

management of
miscarriage:
your options



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WHAT THIS *booklet* IS ABOUT

If you're reading this booklet, you are probably dealing with a miscarriage right now – or supporting someone else through the process. You may be facing difficult choices at a difficult and distressing time; or you may be trying to find out more about what has happened already.

Whatever your situation, we hope you will find this booklet helpful.

In some miscarriages the uterus empties itself completely. But in others, an ultrasound shows that the baby has died or not developed but has not been miscarried. This booklet describes the different ways these kinds of miscarriages can be managed. It also explains some of the medical language you might hear or read.

UNDERSTANDING THE *medical language*

Doctors have different ways of describing miscarriages where the uterus does not empty itself completely. The main terms used are:

MISSED MISCARRIAGE (ALSO CALLED 'DELAYED' OR 'SILENT' MISCARRIAGE)

This is where the baby has died or failed to develop but is still in your uterus. You might have had no idea that anything was wrong until a routine ultrasound. You may still feel pregnant and have a positive pregnancy test.

BLIGHTED OVUM (ALSO CALLED 'EARLY EMBRYO LOSS' OR 'MISSED' OR 'DELAYED' MISCARRIAGE)

This is where an ultrasound shows a pregnancy sac with nothing inside. This is usually because the fertilized egg has not developed normally so the pregnancy sac grows but the baby does not. Sometimes the baby stops developing at such an early stage that it is absorbed back into the surrounding tissue. As with a missed miscarriage, you may still feel pregnant.

INCOMPLETE MISCARRIAGE

This is where some but not all of the pregnancy tissue is miscarried. You may still have pain and heavy bleeding.

METHODS OF *management*

In all the situations described, a full miscarriage will happen naturally in time and some women choose this option. But the process can be sped up, or 'managed' by medical treatment (drugs) or surgery (an operation). If you choose to have one of these treatments, you may be asked to wait for a week or more for a second ultrasound to make sure the pregnancy has ended before treatment begins.

Ideally you should be able to choose what treatment to have and be given information to guide your decision. You may find it easy or difficult to make a decision depending on your situation. Unless you need emergency treatment, you should be given time to choose the right way forward for you.

It may help to know that research comparing natural, medical and surgical management found that:

- the risks of infection or other harm are very small with all three methods;
- your chances of having a healthy pregnancy next time are equally good whichever method you choose;
- women cope better when given clear information, good support and a choice of management methods.

We hope the information that follows will help you to understand the different options better and make it easier to decide.

"I was told I had a missed miscarriage and was then sent home to think about the various options. I went to see my doctor who was very helpful and explained that the choice was mine and all options were right."

NATURAL *management*

(ALSO CALLED 'EXPECTANT' OR 'CONSERVATIVE' MANAGEMENT)
LETTING NATURE TAKE ITS COURSE

Some women prefer to wait and let the miscarriage happen naturally. Your healthcare provider may recommend this, especially in the first eight or nine weeks of pregnancy. However, your preference will be important in deciding the best and safest option for you.

WHAT HAPPENS?

This can vary a lot depending on the size of the pregnancy and the findings of the ultrasound. It can take anywhere from days to weeks before the miscarriage begins. Once it does, you are likely to have strong period-like cramps and bleeding.

The bleeding may go on for 2-3 weeks; or the small pregnancy sac in the uterus may be reabsorbed without much bleeding at all. It can be very difficult to predict exactly what will happen and when.

You will probably be asked to visit or contact your healthcare provider over the next few weeks. You may be offered an ultrasound to check whether the uterus has emptied. Or you may be asked to do a pregnancy test at home and come back only if it is still positive after 2-3 weeks. At this point you may be offered medical or surgical management.

DOES IT HURT?

Most women have period-like cramps that can be extremely painful, especially when the pregnancy tissue is being pushed out. This is because the uterus is tightly squeezing to push its contents out, much like it does in labor.

You are also likely to bleed very heavily and pass clots. These can be as big as the palm of your hand. You may see the pregnancy sac, which might look different from what you expected. You may - especially after 10 weeks - see an intact fetus that looks like a tiny baby. Your provider should prepare you for what to expect and advise you about pain relief.

"I decided to wait for things to happen naturally. I wanted to keep control of what was happening to me, as much as I could..."

"I had small cramps, which I had been having for some time and then severe period cramps. The pain was uncomfortable but in my experience you soon forget that and in the scheme of what has happened to you, it is not the worst thing."

