NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Late miscarriage (13 – 23+6 weeks)

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

What is a late miscarriage?

Miscarriage is a term used to describe the spontaneous loss of a pregnancy before the 24th week. If the pregnancy loss occurs between 14 and 24 weeks of pregnancy, it is called a late miscarriage or second trimester miscarriage.

What causes a late miscarriage?

In most cases, miscarriages occur because of an abnormality with the baby. The most common cause is thought to be a problem with the chromosomes within the body's cells. However, other genetic or structural problems may cause the pregnancy to miscarry.

Other causes of late miscarriage include:

- Anatomical problems such as an unusually shaped womb or a weak cervix (neck of the womb).
- An infection affecting either the baby or the amniotic fluid.
- A blood clotting condition such as antiphospholipid syndrome (APS) which causes the blood to clot too easily during pregnancy.

What are the symptoms?

There may be no symptoms at all and a late miscarriage is often not diagnosed until an ultrasound scan shows that the baby has died. If this is the case, labour will usually have to be started artificially (induced).

If the miscarriage occurs naturally, most women experience strong period or labour type pains and vaginal bleeding. Some women will be aware of their waters breaking, or this may not happen until the baby is passed.

How is it diagnosed?

Diagnosis is confirmed by:

- Consultation and examination – you will be asked about medical history and current symptoms. The doctor may examine your abdomen and may also do a vaginal (internal) examination.
- Ultrasound scan – In the second trimester of pregnancy a transabdominal scan (where the probe is placed on the abdomen) is usually used. Another doctor or sonographer may be asked to perform a second scan to confirm the diagnosis.

How is it treated?

- Natural (spontaneous) miscarriage

If the miscarriage process starts naturally, it might happen quite quickly and you may deliver the baby at home. It is important that you contact the early pregnancy clinic (EPAC) or the emergency department to ensure that the miscarriage is complete. In some cases the placenta (afterbirth) is retained and medical intervention is required to remove it from the womb. Delay in doing so may increase the risk of bleeding or infection.

- Medical management (taking medication)

If labour needs to be induced to deliver the baby, treatment will take place in hospital where you will be given a medication called misoprostol. Misoprostol is administered either orally or as a vaginal pessary and works by helping the cervix (neck of the womb) to open so that the baby can be passed. Administration of misoprostol will be repeated every 6 hours until the baby is passed up to a maximum of 4 doses. If delivery has not occurred after 4 doses a repeat course will be considered. It usually takes at least a few hours for the medication to take effect and your nurse or doctor will have explained to you what is likely to happen.

You will experience vaginal bleeding with period type pains that will worsen to strong contractions in your abdomen or back. Some women also experience diarrhoea and vomiting. Pain relief and anti-sickness medication will be prescribed and administered as required.

Once the baby and placenta have been delivered, your blood loss will be monitored for a few hours before you are discharged home.

In up to 25% of women the placenta is not spontaneously passed. A vaginal examination with a speculum will be offered by the doctor to see if manual removal is possible. If the placenta cannot be removed, a medication called syntocinon can be administered through a drip to help the womb contract so that the placenta passes. If syntocinon is not successful, surgical removal in theatre will be discussed with you.

What happens to the baby afterwards?

Any placental tissues may be sent to the pathology lab to rule out any abnormal changes in the placenta (molar pregnancy).

You may wish for a post mortem examination to be carried out. This might give you information about why your baby died or may help to assess the risk of the same thing happening in a future pregnancy. Your doctor can advise you if a post mortem is likely to provide the information you need.

You would be asked to sign a consent form to give your consent to this and you would have choices about the extent of the examination.

The post mortem would take place in a specialist centre in St Michael's Hospital in Bristol. The bereavement support staff will keep in contact with you to let you know when your baby is taken there, and when they return.

You can read more detailed information in the booklet "Deciding about a post mortem examination – Information for parents." Please ask your nurse or midwife if you would like one.

Funeral arrangements

When you feel able to think about any funeral arrangements, these are the choices you have:

- You can arrange a funeral yourself.
- You can ask a funeral director to do this for you.
- You can arrange to take your baby home for a home burial once you have considered the practical requirements of doing so.
- The hospital can arrange a shared cremation service; this is when several pregnancy-remains are cremated together and the ashes are buried in the Crematorium Garden of Remembrance at a recorded but unmarked place. This will take place following any laboratory investigations, typically 6-8 weeks following pregnancy loss. You will be asked to sign a form to give your consent for this and you have a choice of a Christian service or a committal only. If you have a different cultural or religious need, please contact us to make other arrangements.
- The hospital can make arrangements for an individual funeral through a local funeral director. You will be able to decide on the type of funeral (burial or cremation), date and time.

You do not need to go to the Registration Office to register your baby's birth or death.

Aftercare

During your stay in hospital you may find it helpful to talk with the hospital chaplain. The chaplaincy is available for everyone and is not dependent on belonging to any faith group.

Following a late miscarriage, you can expect some vaginal bleeding and period type pains which might go on for several weeks. Any bleeding should gradually lessen, become like a heavy discharge and darken in colour. During this time, you should use sanitary towels rather than tampons, as tampons could increase the risk of infection and make it difficult to monitor blood loss. You should contact the early pregnancy clinic or your GP for advice if you have prolonged or heavy bleeding, an offensive discharge, increased pain in your lower abdomen and/or develop a high temperature.

Your breasts may produce milk which you might find distressing. A good supportive bra and paracetamol can help you feel more comfortable if your breasts are painful.

You may feel tired for several weeks after your miscarriage while your body recovers from labour or treatment.

You can resume sexual intercourse when you both feel ready and once any bleeding and pain has settled.

Returning to work will depend on how you feel. Try to give yourself time to recover and speak to your GP who can provide you with a medical certificate if you need one.

After your discharge home your midwife might offer to visit you at home to see how you are doing.

Having a miscarriage is a very personal experience and each woman copes in their own way. Some women come to terms with a miscarriage within weeks; for others it takes much longer and can also be devastating for the partners. Your family and friends may be able to support you but if you feel you are not coping, then it is important you speak to your GP.

Help available and further information

It can help to talk to people who understand. The hospital or your GP can provide you with details of a counselling service, or you can find support and information through the following organisations:

- The Miscarriage Association – Tel: 01924 200799
  www.miscarriageassociation.org.uk
- SANDS (the Stillbirth and Neonatal Death Charity) – Tel:02074365881
  www.uk-sands.org

Trying for another baby

Deciding whether or not to try again can be a difficult decision. Before trying for another baby, it is important that you wait until you feel ready emotionally and physically.

Further information

It can help to talk to people who understand. The hospital or your GP can provide you with details of a counselling service, or you can contact the Miscarriage Association who provides information and support for anyone affected by miscarriage.

Miscarriage Association
Tel: 01924 200799
www.miscarriageassociation.org.uk

Other useful contacts

Early Pregnancy Clinic – Tel: 01271 322722

Bereavement support office – Tel: 01271 322404

References

www.miscarriageassociation.org.uk

www.rcog.org.uk

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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