

A Guide to Management of Complete 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 management involve?

Conservative management involves no further intervention. You may experience some bleeding and some pain over the next few days. There is no evidence that the risk of infection is increased with conservative management.

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.

What follow-up will I receive after conservative management?

In most cases, further follow-up is not required. It is not necessary for you to make an appointment to see your GP or Obstetrician unless you are experiencing;

- Heavy vaginal bleeding
- Offensive (smelly) discharge from your vagina
- Abdominal pain
- Concerns regarding future pregnancies
- Recurrent miscarriages (we may organise an appointment for the Pregnancy Loss Clinic)

Occasionally we may need to take some blood tests on the day of your ultrasound. These may need to be repeated a couple of days later. The purpose of these tests is to exclude ectopic pregnancy (pregnancy outside of the womb). Sometimes we ask patients to perform a home pregnancy test 14 days after the bleeding stops and to call us at the CUMH Early Pregnancy Clinic if the test remains positive. The purpose of this test is to exclude abnormal pregnancy tissue or a pregnancy outside the womb. Patients should also contact the CUMH EPC if bleeding persists longer than 2 weeks.

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.

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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 worries, please contact 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