WHAT ARE THE *risks*?

INFECTION

This affects about 1 woman in every 100, so you may receive antibiotics to prevent it. Signs include:

- a raised temperature and flu-like symptoms;
- vaginal discharge that looks or smells bad;
- abdominal pain that gets worse rather than better;
- bleeding that gets heavier rather than lighter.

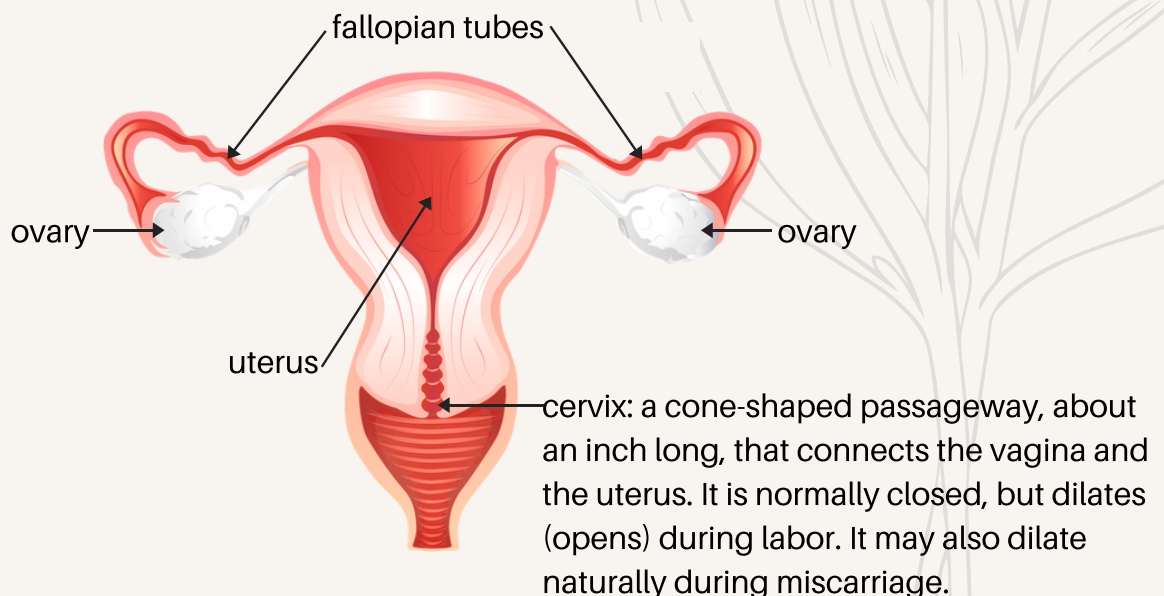
Treatment is with antibiotics. You may need a surgical procedure to remove any remaining pregnancy tissue. You will be advised to use pads rather than tampons for the bleeding and not to have sex until it has stopped.

HEMORRHAGE (EXTREMELY HEAVY BLEEDING)

About 2 in 100 women have bleeding bad enough to need a blood transfusion. Some of them need emergency surgery to stop the bleeding. If you are bleeding very heavily - or feel otherwise unwell or unable to cope - contact your healthcare provider or go to the Emergency Room.

RETAINED TISSUE

Sometimes a natural miscarriage doesn't complete itself properly - even after a few weeks - and some pregnancy tissue remains in the uterus. You may need a surgical procedure to remove it. In rare cases, pregnancy tissue gets stuck in the cervix (neck of the uterus) and needs to be removed during a vaginal examination. This can be very painful and distressing.



WHAT ARE THE *benefits* ?

The main benefit of natural management is avoiding medical or surgical treatment. You may want your miscarriage to be as natural as possible and to be fully aware of what is happening. You may also find it easier to say goodbye to the pregnancy if you see the tissue and maybe the fetus as it passes. You may still want advice, though, on what to do with the remains of your baby (see After the Miscarriage on page 11). If you choose natural management, it may help to know that you can change your mind at any stage and ask to have medical or surgical management.

"After my second missed miscarriage I opted to let nature take its course. It took two weeks until I had a miscarriage and although those weeks were very difficult, I found that I managed to accept the situation much quicker than previously. I also found my body got back to normal in a much shorter period of time."

WHAT ARE THE *disadvantages* ?

