Patient information and consent to medical management of miscarriage

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you or we may have to postpone or cancel your procedure.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are attending clinic/admitted for your procedure. You will have an opportunity to ask any questions from the nursing staff when you are seen. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as ultrasound scans or test results.

- Laxatives and Painkillers may be required during and after your procedure; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your clinic assessment appointment.

- If you have any questions or concerns about this procedure or your appointment, please contact the staff in:
  - Clinic 24 (The Early Pregnancy Unit) on 01223 217636
  - or Daphne Ward (Inpatient and Day Case Gynaecology) on 01223 257206

After the procedure we will scan the consent form into your medical notes and you may take this information leaflet home with you.

Important things you need to know
Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (if it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure.

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However the person undertaking the procedure will have the relevant experience. All information we hold about you is stored according to the Data Protection Act 1998.

About miscarriage

We are sorry that you are experiencing a miscarriage. Sadly, miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

An ultrasound scan has indicated that your pregnancy has stopped developing or that a miscarriage has started to happen but some pregnancy tissue and/or blood clots remain in the uterus (womb). The following information will help you to consider what happens next:

There are five ways in which to proceed. Dependent upon certain criteria, the staff in Clinic 24 will discuss which of the following methods are suitable for you:

- **Expectant management** – allowing the pregnancy tissue and/or blood clots to pass naturally through the vagina, without any intervention
- **Medical management** – a two stage procedure with use of medication to begin or speed up the process of miscarriage, causing the pregnancy tissue and/or blood clots to pass through the vagina. The second part of the treatment involves your being admitted as a day case
- **Home medical management** – as per medical management with the second part of the procedure in your own home
- **Manual vacuum aspiration** – a procedure to remove pregnancy tissue and/or blood clots under local anaesthetic
- **Surgical management** - a procedure to remove pregnancy tissue and/or blood clots under general anaesthesia

You have chosen Medical Management.

About medical management of miscarriage

Medical management is a process that uses medication to start or speed up the process of miscarriage. The result is like a natural miscarriage and will involve bleeding and pain. This treatment requires two separate appointments.

At the first appointment, you will be given a tablet to swallow. The table is called mifepristone which blocks the action of progesterone - a hormone necessary for the pregnancy to remain attached to the wall of the uterus. You need to attend Clinic 24 to be given this medication.

The second appointment is scheduled one to three days later. You will be admitted onto Daphne Ward – the Inpatient/Day Case Gynaecology Ward – for the day. Tablets called misoprostol – a form of prostaglandin, are placed inside the vagina which causes the uterus to expel the pregnancy tissue and associated blood clots later in the day. You will have bleeding and cramping abdominal pain.

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Intended benefits

- Allows pregnancy tissue and blood clots to pass from the uterus.
- Avoids a procedure, with local or general anaesthetic, and associated risks.
- Some women feel this management allows them to remain in control.
- Some women feel that consciously experiencing the miscarriage benefits them in terms of grieving for their lost baby (Smith et al, 2006). If you see the fetus or tissue it can make it “easier to say goodbye” (Miscarriage Association 2016).
- More manageable than waiting for nature to take its course.

Disadvantages of the procedure

- You will experience bleeding. Some women find the amount of bleeding is unacceptable with it being heavier than a period, other women cope well. You will experience abdominal cramping pains. The level of pain is individual; some equate it with labour, others with a bad period pain.
- The pregnancy tissue may not pass on the day of treatment. Therefore, you may experience further heavy bleeding and pain on subsequent days.
- The treatment regime may have side effects such as nausea, vomiting, diarrhoea, dizziness and hot flushes.
- The procedure can be perceived as frightening and some women fear seeing a recognisable fetus; we try to give you as much information as possible to prepare you and alleviate your fears.
- The first period after the miscarriage may be heavier than usual
- Alternative intervention may still be required.
- The manufactures of mifepristone recommend you wait one completed menstrual cycle before attempting to conceive again.

Who will perform my procedure?

Specially trained nursing staff will administer the medication at both appointments.

Before your procedure

You have attended Clinic 24 and met a doctor specialising in early pregnancy, a doctor training in the speciality and/or a specially trained nurse. You will have been asked for details of your medical history and any necessary clinical examinations and investigations will have been carried out.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

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Please advise us of:

- previous or current health problems including raised blood pressure, heart disease, asthma, liver disease, kidney disease or any problem with blood clotting.
- any allergies
- if you are breast feeding
- any questions and concerns

You can eat and drink as normal prior to and during the procedure.

