

Occasionally, the pregnancy tissue is not all removed and you may need 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 on the next page.

I've made my decision, what should I do now?

We would like to know your decision so we can make the appropriate arrangements for you. Please call the Early Pregnancy Unit on the number on the next page. If you are put through to an answer machine, please leave a message and one of the midwives will return your call as soon as possible. Please do not call the ward unless it's an emergency.

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 Early Pregnancy Unit is closed or it is an emergency?

You should always talk to a midwife in the Early Pregnancy Unit about your decision, however if there is an urgent matter, you can phone the gynaecology ward on the number on the next page and a nurse will be happy to talk to you.

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 Emergency Gynaecology Unit on the number below. Please do not call the ward unless it's an emergency.

Contact us

The Emergency Gynaecology Unit (EGU)
08:30 -16:30 Mon-Fri
01872 252686

If you require urgent assistance, please contact:

The Gynaecology Ward
01872 253163

Further information and support is available from:

The Miscarriage Association

Tel: 01924 200799

www.miscarriageassociation.org.uk

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



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NHS

Royal Cornwall Hospitals
NHS Trust

Early pregnancy assessment unit

Your choices explained



One + all | we care

Who this leaflet is for

We are sorry that you have had a miscarriage. This 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 to explain the choices now available to you, the advantages and disadvantages of each, and what to do next. We hope it helps.

What do I do now?

There are three different ways to manage your miscarriage:

- **expectant** – waiting for nature to take its course
- **medical** – taking tablets to bring on the miscarriage process
- **surgical** – having a small operation to empty your womb. This can be done under general anaesthetic (going to sleep in theatre) or under local anaesthetic (staying awake and performed in the clinic room).

Expectant management

What does this involve?

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

What are the advantages?

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?

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

Medical management

What does this involve?

Medical management allows your body to miscarry the pregnancy in a natural way but the process is speeded up by taking tablets, either by mouth or inserted into your vagina. The tablets make your uterus (womb) contract and expel the pregnancy tissue, we expect the miscarriage to occur that day.

What are the advantages?

The process can be done in the privacy of your own home and at a convenient time for you. It avoids the uncertainty of expectant management and usually there is no need for an operation or a general anaesthetic. Medical management is safe and carries less risk of infection than surgery.

What are the disadvantages?

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

Surgical management

What does this involve?

Surgical management involves coming into hospital on a pre-arranged morning and having a small operation to empty your womb. This can be done while you are awake (under local anaesthetic in the clinic room) or general anaesthetic (going to sleep in theatre).

What are the advantages?

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

What are the disadvantages?

Any operation carries small risks. An operation to empty your womb can sometimes cause infection, bleeding and very rarely perforation (causing a hole) of the womb with the instruments used. If this occurs, it may be necessary to look in your tummy with a telescope and if there is internal bleeding, even do a further operation to fix it. Perforation is much less likely if you are awake.