



TREATMENT FOR MISCARRIAGE

Nothing can be done to prevent miscarriage once it has begun. Treatment is aimed at avoiding heavy bleeding and infection. It is also aimed at looking after you, physically and emotionally.

You may be offered medication to help the pregnancy tissue pass, or surgery to empty the tissue out of the uterus.

You may prefer to wait for nature to take its course; this is sometimes called 'expectant management'. This is usually safe to do and, if it isn't, the doctor will tell you.

A discussion with the doctor or nurse will help you to work out which treatment options are best and safest for you.

No treatment (expectant management)

If nothing is done, sooner or later the pregnancy tissue will pass naturally. If it is an incomplete miscarriage it will often happen within a few days, but for a missed miscarriage it might take as long as three to four weeks.

While you are waiting you may have some spotting or bleeding, much like a period. When the pregnancy tissue passes, you are likely to notice heavier bleeding with crampy, period-like pains. You can use sanitary pads and take pain relieving tablets, such as paracetamol (with or without codeine).

Expectant management is most likely to be suitable if your miscarriage is incomplete, with a small amount of pregnancy tissue remaining.

Expectant management is not suitable if there is very heavy bleeding or signs of infection.

If the tissue does not pass naturally, eventually the doctor will recommend a dilatation and curettage (D&C). You and the doctor can discuss and decide the preferred option for you.

Things to consider if you choose not to be treated

- Some women feel this is a more natural approach and feel more in control of the situation. However, some women are worried or scared when the bleeding gets heavier, especially if they pass blood clots, tissue or even a recognisable embryo.
- Overall an untreated miscarriage will usually take more time to pass than with medication or surgical treatment – sometimes the bleeding can last for up to four weeks.
- Although excessive bleeding and blood transfusion are very rare, they are slightly more common with expectant management than with surgery.
- Although surgical complications are very rare, expectant management avoids any surgical and anaesthetic risks.
- A few women still need to have surgery, sometimes urgently, if they develop infection, bleed heavily or if the tissue does not pass naturally.
- The waiting time can be emotionally draining for some women.

Treatment with medication

The medication can hasten the passing of the pregnancy tissue. For an incomplete miscarriage, the medicine will usually encourage the pregnancy tissue to pass within a few hours. At most it will happen within a day or two. For a missed miscarriage, it may happen quickly, but it can take up to two weeks; occasionally longer.

Medication may be suitable for an incomplete miscarriage if there are large amounts of tissue remaining and it is sometimes suitable when there is a missed miscarriage.

Medication is not suitable if there is very heavy bleeding or signs of infection. It is usually not recommended for pregnancies that are older than about nine weeks.

Things to consider about treatment with medication

- The experience of medication management is much like expectant management but likely to be quicker.
- The medication has side effects which usually pass in a few hours, but can be unpleasant, including nausea, vomiting, diarrhoea, fever and chills.
- Some women take the medication at home while others prefer to be in hospital.
- For many women the pregnancy tissue will pass within 4-6 hours of taking the medication.
- If the tissue does not pass you may still need to have surgery, sometimes urgently, if you bleed heavily or develop infection.

Surgical treatment (curette)

A D&C (or 'curette') is a minor surgical operation. The full name is dilatation and curettage. It is done in an operating theatre, usually under general anaesthetic. There is no cutting involved because the surgery can happen through the vagina. The cervix (neck of the uterus) is gently opened and the remaining pregnancy tissue is removed so that the uterus is empty. Usually the doctor is not able to see a recognisable embryo (developing baby).

The actual procedure usually only takes five to ten minutes, but you will usually need to be in the hospital for around four to five hours. Most of this time will be spent waiting and recovering. Delays can be quite common because of urgent cases.

Some women will be prescribed medication to take prior to the procedure to soften the cervix before the curette. The medication may have side effects including nausea, vomiting, diarrhoea, fever and chills.

When is a curette done?

- If you have heavy or persistent bleeding and/or pain.
- If the medical staff advise that this is a better option for you; this may be because of the amount of tissue present, especially with a missed miscarriage.
- If you prefer this option.

Waiting for a curette

- A curette will usually be booked for the next business day, or a later day if you prefer. Sometimes a natural miscarriage will occur overnight or while you are waiting (see next column: Waiting for treatment).
- If it is found that the miscarriage has happened and the tissue has already passed, you may no longer need to have a curette.

Things to consider about surgical treatment

The risks of a D&C are very low, but include:

- a risk that the surgery has not removed all of the pregnancy tissue (around 1–2 per cent). This can cause prolonged or heavy bleeding and the operation may need to be repeated
- infection needing antibiotics. Some studies suggest this is more common after surgery than other treatments, while others suggest the rates are similar
- a risk that the cervix or uterus is damaged during surgery. This is very rare (around 1 in 1000) and, when it does happen, it is usually a small hole or tear which will heal itself
- excessive bleeding. This is very rare; in a few cases (1 to 2 in 1000) a blood transfusion will be needed
- anaesthetic risks. These are very low for healthy women, but no anaesthetic or operation is without risk.

Waiting for treatment

If you experience heavy bleeding with clots and crampy pain, it is likely that you are passing the pregnancy tissue. The bleeding, clots and pain will usually settle when most of the pregnancy tissue has been passed.

Sometimes the bleeding will continue to be heavy and you may need further treatment. If you think you are having, or have had, a miscarriage you should see a doctor or go to an emergency department for a check-up.

You should go to your nearest emergency department if you have:

- increased bleeding, for instance soaking two pads per hour and/or passing golf ball sized clots
- severe abdominal pain or shoulder pain
- fever or chills
- dizziness or fainting
- vaginal discharge that smells unpleasant
- diarrhoea or pain when you open your bowels.

What to do while you are waiting

- You can try to rest and relax at home.
- As much as you can, continue your usual day to day activities. Usual activity, that is not too strenuous, will not be harmful. You can go to work if you feel up to it.
- If you have pain you can take paracetamol (such as Panadol or Panadeine) according to instructions on the packet.
- Many authorities advise avoiding tampon use during or after a miscarriage. This is because of a possible risk of infection although tampons have not been proven to cause infection in this situation.
- For similar reasons it is suggested that you avoid soaking in a bath during a time of heavy bleeding.
- Most people prefer to avoid sex if there is pain or bleeding. Once bleeding settles, it's OK to have sex if you feel comfortable.

Who should I contact for help?

General contact options

- Your GP
- Community health service
- Nearest emergency department
- Nearest early pregnancy assessment service
- Nurse on Call – 1300 60 60 24

Royal Women's Hospital options

For assessment, tests and treatment of possible miscarriage:

Early Pregnancy Assessment Service (EPAS)

T: (03) 8345 3643 Monday to Friday 8.00am to 3.00pm.
You may have to leave details on the answering machine but someone will call you back.

Attend Monday to Friday between 9.00am and 11.00am.
Bring any information and test results for this pregnancy when you attend.

Women's Emergency Centre (24 hours)

Attend any time if in need of urgent care.
If you need an ultrasound, it will usually need to be booked in the next available EPAS clinic.

For emotional support or someone to talk to about how you are feeling

Women's Social Support Services

T: (03) 8345 3050 (office hours)

Pastoral Care and Spirituality Services

T: (03) 8345 3016 (office hours)

After hours call the hospital switchboard

T: (03) 8345 2000 and ask to speak to someone from Social Support Services or Pastoral Care.

Related fact sheets on the Women's website

- Miscarriage
- After a miscarriage
- Pain and bleeding in early pregnancy