**First appointment – mifepristone treatment**

*Please attend Clinic 24 between 08.30 and 16:00 hours on*

A member of the nursing team will recap information about what to expect after the first part of the treatment and he/she will talk through what to expect during the second part of the treatment. You will have the opportunity to ask any questions or discuss any concerns. You are welcome to bring your partner or a friend with you. The nurse will give you the mifepristone tablet to swallow and you will be allowed to leave.

**Things to avoid:**

- Do not to smoke or drink alcohol for at least four hours before this appointment and until you have been discharged following the second part of the treatment. If you are unable to stop smoking completely, then you should cut down as much as possible. Both nicotine and alcohol adversely affect your health.
- You should avoid medication that contains aspirin or non-steroidal anti-inflammatories (NSAIDs), such as ibuprofen or diclofenac.

It is important that you avoid these until after the second stage of treatment, as all will reduce the effectiveness of the medication and may worsen symptoms of nausea.

**Tell the nurse if you feel nauseous.** You should have something light to eat, such as tea and toast or a sandwich, before you come for your appointment. This will reduce the risk of you vomiting after you have taken the tablet. If you have been suffering from hyperemesis or morning sickness, you can be given an anti-emetic tablet (medication to reduce nausea and vomiting), prior to the Mifepristone.

**What to expect (following the first appointment) until admission for the second stage of the treatment**

**Bleeding:** You may start to bleed before your next visit, or any bleeding you already have may increase. This is most likely to happen about 36 hours after taking the
mifepristone tablet. Not all women will bleed before their next visit so do not worry that it is not working.
It is important that you use sanitary towels rather than tampons, as this reduces any risk of infection. If you are concerned that the bleeding is excessive (requiring a change of sanitary pad every half an hour), please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department (ED).

We understand that bleeding heavily at home can be frightening. Please do not hesitate to contact us if you are unsure what to do.

Discomfort/pain: Some women experience cramp-like discomfort, like period pains. As previously stated you must not take aspirin, mefenamic acid (Ponstan), diclofenac (Voltarol) or ibuprofen (Nurofen). You can use paracetamol or codeine based painkillers.

Miscarriage risk: There is a small chance you couldmiscarry before the second stage of treatment. If this happens, we advise you to attend for the second stage of treatment as planned because we cannot be sure that the treatment has been fully effective. Continuation of the treatment will not have any adverse effect and will reduce the chance of future complications, such as retained products of conception. An ultrasound scan at this point would not be beneficial.

Second appointment - Admission for misoprostol treatment
Please come to Daphne Ward at 08:30 hours on

Have a light breakfast before you attend.

Before your procedure

• What do I need to bring? Wear loose, comfortable clothes and bring spare clothing and underwear with you. You should not use tampons. Please provide your own sanitary towels. Please bring items such as a toothbrush and nightwear in case you need to stay in overnight.

• You will have access to your own television and telephone via pay cards. The radio is free. Bring in some magazines or something else to pass the time.

• There are water dispensers and a hot-drinks machine that you can help yourself to throughout the day. These facilities are free, although we do ask for a donation to the Daphne ward funds. We will also serve you lunch.

• Can I bring someone with me? You can bring your partner or a friend with you, and they are very welcome to stay throughout the day. They may use the drink facilities but please note we do not provide food for them – there are facilities within the hospital campus; the ward staff will give them directions. We prefer that you do not leave the ward whilst the treatment is in progress as
you may feel unwell.

- Please note that we do not have facilities for children; please make your own arrangements for childcare before attending hospital.

**During the procedure**

- Your nurse will go through the procedure with you and insert the misoprostol (prostaglandin) tablets into your vagina. You will need to remain on the bed for one hour to allow the tablets to stay in place and thereby start to work. The tablets open up the cervix (neck of the uterus) and cause your uterus to contract and this will cause strong period pains and bleeding. If you can, it is best to try and tolerate some discomfort, as this will make the treatment work more quickly; pain relief can sometimes slow the rate and effectiveness of the contractions, however your nurse will give you painkillers when you need them.
- The tablets can cause some side-effects such as diarrhoea, nausea, dizziness and hot flushes. The side-effects do not last for very long, and if you have any of these symptoms the nurses will do all they can to make sure you are as comfortable as possible.
- It is very important that the nurses check to see what you are passing. You will be asked to urinate or open your bowels into a cardboard bedpan liner that fits into the toilet bowl. You **must not** flush anything down the toilet. You will not have to see anything that comes away, although despite our best efforts sometimes we cannot avoid your seeing what comes away and this may be the fetus. The nurses will be on hand to take away any bedpans that you may have used. If you change your sanitary towel, please place it into a paper bag provided so that the nurses can check it. This will help us monitor your blood loss accurately.

