

What Happens Now?

Practical advice and guidance following a late miscarriage ...



We are sorry that you have had a late miscarriage and your baby has died. Whatever the circumstances, we recognise this is an extremely sad and difficult time for you. Our staff want to help support you through what happens next, and this booklet has been written to support you in making the decisions that are right for you, your baby and your family. If anything is unclear, please do not hesitate to ask a member of staff caring for you.

What is a late miscarriage?

Whilst most miscarriages happen in the first 13 weeks of pregnancy, it is much less common to have a miscarriage after this time. 1-2% of pregnancies will end between 14 and 24 weeks and will be referred to as a late or 2nd trimester miscarriage.

A late miscarriage can be very distressing and may leave you feeling shocked.

Why does a late miscarriage happen?

Different risk factors increase the chance of a late miscarriage, as well as maternal health conditions and if there is more than one baby in the womb. Other factors that may play a part include developmental and genetic problems in the baby, certain infections and issues with the cervix and womb.

Following the birth, you will be offered tests depending on your individual situation, including blood tests and swabs, investigations on the placenta and if you wish, a post-mortem examination. We offer 2 types of post-mortem examination, and these will be discussed with you during your stay.

You can choose to have as many or as few tests as you wish. Sometimes a reason can be found to explain why a miscarriage has occurred, but in many cases, we are unable to find out exactly why this has happened, even with testing.

Most couples who have a late miscarriage are likely to have a successful pregnancy in the future, particularly if test results are normal.

What happens during a late miscarriage?

A miscarriage may happen naturally when the baby is born following pain, contractions, bleeding or the waters breaking and may happen very quickly at home or at the hospital. This is known as a spontaneous miscarriage.

During a 'missed' miscarriage, you may have had no idea that anything was wrong with the pregnancy and only find out during a routine scan that the baby has died. When this happens, you will be offered medication to start your labour and deliver your baby, a medical induction. Medical induction involves the administration of medication to prepare your body for labour and then medication to start labour. This is done in 2 stages.

Some families want to start the process of labour as soon as possible, while others wish to go home to think about it and spend time discussing the options with family or friends.

If you decide to go ahead with medical induction, you will be given a tablet called Mifepristone, which works to prepare your body for labour and reduce pregnancy hormones. After a short period of observation, you will be discharged home and asked to return 36-48 hours later to begin the labour process. If at any time after taking the mifepristone tablet you feel unwell, experience pain or contractions, vaginal discharge, persistent vomiting or diarrhoea, we would encourage you to ring the labour ward for further advice.

It is possible for the labour to start on its own in the weeks following the baby's death and if you are well you may opt to wait for spontaneous labour. We will discuss this at the time and what this may mean for your health, the condition of your baby and how any investigations may be affected.

What happens during my stay in hospital?

You will usually be cared for on the Labour ward at Calderdale Royal Hospital. Family members and friends are welcome to visit you during your stay, and we have facilities to make hot drinks and for someone to stay with you overnight.

When you are admitted onto the ward, a midwife will care for you and explain what will happen next. When you are ready, your observations will be taken and then prostaglandin (misoprostol) tablets will be given to you either by mouth or vaginally until you have regular contractions and the baby is born. If after 5 doses of medication the baby has not been born, there will be a short period of rest before a 2nd round of medication is given. In a small number of cases the afterbirth (placenta) does not deliver after the baby is born and you may need further medication or for it to be removed in theatre.

Will I be able to have any pain relief?

We aim to keep you as comfortable as possible during your labour and birth, and there will be a range of pain relief methods available to you including paracetamol, gas and air and injectable medications.

What do I need to bring into hospital with me?

It is difficult to predict how long your stay in hospital will be and will usually depend on your physical wellbeing and how you feel after the birth. You may wish to go home a few hours after baby is born or prefer to be with your baby for a few days. We suggest that you bring an overnight bag with toiletries, nightwear, a change of clothes and plenty of underwear and sanitary towels. You may wish to bring something to read, some light snacks and drinks and a camera or mobile phone if you want to take your own photographs of baby. If you have any clothes, blankets or special items which you want to leave with baby, you are welcome to bring these, although we have lots of tiny clothes, hats and blankets you can use.

