancy the tissues of a tiny fetus are very delicate and fragment easily, becoming mixed in with the placental tissues, and are not easily seen. Some fetal tissue may only be identified under a microscope. Please note that if only a small amount of tissue is available it may be necessary to use all of it in the examination.

Should fetal tissue be identified from your early pregnancy loss, it is for you to decide whether or not you want it to be examined. Your consent is required to examine any fetal tissue which may be present and you will be asked to sign a consent form to indicate your wishes.

If you give consent the fetus or fetal tissue will be carefully examined by the naked-eye. The tissues will then be processed by making wax blocks and glass slides for examination under a microscope. For pregnancies greater than 12 weeks a post mortem may be considered following a discussion with the Consultation.

Your GP will be able to obtain a copy of the laboratory report at your request.

Burial of your baby

The consent form which explains the options of examination of your baby's remains also asks your wishes regarding arranging burial of your baby. You will be asked to indicate your choice, whether you wish the hospital to arrange burial or if you wish that your baby's remains are returned to you for private family arrangements.

Please note: If you do not indicate your choice on the consent form the Trust will understand that you do not wish to make these arrangements and will then proceed with Trust burial.

If you choose to have your baby's remains returned to you a staff member will contact you to arrange collection.
It is important to note that the baby's remains must be collected within 3 months otherwise hospital burial will be arranged.

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. This takes place every 6-8weeks. The hospital staff will give you the appropriate burial date. A hospital chaplain will carry out the short committal service at the graveside.
You may attend the burial service if you wish. This is a personal choice - some people find it helpful to attend while others prefer not to attend. You baby will be treated with dignity and respect. If you wish to attend, please contact the Gynaecology Ward and they will advise you of the date and time of the burial.

We understand that occasionally some parents may change their mind regarding burial . If you wish to do this, you must contact gynae ward or Early Pregnancy assessment Unit staff, within one calendar month of your miscarriage to inform them.

Memorials

If you decide to attend the burial service or visit the plot in the Cemetery you may bring a small floral tribute. These will be left on the grave until prior to the next burial in two months' time, when they will be removed.
As the grave is reopened 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 read out during the service.

Follow Up

In some cases, you may be offered a follow up appointment. However, if you have any concerns or questions you should contact your GP in the first instance who will be able to provide advice and refer you to another service if required.

After Miscarriage

A miscarriage can be an emotionally and physically draining experience.
Guidance and support is available at this time from hospital staff and voluntary groups.

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

Ward Telephone Numbers

Gynaecology Ward & Early Pregnancy Assessment Unit,
Antrim Area Hospital
028 9442 4198

Gynaecology Ward & Early Pregnancy Assessment Unit,
Causeway Hospital
028 7034 6061

Further information and support

Royal College of Obstetricians and Gynaecologists (RCOG) leaflet on early miscarriage available at
https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/early-miscarriage.pdf

NHS Choices leaflet
http://www.nhs.uk/Conditions/Miscarriage/Pages/Introduction.aspx

Miscarriage Association UK
Offers information, including support for partners; on-line support and a helpline
019 2420 0799, Mon-Fri 9.00-16.00
www.miscarriageassociation.org.uk

Lifeline Counsellors available 24/7
Tel: 0808 808 8000

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