

A Guide to Conservative Management of Miscarriage

We are very sorry that you have had a miscarriage, and we understand that you may have some questions and concerns. This leaflet aims to provide you with information regarding the conservative management of your miscarriage.

Miscarriage is a common event which occurs in approximately one in five pregnancies. In most cases, the reason for the miscarriage can be difficult to establish. Research has demonstrated that more than two-thirds of pregnancies miscarry because there is an error in the genetic makeup of the pregnancy. For the vast majority of couples, there is no preventative action that could have been taken, by either partner, prior to losing the pregnancy.

What does conservative management involve?

Conservative management involves no medical or surgical intervention. It means waiting for the miscarriage to happen naturally on its own. There is no evidence that the risk of infection is increased with conservative management.

What are the advantages of conservative management?

- No side-effects from medication
- Can return home
- Avoids potential surgical complications and/or hospital admission
- Natural process

What are the disadvantages of conservative management?

- Unpredictable duration
- Feeling faint (1-2/100)
- Heavy bleeding (1/100)
- Heavy bleeding requiring blood transfusion (1/1000)
- Retained pregnancy tissue requiring further treatment (3-10/100)
- Infection (1-3/100)
- Requires follow up to ensure complete

What follow-up will I receive after conservative management?

If opting for conservative management, we will arrange a follow up ultrasound in 2-3 weeks. If you change your mind and wish to have medical or surgical management, you can contact the EPU Kinsale Road (021) 4927441 at any time.

What do I expect with spontaneous miscarriage?

Most women will experience lower abdominal cramps and vaginal bleeding. This bleeding could be heavier than a period and can last for 7 to 10 days (but may continue up to 2 weeks), spotting may persist until the next menstrual period. It is recommended that you use sanitary pads instead of tampons during the miscarriage to minimise the risk of infection. Condom use is also recommended to lower infection risk.

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How do I know if I should return to the hospital for assessment?

If the bleeding is excessively heavy (i.e., soaking more than one heavy pad every hour for more than two hours), it is advisable to attend the hospital for assessment. You should also attend the hospital if you develop severe abdominal pain which is not relieved by painkillers, a high temperature or if you feel very unwell. There is a small possibility that you may require treatment with antibiotics or an emergency operation if the pain and bleeding do not settle after you attend the hospital.

When can I return to work?

This is dependent on how you feel and can be different for everyone. Normal physical activities can be resumed once you feel that you are ready, but it is not unusual to feel tired and emotional during the next few weeks. We can provide a letter for your employer as necessary.

When can I get pregnant again?

It is safe to consider trying to conceive once you have had one normal period. It is a good idea to take folic acid (to reduce the risk of spina bifida) for 3 months before becoming pregnant.

What can I do if I am worried about future pregnancies?

You may like to have the reassurance of an early scan in a future pregnancy. You should wait until you are 8-10 weeks pregnant before having this scan to ensure that the pregnancy is of sufficient size for us to see it clearly. It can take up to three periods for your cycle to become regular again, so if you become pregnant before this, there may be some uncertainty about your dates.

If you have any questions or concerns, please contact a member of our team at Cork University Maternity Hospital:

Reception	(021) 4920500
Emergency Room	(021) 4920545
Early Pregnancy Unit	(021) 4927441
Bereavement & Loss Service	(021) 4920500
2 South Ward	(021) 4920628