After the Birth

Can I see/hold/touch my baby?

The staff caring for you will support you to see, touch and hold your baby if you want to and make memories for you to take home. These include hand and footprints, casts and photographs and the opportunity to have a lock of hair, your baby's name band and cot card. You are welcome to bring your own camera, and photographs can be taken with you and other family members. Your baby can be washed and dressed in any clothes that you provide and any blankets, teddies, family photographs can stay with baby once you leave the hospital. We can provide you with a Memory Box and we have tiny clothes, nappies, blankets and wraps which you are welcome to use and then take home with you. We aim to accommodate any other requests you may have about how your baby is cared for and can assist you with any other memories you wish to make.

We have Ibraheems Gift packs for families of the Muslim Faith who do not want any traditional memory making and can provide white cloth for shrouding of baby before burial.

The time you have with your baby is very precious and you may stay with him or her for as long as you wish. We have a cold cot (Abi cot) and special cooling mattresses' available which allow your baby to remain with you for the entirety of your stay if this is your preference.

If you do not wish to see or hold your baby, you will not be pressurised into doing so, and the taking of any mementoes will be with your consent.

Can my baby be blessed?

The Chaplaincy staff are available to offer comfort and support you, regardless of whether you have a faith or not. You may wish your baby to be welcomed, named and or blessed during your stay in the Hospital and we aim to facilitate this depending on the availability of the pastoral team. Your own minister is welcome to attend. For those of the Islamic faith we have Muslim Chaplains (male or female) who can offer support.

Can I have a birth certificate for my Baby?

If your baby was born before 24 weeks of pregnancy and there were no signs of life at birth, there is no legal requirement for the baby's birth to be registered. The hospital staff will offer you a certificate with your baby's details on for you to keep. You can also apply for a certificate on the gov.uk website. Occasionally, when a spontaneous miscarriage occurs late in the 2nd trimester of pregnancy, the baby may be born with a faint heart rate or other brief signs of life and in these cases, both the baby's birth and death will need to be registered at the Registry Office.

Can I hold a funeral for my baby?

Saying goodbye to your baby is an important part of acknowledging your loss and beginning to grieve, and attending a funeral can be part of this. All families who lose a baby at the time of birth are offered a hospital burial or cremation and given the option to attend or not. Each funeral is for an individual baby and there is no cost to families for a basic funeral.

You can opt to have your baby cremated without attending the service but still have the cremated remains (ashes).

A hospital funeral includes the services of a funeral director with the option of a hospital Chaplain. Funerals can be religious or non-religious in character (and are often somewhere between), and we will work closely with you to ensure the funeral expresses your wishes and beliefs. You are encouraged to choose your own music, readings or poems, and can bring along pictures, teddies and flowers. If other children are in the family and are going to attend, you may wish to consider how to involve them to involve them.

Our Muslim chaplains are experienced in supporting you with appropriate burial arrangements for Muslim babies.

Hospital burials will either be at **Lockwood Cemetery, Huddersfield, Stoney Royd** or **Exley Cemetery, Halifax**. Further details can be obtained from the staff caring for you

Cremations are held at **Parkwood Crematorium, Elland**.

Once you have decided on the right funeral for your baby, it usually takes place within 1-6 weeks, but this may depend on what investigations you have chosen. If a post-mortem examination is undertaken and you want to include tissue taken for testing in the funeral, this can delay the funeral process for up to 3 months.

If you do not wish to be involved in the funeral service, your baby will still be treated with the utmost of respect according to your wishes and faith.

Alternatively, you may wish to make private funeral arrangements for your baby and you will need to contact a funeral director and clergy of your choice who will instruct you further.

There is also the option of taking your baby home and arranging your own burial and further guidance can be sought on this from the hospital.

How will I feel physically after a late miscarriage?

