

## Pregnancy Loss

Sadly, you have this brochure because you have been diagnosed with a miscarriage. We are sincerely sorry for your loss. We hope to provide emotional support during this difficult time, as well as medical advice and treatment. It is normal to grieve at this time.

## It's Your Choice

Women experiencing a miscarriage in the first trimester of pregnancy have a number of options. In each, the aim is to achieve passage or removal of the tissue that develops during pregnancy, the medical term for which is "*products of conception*". Women may choose any of three different ways of managing the miscarriage, and removing the *products of conception*:

1. Surgery: an operation.
2. Expectant: waiting for the spontaneous passage of tissue.
3. Medical: medicine is used to quicken the natural process.

In the first 12 weeks of pregnancy, each of these options is safe and effective in most cases. None are associated with increased bleeding infection, or future problems falling pregnant.

## Surgery

Surgery for miscarriage does not involve any cuts. After a general anaesthetic the cervix is gently widened (dilated), and a small tube with attached suction removes any developed tissue from within the uterus. Usually women can go home after a few hours with very little if any ongoing symptoms.

Compared to other treatment options, symptoms cease sooner, and hospital follow-up is shorter. There can be a wait of several days before theatre can be organised.

## Expectant Management

With this option, a woman simply waits for the natural passage of any products of conception. The major advance of this approach is the avoidance of surgery. 60-80% of women will spontaneously pass all tissue within 2 weeks. Many women prefer this approach as it is more natural, avoids medical intervention, and the miscarriage can take place in the privacy of her home.

Women taking this approach must be prepared to have some bleeding and pain, and

experience the spontaneous passage of tissue at home. There will also be some uncertainty about when the process will start and finish.

## Medical Management

Medical management is a way of speeding up the natural process. As with the expectant approach, women who elect for medical management of their miscarriage are likely to avoid surgery. Complete passage of tissue occurs in over 70% of women within 3 days (after one dose) and 84% of women by 8 days (after two doses). Up to 20% will still require surgery, due to failure or symptoms.

Many women appreciate the greater control they have when they adopt this management approach.

As with expectant management there will be some bleeding and pain, as well as experiencing the spontaneous passage of tissue at home. A minority of women also experience some nausea and diarrhoea from the medication. These side effects can be decreased by using the medication vaginally.

**What if I have any questions in the meantime?**

You can contact the EPAS nurse  
Monday – Friday 0800-15:30  
(02) 6592 9074

**What if the pain &/or bleeding becomes worse?**

If you experience increased pain &/or bleeding it is important that you re-present to your nearest Emergency Department. Your condition will then be reassessed and treated.

**My Appointment Time**

Has been arranged for

Date \_\_\_\_\_ Time \_\_\_\_\_

Has not yet been arranged. You will have to ring (02) 6592 9074 to arrange an appointment.



**Health**  
Hunter New England  
Local Health Network

**Manning Hospital  
Early Pregnancy  
Assessment Service**

**Patient Information:  
Choices Following a  
Miscarriage**



**Health**  
Hunter New England  
Local Health District