

Making a decision about management of missed or incomplete miscarriage

We're so sorry this has happened to you.

We know that having clear information and a chance to ask questions can make difficult decisions a little bit easier. We hope this leaflet helps you understand your options and feel more prepared, whatever you decide.

There are 3 main options you could be offered.



Expectant management means waiting for a miscarriage to happen by itself. It's sometimes called conservative or natural management.



Medical management means taking medicine to help the remains of your baby and pregnancy tissue come away from your womb.



Surgical management means having surgery to remove the remains of your baby and pregnancy tissue through your cervix, using a suction device.

This leaflet has been created with people who have been through missed miscarriage. In it we talk about your baby's body as well as pregnancy tissue. Most people we talk to have told us this is the language they prefer. If this isn't right for you, we're sorry. We hope this information will still be useful.



We're Tommy's, the leading charity that exists to stop the heartbreak and devastation of baby loss and make pregnancy and birth safe – **for everyone.**

Tommy's is a registered charity (1060508) and (SC039280).
Reviewed Feb 2024. Next review Feb 2027.

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Useful questions to ask your doctor or nurse

You might want to write down the answers you are given, and any questions of your own.

All options

- Do you recommend this option for me? Why?
- Can you explain more about any risks?
- Who do I contact if I change my mind?
- What can you prescribe for pain? What if I need something stronger?
- Who do I call if I need more help with pain or bleeding?
- What will happen to my baby's remains? Will they be tested? Can they be returned to me if so?

Expectant and medical management

- What should I do if I don't start bleeding? How long should I wait?

Medical management

- Will I have to stay in hospital for all or some of the time? If so, will I have a private room?
- How long will I have to wait before I am given medication?
- Which medications will I be given?
- What can be prescribed for sickness?

Surgical management

- What are the risks for me?
- Can I choose to be awake or asleep while it happens?
- Will I have to take medication beforehand?
- Will someone be able to wait with me?
- How long am I likely to have to wait and where?
- Will there be a named person to support me and anyone with me?

Tommy's is here for you. →



Talk to a Tommy's Midwife for free about any aspect of pregnancy loss on 0800 0147 800 or email midwife@tommys.org.

Our Baby Loss support group on Facebook is a good place to find and talk with other people who have had a miscarriage.

Downloadable PDF and translations available on Tommy's website. To order more copies of this leaflet please email pregnancyinfo@tommys.org. This leaflet was produced with funding from the project NIHR15/160/02. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

FUNDED BY

NIHR | National Institute for Health and Care Research

Scan the QR code with a phone camera to read more about each option	What are the risks?	When will it happen?	Where will it happen?	Pain, bleeding and side effects	The remains of my baby and pregnancy tissue
Expectant  Works in 50 out of 100 cases.	1–3 in 100 will develop an infection. 2 in 100 will have severe bleeding and need an emergency operation. If it doesn't happen by itself within 2 weeks, your doctor will talk to you about other options.	Unpredictable - may take 2 weeks or more to start. <i>Is this ok or do you prefer things to happen quickly or in a controlled way?</i> <i>Are there times when you will not have support or will need to be away from home?</i>	Could start anywhere. <i>Will there be times when you can't get home easily?</i> <i>Do you have someone who can step in and help at short notice?</i>	Moderate/severe pain and heavy bleeding. <i>Are other things more important to you than avoiding pain and bleeding?</i> <i>Can you get back to the hospital quickly if you needed to?</i>	You may pass something you recognise as your pregnancy sac and baby's body. If you pass the remains unexpectedly away from home, you may not be able to get them back, or store them. <i>Would you find it too upsetting or difficult to see your baby's remains?</i> <i>Are you comfortable deciding what to do with the remains?</i> <i>Are you ok with the risk of passing your baby's remains somewhere you can't easily get them back?</i>
Medical  Works in 85 out of 100 cases.	1–3 in 100 will develop an infection. 2 in 100 will have severe bleeding and need an emergency operation. If it doesn't work, you will probably need surgery.	More predictable - you will usually start to bleed within a few hours of taking the second medication. <i>Do you want a bit more certainty about timing without having to have surgery?</i>	At home or in hospital - depends on hospital policy. <i>Do you have the space and privacy you need at home?</i> <i>Are you ok to be in an area of the hospital where you might see or hear pregnant people?</i>	Moderate/severe pain and heavy bleeding - pain could be worse than expectant. <i>Think about the questions above here too.</i> May have nausea and diarrhoea. <i>Do you mind taking anti-sickness medication?</i>	<i>Would you find it too upsetting or difficult to see your baby's remains?</i> <i>Are you comfortable deciding what to do with the remains?</i> <i>Are you ok with the risk of passing your baby's remains somewhere you can't easily get them back?</i>
Surgical  Works in 95 out of 100 cases.	1–3 in 100 will develop an infection. 16–18 in 100 will have scar tissue in their womb afterwards. There are some other very rare risks too – follow the QR code or ask your doctor. If it doesn't work, you will need to have surgery again.	Very predictable - you will be given a day to return to hospital for surgery. On the day you may have to wait if there are any emergency cases. Some hospitals can offer a private space to wait, and allow someone to wait with you. <i>Are you ok to wait, which could be alone and/or in a maternity area?</i>	In an operating theatre (general anaesthetic). <i>Do you want to be asleep during the operation?</i> <i>Do you have someone who can drive you home?</i> In a clinic (local anaesthetic). You should be able to have someone with you in clinic. <i>Is this important to you?</i> <i>Do you want to be awake during the operation?</i>	Some bleeding and cramping afterwards - less than expectant or medical. <i>Do you want to avoid as much pain and bleeding as possible?</i> You will not be able to eat and drink before a general anaesthetic. <i>Are you ok to wait several hours without eating or drinking?</i>	You won't be able to see your pregnancy sac or your baby's body. You can ask for them to be returned to you, but they will not be recognisable. <i>How do you feel about this?</i>