Following the birth, you will have some vaginal bleeding for between 2 and 6 weeks. In the early days, this bleeding can be quite heavy and be accompanied by some mild cramping. The bleeding should become lighter after the first 3 or 4 days. It is advisable to use sanitary towels rather than tampons to reduce the risk of infection. If the bleeding becomes very heavy with clots, you experience a lot of abdominal pain or the discharge becomes offensive smelling, it is important that you contact your GP or Maternity Assessment Centre.

If you have had any stitches it is important to look after them and maintain good hygiene to prevent any infection. These may be uncomfortable for the first week and a mild painkiller should help. They usually dissolve in 4-6 weeks.

It is also important to try and look after yourself and your general wellbeing at home, and although you may not feel like eating or drinking, trying to have something little and often will help in your physical recovery.

You may experience some breast changes and produce a small amount of breast milk in the days following the birth, especially if your baby was born later in pregnancy. You may opt to take medication to reduce breast symptoms or wait for the breasts to settle on their own. There is the option to donate your breastmilk to our local breastmilk bank in memory of baby.

The Hospital Review

If your baby was born after 22 weeks, it is a national requirement that we conduct a review into the care you received throughout your pregnancy and after the loss of baby. This is called a Perinatal Mortality Review (PMRT).

This review involves members of staff from this hospital and an external reviewer. The aim is to work out why baby died and to see if we can learn anything from your baby's death. An information booklet

about this review will be given to you before you leave the hospital and you will have the opportunity to discuss and feedback on your care. A member of the review team will be in touch in the months after the birth to ensure that we have all your questions and you are informed of the progress of the review. The booklet can be provided in English, Urdu, Punjabi and Arabic.

Will I have any follow-up?

Following discharge from the hospital, you will be offered a home visit or phone call from a community midwife. Telephone support will be provided by a bereavement midwife according to your needs and wishes, and the Chaplaincy staff are available to support you if you wish. You will be given contact numbers and support leaflets when you are discharged home.

A follow-up appointment with a Consultant Obstetrician will be offered to you usually 2-6 months after the birth of baby. This appointment may be delayed if you opted for a postmortem and we are waiting for results. The appointment will give you the opportunity to discuss what has happened, find out the results of any investigations performed and discuss future pregnancies and is optional.

Is there any ongoing help after I go home?

The emotional impact of baby loss is long lasting. Losing a baby is an experience that many will share, but everyone experiences grief differently. For some, expressions of grief will be overwhelming and public, for others grief may be private but no less deeply felt.

Feelings of shock, grief, depression, guilt, loss and anger are common. Grief may produce physical symptoms as well as emotional ones. Disturbed sleep, lack of appetite, nausea, anxiety and palpitations are normal and may be eased by discussing them with your partner, friends, with a doctor or midwife, or with someone who can listen and understand. When you are discharged, the staff will provide you with a list of helpful organisations and support leaflets.

Local support can be provided by the Forget me Not Children's Hospital and counselling can be arranged through Talkthru. Other options are available both locally and nationally.

The Chaplaincy department can also provide support and guidance irrespective of your Faith.

Contact Numbers

Bereavement Midwife	Tel: 07500761111
Screening Midwives	Tel: 01422 222123
Labour Ward	Tel: 01422 222129
Calderdale Royal Hospital Switchboard	Tel: 01422 357171
Huddersfield Royal Infirmary Switchboard	Tel: 01484 342000
General Office Calderdale	Tel: 01422 222088

Help and support

Chaplaincy Department: Contact via HRI and CRH Switchboard
Tel: 01484 342000 or 01422 35717

Talkthru: Revenue Chambers, St Peters Street, Huddersfield, HD1 1DL
Tel: 01484 515137
Email: office@talkthru.org.uk Web: www.talkthru.org.uk

SANDS (Stillborn and Neonatal Death Society)

Tel: 0808 1643332
Email: helpline@sands.org.uk

If you have any comments about this leaflet or the service you have received you can contact :

Sarah Hall
Bereavement Midwife
Calderdale Royal Hospital
Telephone No: 07500 761111
Sarah.hall@cht.nhs.uk

Ann Frost
Maternity Matron
Calderdale Royal Hospital
Telephone No: 01422 222947
Ann.Frost@cht.nhs.uk

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"