If you do not pass the pregnancy during your stay, we will discuss this with you and advise you of the next steps. We will generally review this six hours after treatment began.

**After the procedure**

*If there is not a bed on Daphne ward on the day of your treatment, your treatment may be postponed as it is important that you have the correct level of care.* It may be possible for you to be cared for in Clinic 24.

- **Eating and drinking.** You can eat and drink as you wish. It is best to have only a light diet during the day.

- **Getting about immediately after the procedure.** You will need to be on bed-rest for the first hour following insertion of the misoprostol to ensure it stays in contact with your cervix. Following this hour we recommend you mobilise around the ward, mobilising can assist the blood flow to the uterus and make the contractions more efficient. We cannot allow you to leave the
Leaving hospital. You will not be discharged until the miscarriage is complete or a further management plan is in place if the pregnancy tissue/blood clots have not passed after six hours. You may require an examination before you go. Your nurse will do a final check and give you discharge advice.

It is sensible to have someone drive you home and stay with you overnight. You should be able to leave the ward by late afternoon /early evening, but please remember that rarely some patients are required to stay overnight. In case this happens, you should make any necessary arrangements beforehand. This is especially important if you have children at home who will need to be cared for.

Resuming normal activities including work. You should be able to resume normal activities the following day. If you have a physically demanding job you may want to arrange further time off work. You can self-certificate for five working days. Should you wish to take longer than five working days off work and need a “Fitness for work” certificate you need to see your GP. If you have not told your employer you were pregnant and you do not wish for them to know your GP will respect your confidentiality and will discuss with you what you wish writing on the certificate.

You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need ours or your GP’s permission to go back to work. The decision is yours.

If you have parental responsibilities in the home, you may need another adult around to assist you.

It is important to get back to full activity soon, as this will help with your recovery. Keeping active can help you cope with your feelings and emotions. Build up slowly at your own pace. Listen to your body. If the exercise you are doing is causing you pain, stop and try something less active for a few days.

Emotional impact: Women react in different ways to a miscarriage; some women come to terms with what has happened within a few weeks, others can take much longer. It is normal to feel tearful and sad, angry or even guilty. Losing a baby can be a very painful experience for everyone including partners and other family members too, and sometimes their grief is unacknowledged.

Special measures after the procedure

Bleeding: The bleeding is like a heavy period for the first day or so and should gradually become less. The bleeding can last for three weeks and keep...
If your bleeding soaks a sanitary pad in 30 minutes or you feel faint/dizzy/unwell, please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department. You should use sanitary towels, not tampons, during this time to reduce the risk of infection. Please avoid sexual intercourse until bleeding has ceased.

**Pain:** You may have period-like pains for a few days; this is normal. Simple painkillers that you can buy over the counter such as paracetamol and ibuprofen should help this. You are now allowed to use the non-steroidal (NSAIDs) medications that we initially advised you to avoid. If your pain is not relieved by this medication, please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department.

**Hygiene:** It is safe for you to have a warm bath or, preferably, a shower later that day. We recommend you do not have a hot bath as this can make you feel faint.

**Signs of infection:** Should the bleeding last longer than 3 weeks, become heavy once settled, smell offensive or you have 'flu-like symptoms, then please either contact Clinic 24 (see contact number later in this leaflet) or see your General Practitioner (GP).

**Resuming sexual intercourse:** You can have sex when you and your partner feel ready, however we do recommend you wait until any vaginal bleeding and significant pain has ceased.

**Next period, contraception and future pregnancies:** Your next period may happen four to six weeks after the procedure. Prior to this you will have ovulated and therefore will be able to become pregnant again. The manufacturers of mifepristone recommend you delay any future pregnancies until you have had at least one period. You may therefore wish to consider some form of contraception. Please see your GP for this.

