



Gibraltar Health Authority

General Information Booklet for Women and their Partners

Management of Early Pregnancy Problems and Miscarriage

St Bernard's Maternity Hospital

Early Pregnancy Service

GHA

Sister Pat Rice

1. Introduction

The information in this leaflet is about problems in early pregnancy and miscarriage up until 16 weeks gestation.

It explains what vaginal bleeding and pain mean during this time and the care that you will receive in St Bernard's Accident and Emergency Department (A&E) and the Early Pregnancy service if you have any early pregnancy problems or if you have, a miscarriage confirmed.

We understand that losing a baby is a deeply personal experience that affects everyone in different ways. In most cases, it is not always possible to give any reasons why this happens. Sadly, miscarriage is not uncommon, this leaflet has been developed to help women, and their partners understand the management and process if pregnancy problems and miscarriage arise.

What is the risk of having a miscarriage?

The risk of miscarriage is increased by:

- A woman's age- the risk of an early miscarriage increases with age. At the age of 30, the risk of miscarriage is one in five (20%). At the age of 42 this increases to one in 2 (50%)
- Health problems – for example, poorly controlled diabetes can increase the risk of an early miscarriage
- Lifestyle factors- smoking and drinking are linked with miscarriage
- There is no scientific evidence that stress is a risk factor that causes miscarriage.
- Sexual intercourse during pregnancy is not harmful and is not associated with early miscarriage
- There is no treatment to prevent a miscarriage

2. What does vaginal pain and bleeding mean and what should I do if it happens?

Vaginal bleeding and or cramping pain in the early stages of pregnancy are common and do not always mean that there will be a problem. In 80% of women who suffer from vaginal bleeding in the first 16 weeks of pregnancy a normal on going pregnancy will develop.

However, pain and/ or bleeding can be a sign of miscarriage.

If this does happen, it is important that you contact the Maternity in St Bernard's hospital. The midwife will advise you on what you should do and this may be to go to A&E in the first instance.

3. What to expect if you have been advised to attend A&E?

In A&E you will be assessed by a Doctor who will take a full history from you and ask questions about your symptoms the date of your last period, previous pregnancies and your general health.

Your bloods will be taken to check the level of the pregnancy hormone, your iron level and your blood group.

You may be asked for a urine sample.

Your general observations will be recorded- temperature, pulse and blood pressure.

An examination of your abdomen in order to palpate your uterus to see if it can be felt might be carried out.

An internal/speculum examination maybe necessary to check the cervix to see if there is any apparent cause for the bleeding and /or pain.

The Doctor will be accompanied by a nurse /chaperone, if this is not the case please ask for one. The decision whether the Consultant Gynaecologist is required to review you will depend on your clinical condition. It is not always necessary that the Consultant Gynaecologist needs to review you.

Sometimes a wait and see approach is required, bleeding and cramping in pregnancy can be common (as described above) and not always a sign that there will be a problem.

4. What will happen after the assessment in A&E?

a) Early Pregnancy 7 weeks or less

If you present to St Bernard's A&E department with bleeding and your condition is stable and your gestation is 7 weeks or less you will be assessed as above by the Doctor. If you are generally well apart from a small amount of bleeding, you will be sent home. An appointment will be made for you to return 48 hours later to have your blood test repeated to re-check the level of the pregnancy hormone. The Doctor in A&E will request the bloods to be taken in the phlebotomy department and make you the appointment. The Phlebotomy department is situated on the first floor of St Bernard's Hospital. The Doctor will also make you an appointment to be reviewed by the early pregnancy service staff, if you are less than 7 weeks into your pregnancy. This appointment will be scheduled for you after 7 completed weeks of gestation.

At this appointment, it may be necessary that you undergo a Trans vaginal scan (TVS).

You will also be advised that if your symptoms increase and the bleeding becomes heavier and you are in pain you should return immediately to A&E.

b) Early Pregnancy 7 weeks or more

You will be assessed by the Doctor in A&E as described above. If you are well apart from a small amount of bleeding, you will be sent home and an appointment will be made for you to see the Consultant Gynaecologist within 5 days, during the working week. At that appointment a TVS will be performed.

You will be advised that if your condition becomes worse with increased bleeding and or pain before your appointment with early pregnancy service you should return to A&E immediately. If the Doctor in A&E is concerned during your assessment and you are showing signs and symptoms that require you to see a Consultant Gynaecologist urgently they will contact the Consultant on call.

