

This is the traditional method carried out under a general anaesthetic. This is done vaginally and you will have no cut/stitches. Like all operations small anaesthetic and surgical risks are involved. There is a small risk of infection or injury to the womb and cervix. We now know that a D & C is not always necessary and therefore advise you of alternate methods.

How long will I bleed after a natural miscarriage or operation?

Following all the different approaches, you are likely to have a period-like loss for up to 14 days. This is quite normal and should diminish over the period of time.

Future pregnancy

Many women ask if the method of treatment chosen will affect their chances of becoming pregnant again and the answer is no. Generally your chances of having a successful pregnancy in the future are just as good whichever method you choose.

Useful links

Miscarriage Association	01924 200799 W.I.
Pregnancy Crisis Support	07901 966101

Baby loss support

For further information please ask your Midwife or local Maternity Team.

Further Information

For further information please contact your Midwife or local Maternity Team:

Lewis and Harris:	01851 704704
Uists:	01870 603633
Barra:	07580 384601
Text Service:	0776 9932 189

Note. In the event that the Barra Midwife is unavailable, those living in Barra are asked to contact Barra Medical Practice: (01871) 810282, Maternity Dept. in Stornoway: (01851) 708301, or NHS24: freephone 111.

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at - www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

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Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you interpret any of this information, or in applying the information to your individual needs.



Bòrd SSN nan Eilean Siar
NHS Western Isles

Miscarriage

What happens next?



Loss of a pregnancy can be a sad and distressing experience, but it is not uncommon. Over one in four pregnancies ends in miscarriage.

The information given in this leaflet may help you to cope with the loss of your pregnancy at this difficult time. We have provided answers to some of the questions you are likely to have.

If, however, you do not wish to make a decision now, you may take this leaflet with you and contact us at a suitable time with your decision.

Is an operation necessary after the miscarriage?

Some miscarriages are complete and require no further action. A blood loss, like a period, may continue for several days until the lining of the womb is all shed.

Others may be incomplete with various amounts of tissue being kept within the womb.

Yet another type of miscarriage is where the pregnancy is still intact but not growing any longer. This is called a silent or delayed miscarriage. It is also known as a missed miscarriage.

Both an incomplete and a silent miscarriage will probably completely miscarry if you prefer to let nature take its course.

There are three ways of dealing with a pregnancy that is not continuing - "wait and see" approach, medical approach and surgical approach. A brief outline of each of these methods is given.

Should you wish to know more about a particular method please ask the clinic staff for further information.

"Wait and see" approach

The "wait and see approach" is thought of as leaving things to nature.

In the past an operation was routinely performed in all cases of miscarriage as there was no way to know how much tissue, if any, was still left behind in the womb.

Nowadays with modern ultrasound it has become possible to adopt a "wait and see approach". In order to check if all the tissue has come away naturally, we may give you an appointment for a repeat scan.

If I decide to wait how long will it take to miscarry?

Although the length of time taken for a miscarriage to be complete is difficult to predict, in the majority of cases a pregnancy will miscarry within two to three weeks. The contractions of the womb are usually felt as strong period-like pains.

If you are bleeding heavily you might need to be admitted into hospital.

Is there a risk of infection if I decide to wait?

Risk of infection is small. However, if you have any of the following symptoms you should contact your doctor or the hospital:

- excessive bleeding
- unpleasant discharge
- lasting pain
- high temperature/fever.

Medical approach

The medical approach may be used to start a miscarriage if you prefer not to wait.

What will happen?

You will be given a tablet of Mifepristone followed by vaginal tablets 48 hours later.

Mifepristone works by blocking the action of the hormone (progesterone) which makes the lining of the womb hold onto the pregnancy.

The lining breaks down and the pregnancy sac with the embryo is lost in the bleeding that follows – as happens with a natural miscarriage. The vaginal tablets help relax the cervix (neck of the womb) and speed up the process.

What to expect

You will usually be kept on the ward for 6 hours after the vaginal tablets are inserted and be given tablets or injection for pain relief.

The bleeding is heavy initially for a couple of hours. You may pass some clots but soon the bleeding will settle down and continue like a period for up to 7-10 days.

In most cases the above treatment is all that is needed. In a small group of cases (5-10%) an operation may be necessary should there still be some tissue left within the womb or the bleeding becomes heavier.

Appointments

You may be given three appointments for:

1. the Mifepristone tablet
2. admission onto the gynaecology ward two days after you have had the tablet of Mifepristone (stay in hospital 6 hours)
3. a scan in the unit three weeks after you are discharged to check the miscarriage is complete.

Surgical approach

The surgical approach is known as the evacuation of retained products of conception.

What does the operation involve? Is it the same as a D & C?

Yes. D & C means dilatation and curettage. We dilate the cervix (neck of womb) and by using a suction device we suck out the pregnancy tissue. It is correctly called ERPC – Evacuation of Retained Products of Conception.