You can try for another pregnancy after one period and then as soon as you feel physically and emotionally ready to do so. It is advisable to take folic acid and to stop smoking and drinking alcohol.

If you require assisted conception, you should liaise with your provider for further specialist advice. **Risk of future miscarriage:** If you have had one or two early miscarriages you do not have a higher risk of miscarriage. Most miscarriages are one off events and you have a good chance of a successful pregnancy the next time. Please see section below for recurrent miscarriage.

**Swabs:** Swabs may have been taken from your vagina during your initial visit to the hospital, although not everyone will have them taken. Usually the results will be available at the time of your procedure and you will have been
offered antibiotics if necessary. Occasionally the swab results are not back, in this situation we may still offer you antibiotics.

**Prophylactic antibiotics:** The antibiotic of choice for gynaecological procedures is metronidazole. As this can cause vomiting when taken orally, we give this medication rectally. You can administer this yourself, before you leave the ward, if you would prefer.

**Anti-D:** Women whose blood group is rhesus negative will be given an injection called anti-D before leaving from the second appointment.

**Do I need to inform anyone about my miscarriage?** No. The staff in Clinic 24 will send a letter to your GP and community Midwife. Any antenatal scans or appointments will have been cancelled.

**Check-ups and results:** Unless you are otherwise told, you will not be contacted following the procedure. However, if you have any concerns or questions you can telephone Clinic 24 (see contact numbers later in this leaflet).

If you have not passed all the pregnancy tissue/blood clots you will be asked to contact Clinic 24 in three weeks’ time. The nurse will give you a urine pregnancy test kit and tell you the date you need to do this. You will be expected to contact Clinic 24 on this date with the result. This is important as both your and Clinic 24 staff can be reassured that the treatment has been effective. This will allow you to be discharged from Clinic 24 care.

**Recurrent miscarriage:** If you have had previous consecutive miscarriages and you meet certain criteria, you may be referred to the recurrent miscarriage clinic. This may involve additional tests for yourself and partner. The staff on Clinic 24 will discuss this with you.

**Significant, unavoidable or frequently occurring risks of this procedure**

If you have a pre-existing medical condition, are obese or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of treatment (based on the Royal College of Obstetrician and Gynaecologist (2015) *Information for you: Understanding how risk is discussed in healthcare*).

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent ratio</th>
<th>numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td></td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td></td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td></td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td></td>
<td>A person in small town</td>
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</tbody>
</table>

Medical management of miscarriage, CF245, Version 9, September 2017
Medical Management of miscarriage is a very safe procedure. However, like all procedures there are potential risks involved. The staff will ensure that appropriate measures are taken to reduce the risk of complications. The main risks may include:

- Excessive vaginal bleeding requiring transfusion 0.8 to 2 in every 1000 – rare.
- Infection including pelvic inflammatory disease – 0.92 to 4 in 100 – common.
- Pain – 25 in 100 women experience pain that requires pain relief – very common.
- In rare cases pregnancy tissue gets stuck in the cervix and needs to be removed during a vaginal examination (MA 2016).
- Extensive studies have shown that occasionally this treatment may have to be completed with a standard, surgical procedure (surgical management of miscarriage) 2.3 - 6 in 100 – common.
- Some retained tissue and/or blood clot (very common - up to 20 in 100 women). If this happens, another dose of prostaglandin may be required or an alternative management option advised.

**When to seek help**

As with any procedure, complications can occur.

You should seek medical advice from your GP, Clinic 24 or Daphne Ward for:

- Heavy vaginal bleeding or bleeding that continues for more than three weeks
- Abdominal pain that is not relieved with the painkillers advised or that continues for more than three weeks
- Smelly vaginal discharge
- Raised temperature (fever) and ‘flu-like’ symptoms
- Feeling faint, dizzy or unwell
- Burning and stinging when you pass urine or the need to pass urine frequently

You should attend the Emergency Department immediately for:

- Painful, red, swollen, hot leg or difficulty bearing weight on your legs.
- Shortness of breath, chest pain or coughing up blood

**Alternative procedures:**

See introduction section “About medical management of miscarriage”

These alternatives have eligibility criteria based on your symptoms, the size of the pregnancy tissue and your medical history. They also have different risks and benefits. Your eligibility alongside the risks and benefits of these alternative options can be discussed with the nursing staff on Clinic 24.
What happens to any tissue or the fetus?