If you are sent home and have only been seen previously in A&E return to A&E at any time if:

- The pain is not controlled with simple analgesia such as paracetamol or if the pain changes
- The amount of bleeding you experience is more than a heavy period
- You become dizzy, faint or have shoulder tip pain
- You develop a temperature or any other signs that may suggest you have an infection such as an offensive discharge

c) Ectopic pregnancy

It is very rare for a pregnancy to start to grow outside the uterus when it does it is known as an ectopic pregnancy. Your symptoms scan findings and blood tests might show that you have an ectopic pregnancy. An ectopic pregnancy can pose a risk to your health and if this is suspected or confirmed, you will be advised to stay in hospital and have an operation.

d) Molar Pregnancy

A Molar pregnancy is a rare condition where the placenta is abnormal and the pregnancy does not develop properly. It affects only one in 700 pregnancies. A Molar pregnancy will be diagnosed by an ultrasound scan.

e) A pregnancy of unknown location PUL

If you have a positive pregnancy test and your pregnancy cannot be visualised clearly on an ultra sound scan, it is known as a pregnancy of unknown location. The reasons for this may be your pregnancy is in the uterus but it is too small to be seen. Modern pregnancy testing kits are extremely sensitive and they can detect the pregnancy hormone only a few days after conception. A pregnancy may not always be seen on an ultrasound until at least 6 weeks after your last menstrual period. An early miscarriage may have occurred especially if you have had bleeding that settled. Pregnancy tests can stay positive for a week or two after a miscarriage and an ectopic pregnancy may not be seen if it is too small.

5. What could the cause of the bleeding and pain be at this stage of the Pregnancy?

a) Threatened Miscarriage

An on-going pregnancy associated with vaginal bleeding is called a threatened miscarriage. An ultrasound scan will confirm if your pregnancy is on- going. Many women who bleed at this stage of pregnancy will go on to have a healthy baby.

b) Miscarriage

Unfortunately, bleeding and or pain in early pregnancy can mean that you are having a miscarriage. Some miscarriages are complete and require no further action. Vaginal bleeding like a period may continue for several days following this.

You may have an **incomplete miscarriage** this means that most of the pregnancy has ended but some tissue may be left in the uterus and you could have bleeding and pain until everything has been passed.

The pregnancy may end as a **complete miscarriage** this means that the pregnancy has ended completely.

There is a further type of miscarriage where the pregnancy is still in your uterus but not developing any longer. This is known as a **missed** miscarriage. The baby can be seen but there will be no heartbeat identified or maybe only the pregnancy sac is present in the uterus but no baby and we are certain that the baby will not develop.

6. What are my choices?

You may choose to have an operation, medical management or you may prefer to wait and let nature take its course.

Letting nature take its course is also known as **expectant management**. This is successful in 65-75% of women and is most successful in early pregnancies, which are less than 9 weeks gestation. It can take time before the bleeding starts and it is normal for the bleeding to continue for up to three weeks. The bleeding may be heavier than normal and you may experience some cramping pain.

A review appointment will be made for you to see the Consultant Gynaecologist in approximately 5 days' time.

While you are waiting for the miscarriage to happen you will experience heavy bleeding and cramps, you should avoid using tampons and we would advise you to use over the counter medication for pain relief. Paracetamol and Ibuprofen can be taken using the manufacturer's instructions.

Very occasionally if the bleeding becomes very heavy and you are in severe pain you will be advised to attend A&E.

If the bleeding does not start or the miscarriage is not complete you may be offered medical or surgical management of your miscarriage and this will be dependent on your clinical condition.

As well as the wait and see approach if you prefer not to wait, miscarriage can also be managed by using a **medical** approach. This is carried out by using medication.

You will be given tablets that help relax the cervix and speed up the process. The bleeding is heavy initially for a couple of hours. You will be offered an admission into the early pregnancy unit. In most cases, the above treatment is all that is needed and you will have a repeat scan before you leave the hospital to ensure that the miscarriage is complete. In a very small group of

women, 5-10% an operation may be necessary should there still be some tissue left in the uterus or the bleeding becomes heavier.

If you choose to have an operation or if the surgery is recommended by your Consultant Gynaecologist, this will be carried out in theatre via the day surgery unit. The operation is carried out under a general anaesthetic and unless the situation is one of an emergency, you will be placed on the next available Gynaecology theatre list, which is every Wednesday. The surgery will be carried out by whichever consultant Gynaecologist is on duty on the day. It will not necessarily be the Consultant that you will have seen as an outpatient.

Surgical treatment is successful in 95 out of 100 women (95%)

You may be advised to have the surgery immediately if:

- You are bleeding continuously
- You have developed an infection
- You have severe pain

The surgical procedure is carried out by opening the cervix and the pregnancy tissue is removed using a suction device. You may be given a vaginal pessary before the operation to soften the cervix in order to make the operation easier. The operation is called an evacuation of the uterus.