- You may find it difficult not knowing when or where the miscarriage might happen. This can take anything from days to weeks. You may worry about starting to bleed heavily in public when you are least prepared – although wearing sanitary pads as a precaution can help.
- You may be anxious about how you will cope with pain and bleeding, especially if you are not close to a hospital.
- You may be frightened about seeing the remains of your baby.
- You may find it upsetting or inconvenient to have follow-up ultrasounds or blood tests to check on progress – although some women find this reassuring.
- You might be too upset to wait for the miscarriage to happen naturally once you know your baby has died.

BE PREPARED

If you decide to manage the miscarriage naturally, being prepared with sanitary pads, pain medication and emergency contact numbers can help you cope with what happens. You may want to make sure you have people on hand to support you.

MEDICAL *management*

This means treatment with medication and/or vaginal tablets to start or speed up the process of a missed or incomplete miscarriage. Not all hospitals offer this option and it isn't an option for women with some health problems, including severe asthma or anemia.

WHAT HAPPENS?

The exact form of treatment your hospital offers will vary according to local practice and your type of miscarriage. You may be treated as an in-patient or out-patient - again, this differs from hospital to hospital.

You may start with tablets to help break down the lining of the uterus then be asked to come back two days later for the next stage of treatment. A small number of women miscarry after the first stage.

In the second stage, tablets make your uterus contract and push out the pregnancy tissue. These are usually inserted into the vagina. You may have this treatment in hospital or be given the medication to use at home. The medication may make you feel sick and can cause diarrhea and flu-like symptoms.

You may need more than one dose of this medication before the miscarriage happens. If you are taking it at home you should also be given pain medication, along with emergency contact numbers to use in case of problems.

Your first period after the miscarriage may be heavier than usual.

DOES IT HURT?

Most women have period-like cramps that can be extremely painful, especially when the pregnancy tissue is being pushed out. This is because the uterus is tightly squeezing to push its contents out, much like it does in labor. You are also likely to bleed very heavily - more than with a normal period - and pass clots. These can be as big as the palm of your hand. You may need to use extra-absorbent pads, possibly even more than one.

You may see the pregnancy sac, which might look different from what you expected. You may - especially after 10 weeks - see an intact fetus that looks like a tiny baby.

Your healthcare provider should prepare you for what to expect. They should make sure you have medication for pain relief. They may offer anti-nausea medication too.

WHAT ARE THE *risks* ?

Infection affects about 1-4 women in every 100.
Hemorrhage affects about 2 in 100 – the same as for natural management (see page 5).
Medical management is effective in 80-90 percent of cases. If it is not, or if you have an infection, you may be advised to have surgical management to complete the miscarriage.

"I felt I needed to go through the process to get closure. I was lucky not to experience too much pain and I was offered pain medication."

WHAT ARE THE *benefits* ?

The main benefit is avoiding a surgical procedure and the anesthesia that goes with it. Some women see medical management as more natural than having surgery, but more controllable than waiting for nature to take its course. As with natural management, you may prefer to be fully aware of what is happening, to see the pregnancy tissue and maybe the fetus.

WHAT ARE THE *disadvantages* ?

- You may find the process painful and frightening, although good information about what to expect can help.
- You may be anxious about how you will cope with pain and bleeding, especially if you are not in the hospital at the time.
- You may be scared about seeing the remains of your baby.
- Bleeding can continue for up to three weeks after the treatment and you may need several follow-up ultrasounds to check on progress.
- Some women end up having a surgical procedure anyway.

"I was told it would be like a heavy period with cramps and may go on longer than usual. Because I had never had a miscarriage before, I did not know what to expect. I was unable to cope with the pain and needed strong pain medication."

SURGICAL *management*

This is a surgical procedure to remove the pregnancy tissue. It is usually done under general anesthesia which puts you to sleep.

WHAT HAPPENS?

The cervix is dilated (opened) gradually. This is usually done under anesthesia but you might be given medication before the procedure to soften the cervix. A narrow suction tube is then inserted into the uterus to remove the remaining pregnancy tissue. This takes about 5-10 minutes.

A sample of the tissue removed is usually sent to the pathology lab to check that it is normal pregnancy tissue. It is not usually tested further unless you are having tests because of recurrent miscarriages.

DOES IT HURT?

If you are given medication before the surgical procedure, you may have cramping pain and some bleeding as the cervix opens. Having general anesthesia means you will not feel anything during the procedure; and there are no cuts or stitches.

