



# A guide to...

## Choices of Management of Miscarriage

*Patient information*

### How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call 01923 217 198 or email [westherts.pals@nhs.net](mailto:westherts.pals@nhs.net)



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We are sorry that you have had a miscarriage. A miscarriage can be a very distressing experience. We understand that it may be difficult to take in all the information we give you at the time when you have been given bad news, so we have prepared this leaflet for you to take away. We hope it is of help.

## **What do I do now?**

There are different ways to manage your miscarriage:

- **Expectant** - waiting for nature to take its course.
- **Medical** - taking tablets to bring on the miscarriage process.
- **Surgical** - to have a small operation to empty the womb

## **Expectant Management**

### **What does expectant management mean?**

Expectant management allows the body to miscarry the pregnancy in a natural way without interference.

### **What are the advantages of expectant management?**

There is no need for an operation, or a general anaesthetic and studies have shown that letting nature take its course is safe and carries less risk of infection than surgery. Expectant management gives you the option to return to your own home and family and more time to adjust to your loss.

### **What are the disadvantages of expectant management?**

It is difficult to say when the miscarriage will happen. For some women the miscarriage will occur within a few days, however for others the process can take a lot longer, sometimes even weeks. You will experience bleeding (which can be heavy) and pain (which can be strong). Sometimes this may mean coming into hospital. For 2 in 10 women, the pregnancy does not all come away and there may be the need for medication or an operation.

## **Medical Management**

What does medical management mean?

Medical management allows the body to miscarry the pregnancy in a natural way, but the process is speeded up by taking tablets either by mouth or inserted into the vagina (front passage). The tablets make the uterus (womb) contract and expel the pregnancy tissue. It is performed in hospital, and you usually go home the same day.

### **What are the advantages of medical management?**

A date is given for you to come into hospital to have the miscarriage started off and there is no need for an operation or a general anaesthetic. Medical management is safe and carries less risk of an infection than surgery.

## **What are the disadvantages of medical management?**

You will experience bleeding (which can be heavy) and pain (which can be strong). You may experience side effects from the tablets which include sickness, diarrhoea and shivering. For 1 in 10 women, the pregnancy does not all come away and there may be the need for further medication or an operation.

## **Surgical Management**

### **What does surgical management mean?**

Surgical management involves coming into hospital at a pre-arranged time, being put to sleep and having a small operation to empty the womb.

### **What are the advantages of surgical management?**

The treatment is carried out on a pre-set date, so you know when it is happening. There is usually less pain and bleeding than expectant management. Normally you would go home later the same day.

### **What are the disadvantages of surgery?**

Any operation carries small risks. An operation to empty the womb can sometimes cause infection, bleeding and very rarely perforation of the womb (causing a hole) with the instruments used. If this occurs, it may be necessary to look in the tummy with a telescope and if there was internal bleeding, even do a further operation to fix it. Occasionally, the pregnancy is not all removed and there may be the need for a repeat operation.

### **Do I have to decide now?**

There is no rush to make your decision. You may go home to think about it and if you would like to discuss it further, please contact the number below.

### **I've made my decision, what do I do now?**

We would like to know your decision so that we can make appropriate arrangements for you. Please call the Gynae Day Assessment Unit on the number below. If you are put through to an answer machine, please leave a message and a nurse or doctor will return your call as soon as possible.

### **Does my GP or Community Midwife need to know?**

The Midwives in the Early Pregnancy Unit will notify your GP and Community Midwife.

### **Who do I talk to if the Gynae Day Assessment Unit/Early pregnancy Unit is closed, or it is an emergency?**

You should always talk to a nurse in the Gynae Day Assessment Unit about your decision, however if there is an urgent matter (heavy bleeding and severe abdominal pain) outside normal working hours, please present to A&E where our on-call team can review you.

## **Certificate in memory**

For any pregnancy loss before 24 weeks, you can now get a certificate in memory of your baby. This is free and optional.

You will need:

- your NHS number or postcode registered with your GP
- the mobile phone number or email address registered with your GP
- permission from the other parent and their email address, if you want their name on the certificate.

Apply for on the government website: [Request a baby loss certificate - GOV.UK \(www.gov.uk\)](https://www.gov.uk/request-a-baby-loss-certificate)

## **What if I change my mind?**

If, when you go home, you change your mind, we need to know this and are happy to talk to you further. Please call the Gynaecology Day Assessment Unit on the number below.

- **If you have any questions** please contact the Gynae Day Assessment Unit at Watford General Hospital on **01923 217 344** during working hours 9am to 5pm.
- **For appointments**, please contact Early Pregnancy Unit on **01923 217 831**

## **You can get more information and support from:**

The Miscarriage Association Tel: **01924 200 799** [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)