Any tissue or fetal parts are sent to the histopathology laboratory to confirm the miscarriage. No other investigations are usually carried out into the cause of the miscarriage, unless specifically discussed with you.

Once this has happened, all pregnancy tissue is buried in a shared grave at Barton Glebe, a local woodland burial site. Further information concerning this is available in the leaflet: Barton Glebe – woodland burial site please ask a member of staff to discuss this with you or to give you a copy of the leaflet.

You may decide to make arrangements for yourself, either at home or in a local cemetery/crematorium using a funeral director. To arrange this please contact one of the people listed below, prior to the procedure.

If you wish to discuss any of the above, or to have further information, please contact the staff in Clinic 24, one of the Chaplaincy team (01223 217769) or the Rosie Bereavement Coordinator (01223 217619).

Information and support

You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for.

If you have any questions or concerns, please feel free to contact us:

- Clinic 24 (The Early Pregnancy Unit)
  01223 217636
  Open 08:00 – 20:00 Monday to Friday
  08:30 – 14:00 at weekends
  Closed Bank holidays

- Daphne Ward (Inpatient/Day Case Gynaecology ward)
  01223 257206
  At all other times

Other useful sources of support:

- The Miscarriage Association
  01924 200799 (Open 09:00 – 16:00 Monday-Friday)
  [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

- The Royal College of Obstetricians and Gynaecologists
  Patient Information
  www.rcog.org.uk
  [Early miscarriage: information for you](http://www.rcog.org.uk) (pdf)

- Stillbirth and Neonatal Death Society (SANDS)
  020 7436 7940
  Open 09.30 – 17.30
  www.sands.org.uk

- Petals
  Charity who provide specialist counselling for individuals and couples affected by loss during pregnancy
  0300 688 0068
  http://petalscharity.org/
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue

As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.info@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Version number/Ref
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Medical management of miscarriage

**A Patient's side**  left / right  or  N/A

**Consultant or other health professional responsible for your care**

Name and job title: .................................................................

☐ Any special needs of the patient (e.g. help with communication)? .................................................................

**Please use ‘Procedure completed’ stamp here on completion:** .................................................................

**B Statement of health professional** (details of treatment, risks and benefits)

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

**a) the intended benefits of the procedure (please state)**

Remove any remaining tissue and blood clot in the uterus (womb). Avoids an operation and general anaesthetic. Some women feel more in control when undergoing medical treatment as opposed to surgical treatment. Experiencing the miscarriage benefits some women in terms of grieving for their lost baby. (Smith et al 2006). More manageable than waiting for nature to take its course

**b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient**

- Excessive vaginal bleeding requiring transfusion 0.8 to 1 in every 1000.
- Infection including pelvic inflammatory disease – 0.92 to 1 in 100.
- Pain – 25 in 100 women experience pain that requires pain relief.
- Failure to pass all pregnancy tissue and/or blood clot following prostaglandin treatment -0.5 – 1 in every 100.
- Completion with a standard, surgical procedure 2.3 - 6 in 100. Some retained tissue and/or blood clot (common - up to 5 in 100 women).

**c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:**
Consent Form

Medical management of miscarriage

2 The following information leaflet has been provided:
Name of leaflet(s) Patient information and consent to medical management of miscarriage

Version, reference and date: Version 9, CF245, September 2017

or I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional):

Date: D.D./M.M./Y.Y.Y.Y

Name (PRINT):

Time (24hr): H.H.; M.M

Designation:

Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training

I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): __________________________ Date: D.D./M.M./Y.Y.Y.Y.

Name of patient (PRINT): __________________________

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ______________________________________ Date: D.D./M.M./Y.Y.Y.Y.

Relationship to patient: __________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): __________________________ Date: D.D./M.M./Y.Y.Y.Y.

Name of witness (PRINT): __________________________

Address: ______________________________________
Consent Form

Medical management of miscarriage

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .................................................. Date: …D.D./M.M./Y.Y.Y.Y.
Name (PRINT): ........................................................................ Job title: ..................................................

Please initial to confirm all sections have been completed: .................................................................

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .................................................. Date: …D.D./M.M./Y.Y.Y.Y.
Name (PRINT): ..........................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .................................................. Date: …D.D./M.M./Y.Y.Y.Y.
Signed (Health professional): .................................................. Date: …D.D./M.M./Y.Y.Y.Y.
Name (PRINT): .......................................................... Job title: ..................................................