You may have some abdominal cramps (like strong period pain) when you wake up and for a few days afterwards.

You may bleed for up to 2-3 weeks after the procedure. Bleeding may stop and start but should gradually end. If it stays heavy, gets heavier than a period or makes you worried, contact your healthcare provider or the hospital.

"I only bled for a short time after the procedure (about 4-5 days like a period). I only had mild aching and soreness the next morning."

WHAT ARE THE *risks* ?

- About 2-3 women in every 100 get an infection. For signs of infection and treatment, see Natural Management, on page 5.
- Rarely - less than 1 in 200 cases - the procedure can perforate (tear) the uterus; damage to other organs is very rare.
- Hemorrhage and scarring (adhesions) on the lining of the uterus are also rare - less than 1 in 200.
- Very occasionally some pregnancy tissue remains in the uterus and a second procedure is needed to remove it.
- Very rarely, the general anesthesia can cause other complications that your doctor will discuss with you before your procedure.
- Very rarely (less than 1 in 30,000 cases) surgical management can result in a hysterectomy; this would only be if there is uncontrollable bleeding or severe damage to the uterus.

WHAT ARE THE *benefits* ?

With surgical management you know when the miscarriage will happen and will have a plan. With general anesthesia you won't be aware of what's going on. It may be a relief when the miscarriage is 'over and done with' and you can move on.

WHAT ARE THE *disadvantages* ?

Some women are frightened of anesthesia, surgery and being in the hospital. Some prefer to let nature take its course and to remain aware of the miscarriage process.

The anesthesia might make you feel groggy or unwell for a few days.

Some women refuse surgery because they worry that the diagnosis might be wrong and their baby is still alive. If this is your concern, don't be afraid to ask for another ultrasound just to be sure.

"When I was told I had lost the baby I just wanted it to be all over as soon as possible. I went to the hospital had the procedure as soon as I could. I was treated with great kindness and informed all the way along of what would be happening. I recovered physically within a couple of weeks."

AFTER THE *miscarriage*

IN THE HOSPITAL

When a baby dies before 20 weeks of pregnancy, there is no legal requirement to have a burial or cremation. Even so, many hospitals have sensitive disposal policies and your baby may be buried or cremated, perhaps along with the remains of other miscarried babies. Some hospitals treat the remains of an early loss as clinical waste, which is sent for incineration.

If you want to find out about what happens at your hospital, you could ask your healthcare provider. The hospital chaplain, the hospital bereavement service or the social worker may be able to provide further information or advice. Even if you miscarry in hospital, you may want to make your own arrangements for burying or cremating the remains of your baby. You can do this through a funeral director. Make sure you tell the hospital staff of your intentions.

AT HOME

If you miscarry at home or somewhere else outside a hospital, you will probably pass the remains of the pregnancy into the toilet. This can happen in hospital too. You may look at what has passed and see a pregnancy sac and/or, the fetus – or something you think might be the fetus. You may want to simply flush the toilet – many people do that automatically – or you may prefer to remove the remains for a closer look. That's natural too.

If you wish to bury the remains on private property, check with your local health department for burial regulations. Or you may prefer to arrange burial in a local cemetery. You may want your healthcare provider to look at the remains. Be aware, though, that while they may be able to confirm you have passed pregnancy tissue, they probably won't be able to do any tests on it.

*"It wasn't what I'd intended, but a friend said 'Just think about your baby being swept through the system and then floating out to sea, bobbing about under the stars.'
I found that really comforting."*

summary

There are several ways of managing a miscarriage. Each has its pros and cons. But the good news is that the risks associated with all of them are low; and your chances of having a healthy pregnancy in future are equally good whichever you choose. Each method is different and affects people differently. This can make it hard to choose between them – especially when you wish you didn't have to choose at all. We hope that this booklet provides the information to help you make decisions at what may be a difficult and distressing time.

"The one thing all these methods have in common is that they are all unhappy experiences to go through. But if you feel informed with the correct information then at least you have some control of a situation where you feel horribly out of control."

thanks

This booklet has been adapted by **Texas Children's Hospital Pavilion for Women** for use in the United States and produced in association with the **Miscarriage Association**

www.miscarriageassociation.org.uk

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(1) J Trinder et al: Management of miscarriage: expectant, medical or surgical? Results of a randomised controlled trial (miscarriage treatment (MIST) trial). *BMJ* 2006;332:1235-1240 (27 May)

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