The Women’s Centre, John Radcliffe Hospital

Dealing with a miscarriage – your choices

Information for patients
Dealing with a miscarriage – your choices

The information in this leaflet is to help you to choose whether to let the miscarriage happen naturally or whether to have an operation to empty the womb.

You may wish to take some time to think about which option you feel would suit you best. Once you have decided what you wish to do, or if you have any questions after reading this leaflet, please telephone the clinic nurses on:

Oxford (01865) 221142

8.00am – 2.00pm, Monday - Friday
Letting the miscarriage happen naturally

This means choosing to ‘let nature take its course’. In many cases the pregnancy tissue will pass out naturally and bleeding will stop within a few days.

**What will happen?**

It is normal to have vaginal bleeding and abdominal pain. You may pass some clots and you may notice some pregnancy tissue that will look like blood clots. In most cases the bleeding will be like a heavy period, but it may be more severe. You should use sanitary pads only (not tampons) to avoid the risk of infection.

You may take whichever pain relief you would normally take for period pains – e.g. paracetamol or codeine.

Bleeding and the amount of pain vary from woman to woman. In most cases it lasts a few days, but could last for 2 weeks or more. We will make an appointment for you to return to Gynaecology Outpatients in 2 weeks’ time so we can scan you to assess whether the miscarriage is complete. Studies show that in 25%-43% of all women the pregnancy tissue will pass out naturally and an operation is not needed.

**Signs to look out for**

If at any point within 2 weeks:

- the bleeding becomes very heavy (e.g. soaking through a pad every hour with no sign of reducing)
- you get severe pain
- you feel light headed or faint
- or if you get a smelly vaginal discharge

you should contact the Gynaecology Outpatients Clinic on (01865) 221142 during working hours, or your GP outside these hours. These symptoms may be signs of an infection.
**Benefits and advantages**
Choosing this method means you avoid an operation and the risks this involves. Also, you can stay at home in your own, familiar environment.

**Risks and disadvantages of letting the miscarriage happen naturally**
- Heavy or prolonged bleeding
- You may need an operation if the miscarriage does not complete naturally (see next section on surgical treatment of miscarriage).
- Infection can occur but this is unlikely (less than 1 in 100 women)

**Surgical treatment of miscarriage**
You may choose to have an operation to empty the womb, known as ERPC (evacuation of retained products of conception). ERPC may also be carried out if bleeding from a natural miscarriage does not stop within a few days or if bleeding is severe.

This is a minor operation carried out under general anaesthetic. The operation itself takes about 10 minutes and is done as a day case – you will be in hospital for most of the day.

**What’s involved?**
If you wish to have this operation we will try to do it as soon as possible - but you may have to wait for up to a week.

Before the procedure we will carry out a blood test and other necessary examinations and will ask you to sign a consent form.

On the day of the operation you may have a light breakfast (e.g. cereal / toast / tea / coffee) before 7.30am. You may drink water only after this and until 11am. You must not eat or drink anything after this time.
We will ask you to come to the Day Services Unit at 11.30am. Most women are allowed to go home by 6 pm. You will need to arrange for someone to take you home and stay with you overnight.

**Benefits and advantages**
- Less risk of prolonged or heavy bleeding
- Usually over within one day, allowing you to return to normal life sooner.

**Risks and disadvantages of surgical treatment**
All operations carry some risks. For this operation the risks are:
- Risks of general anaesthesia. Serious problems are rare. The doctor will discuss this with you in more detail.
- Infection can occur (about 1 in 100 women).
- Damage to your womb. It is possible for a tear to be made in your womb during surgery (1 in 500 women).
- Pregnancy tissue being left in the womb. The operation would have to be repeated (about 2-3 women in 100).
How to contact us
If you have any questions or concerns about the information in this leaflet, please telephone:
Gynaecology Outpatient Clinic: **(01865) 221142**
(8.00am–2.00pm, Monday–Friday)

Further information
www.themiscarriageassociation.co.uk
Helpline: 01924 200799 (9am - 4pm Monday to Friday)