

## Information about Early Pregnancy Loss

### Why did this happen?

We are really sorry that you are going through this loss, and sadly it is unlikely we can give you a reason why. It is usually because your pregnancy didn't develop properly. Around one in five pregnancies end in miscarriage and it is unlikely you could have predicted or stopped this.

**Missed miscarriage** means that your baby may have died or not developed. However, the pregnancy or empty sac is still inside the womb. Some women pass pregnancy tissue but there is still some bleeding or tissue left inside the womb. This is called an '**incomplete miscarriage**'.

### What do I do now?

You are likely to be upset and shocked at the moment, so we suggest you take some time to think or talk to your family about what you want to do next. When you feel ready there are three treatment options for you to consider:

- natural management,
- tablets (medical),
- procedure where the doctor removes the pregnancy/tissue whilst you are awake (local anaesthetic) or asleep (general anaesthetic).

**Natural/conservative/'wait and see' management** - You may prefer to wait and let the miscarriage happen naturally, this could happen over the next few days or maybe two to three weeks. You can call us with any concerns or if things are taking longer than expected and you no longer want to wait. If you are later in pregnancy, or have signs of infection, we may suggest you consider the other options.

### Does it hurt?

Most women have strong period-like pains/cramps that can feel like labour contractions, especially when the pregnancy passes. Using a hot water bottle and taking regular period painkillers may help (avoid aspirin). You are also likely to have heavy bleeding and clots for a few hours, then a period like bleed for around two weeks. You may see the sac or pregnancy especially if you are miscarrying after 8-10 weeks. If you are soaking pads or in severe pain that is not settling with regular painkillers, call us or attend the Emergency department (ED) if out of hours.

### Are there any risks if I miscarry naturally?

You could bleed heavily, develop an infection, need medicine or surgery if the miscarriage does not happen naturally. There is also a risk of retained tissue in the weeks following treatment. Women have a higher risk of blood clots in their legs or lungs in pregnancy, and in the six weeks after a miscarriage, so if you have had a blood clot before, blood clotting disorders in your family, you smoke or have a high body mass index, you may need to start injections into your tummy.

If you would prefer to have a treatment (tablets or a procedure), please read the '**How do I decide my treatment**' information leaflet for further information.

### When can I try for another pregnancy?

We recommend you wait until after your first period before trying again. We also suggest that you take daily 400mcg folic acid to reduce the chance of conceiving a baby with spina bifida (it works best if you take it for three months before conceiving). Reduce alcohol and coffee intake, stop smoking and try to achieve a normal weight for

your height as these all increase the chance a healthy pregnancy.

**What do I need to know about infection?**

If you develop a raised temperature, flu-like symptoms, vaginal discharge that looks or smells offensive and/or abdominal pain that gets worse, rather than better, please contact your doctor. You may need a course of antibiotics. You can reduce the risk of infection by using pads (not tampons) for this bleeding, and avoid intercourse until the bleeding stops. If the bleeding continues to be heavy or gets heavier than a period, you should contact your GP or your treatment unit to discuss further.

**What happens to my pregnancy?**

If you pass pregnancy tissue in hospital, it will be sent to the laboratory, where they will place a sample on a slide and view it under a microscope. If this confirms you have had a miscarriage, it will help us to plan your follow-up care, but unfortunately it won't tell us why this happened to you. This sample is kept for up to 30 years.

If you miscarry your baby in hospital and we can confirm this visually, then we transfer your baby to the bereavement centre. If you are at home and unsure what to do with your baby or pregnancy remains, we are happy for you to bring the tissue to us, and we can care for it under our hospital guidelines.

Our normal protocol is for foetal tissue to be included in a shared cremation at the local crematorium around 4-8 weeks after your miscarriage. There is an option for individual burial or cremation or you can chose to take your pregnancy remains home. Please let us know if you prefer not to have your pregnancy remains included in our shared cremation.

If pregnancy tissue is not confirmed on lab testing, we may need to arrange further blood tests, scans or pregnancy tests

**Who can I talk to about how I feel?**

We advise you to give yourself some time – it is normal to be sad after going through this experience. However, if you would like further support, your GP, or the Miscarriage Association ([www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)) can help. We can also offer you counselling through the Trust, so let us know if you would like to be referred.

**Contact Details:**

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment Centre <b>Hinchingsbrooke Hospital</b> Huntingdon, PE29 6NT Opening hours may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1<sup>st</sup> floor, woman and child unit, Bretton Gate <b>Peterborough (City Hospital) PE3 9GZ</b> Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back) <a href="http://www.womenshealthpeterborough.co.uk">www.womenshealthpeterborough.co.uk</a></p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.