The operation is safe but there is a small risk of complications. These complications do not happen very often. They include haemorrhage (heavy bleeding), infection, and a repeat operation if not all the pregnancy tissue is removed and less commonly a perforation (tear) on the uterus.

The risk of infection is the same if you choose medical or surgical management.

7. What happens to my pregnancy remains?

Some tissue that is removed at the time of surgery may be sent for testing in the laboratory.

Options for disposal of your pregnancy remains will be discussed with you and your partner by the Gynaecologist.

There are several funeral directors in Gibraltar who will be able to assist you if you decide that you do not wish the GHA to carry out this function for you.

Funeral Services Gibraltar Ltd 200 50600 M 58796000, Codali funeral Services 20050600, De Haro Funeral Directors LTD 20050600. Codali and De Haro come under Funeral services Gibraltar.

Green Valley Funeral Services Ltd 20076112 M 58009621

8. A memorial for my Baby

The GHA has a memorial garden open to all the members of the public, the garden is in the grounds of the hospital. This dedicated Garden of Serenity is in memory of the lost babies in Gibraltar.

Early pregnancy losses up to 19 weeks

There is a dedicated book of remembrance for all early pregnancy losses before 20 weeks in the early pregnancy unit. You will be able if you wish to acknowledge your loss in this special book of remembrance.

Pregnancy loss from 20 weeks:

In the garden, there are marble plinths where small plaques can be attached with the details of your loss and we will ensure that they will be put in place in memory of your baby.

All family members are welcome to come and support you if you wish in this quiet area, set aside for reflection. We hope this may assist you in some way with the healing process following such an emotional event.

The plaques are available from the GHA however, you will be asked to take your plaque away so that you can get inscribed your own message. Please return these plaques to the unit and the staff will ensure that your plaque is secured on one of the plinths in the St Bernard's Garden of Serenity. We will inform you when this has happened.

9. What happens next?

To reduce the chance of infection we would advise you to use sanitary towels rather than tampons until the bleeding has settled. The Gynaecologist may also advise you to avoid vaginal intercourse until the bleeding has settled. Your next period should be in 4-6 weeks' time, ovulation will occur before this so you will be fertile in the first month after a miscarriage. We would advise that you use contraception if you do not wish to become pregnant immediately after your miscarriage.

10-When can I return to work

This will vary with each individual woman. You should be able to go back to work after a week or so. However, it can take longer than this to come to terms with your loss.

11. When can we try for another baby?

The best time to try again is when you and your partner feel physically and emotionally ready. It is important that you are feeling well and that any pain and bleeding has significantly reduced.

12. How will I feel?

Losing a pregnancy is a deeply personal experience that affects everyone differently. It can affect the woman her partner and in fact the whole family.

Many women grieve but come to terms with their loss other women feel overwhelmed and find it difficult to cope.

Physical symptoms such as loss of appetite, fatigue, difficulty in concentrating and inability to sleep are all signs of emotional distress.

Many women feel a profound feeling of loss and disappointment.

Other women can feel a sense of relief. These emotions are common and will pass in good time.

Some women want to talk about their experience others find it too painful.

If you are, feeling overwhelmed and you require assistance in coming to terms with your miscarriage you can contact the early pregnancy service staff who will speak with the Consultant Gynaecologist.

If required the Consultant will be able to make a referral to a Clinical Psychologist for counselling or you may prefer to contact your local GP.

13. is there anything else I should know

Most miscarriages are a one- off event and there is a good chance of a successful pregnancy in the future.

If you are planning another pregnancy, you should have 400mcg daily of folic acid when you first start trying to conceive until 12 weeks of pregnancy. Both you and your partner should be as healthy before and during your pregnancy. Eat a well-balanced healthy diet and do not smoke and stay within the safe recommended units of alcohol. Take regular exercise.

St Bernard's Hospital Early Pregnancy Service: Telephone numbers: 200 72266 ext. 2124 ext. 2125

14. Further Information

Royal College of Gynaecologists (RCOG): Patient Information Leaflet Information for You: Early Miscarriage

www.rcog.org.uk/en/patient-leaflets/recurrent-and-late-miscarriage

National Institute for Health and Care Excellence (NICE): *Ectopic Pregnancy and Miscarriage*

www.nice.org.uk/guidance/cg154/ifp/chapter/About-this-information

15. Useful Organisations

Miscarriage Association

Clayton Hospital

Northgate, Wakefield

West Yorkshire WF1 3JS

www.miscarriageassociation.org.uk

Wellbeing of Women

27Sussex Place

Regents Park

London NW1 4SP

Email: wellbeingofwomen@rcog.org.uk

Gibraltar BabySteps

info@babystepps.com

