

Information if you have been diagnosed with an Early Pregnancy Loss

Why has this happened?

We are really sorry that you are going through this loss, and unfortunately it is unlikely we will be able to give you a reason why. It is usually because the pregnancy did not develop properly. Around one in five pregnancies end in miscarriage. It is unlikely you could have predicted or stopped this. This is not your fault because you went to work, lifted something or ate the wrong food.

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 may 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),
- or a procedure that the doctor can carry out to remove the pregnancy/tissue which can be done while you are awake or asleep.

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 that this is not a good option.

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 too much, or may need medicine or surgery if the miscarriage does not happen naturally. There is a risk of retained tissue in the weeks following treatment or infection. Women have a higher risk of blood clots in their legs or lungs in pregnancy, and in the six weeks after a miscarriage. 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.

We suggest that you start taking 400mcg folic acid daily and wait until your next normal period before you try again. Folic acid may reduce the chances of you conceiving a baby with spina bifida, and 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 – all increase chances of having 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 take a small sample, place it on a slide and look 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 30 years. All remaining fetal tissue will be included in a shared cremation at the local crematorium. If you pass your baby in hospital and we can confirm this visually, then we would transfer your baby to the bereavement centre and this would be included in the shared cremation. Shared cremation normally happens about 4 weeks afterwards, so please let us know if don't want this, and would prefer to take your pregnancy/tissue home. If pregnancy tissue is not confirmed, we may need to arrange further blood tests, scans or pregnancy tests

Who can I talk to about how I feel?

We would normally advise you to give yourself a few weeks – it is normal to be sad after going through this experience. However, if things are not settling, or you need further support, you could contact your GP, or the Miscarriage Association (www.miscarriageassociation.org.uk). We can also offer you counselling through the Trust, so let us know if you need more support.

Contact Details:

<p>The Early Pregnancy Unit (EPU) Treatment Centre Hinchingsbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800. 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 www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	