

# Miscarriage in Early Pregnancy

**Obstetrics & Gynaecology**  
**Women and Children's Group**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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# Information for Patients & Visitors

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## Introduction

This booklet has been written to give help and guidance to parents who lose a baby in the early stages of pregnancy.

Parents who have suffered such a loss by miscarriage find that they need to make a number of choices within a short space of time, choices that they may rather not think about. With the help of the staff and the information in this booklet, we can help you through your period of grief, making this stressful time easier to cope with.

At the moment you may be experiencing feelings of anxiety, distress and sadness. Grief is a very natural reaction to the loss of your baby, and grief following a miscarriage may be just as strong as that occurring after the loss of someone we have known and loved. How a particular person copes with grief is unique to that person. There is no set pattern to the way grief is dealt with on an individual level. Allow yourselves time to grieve. Some will recover more quickly than others. Remember - grieving is part of the healing process.

Following a miscarriage you may have quite a number of questions you wish to ask. You may want to know what exactly has happened, and why. You may want to know how you are likely to feel after the miscarriage, and whether it may happen again.

We hope that the information in this booklet will be of value in answering your questions, about both the physical and emotional aspects of recovery, and where extra support is available.

## What has happened?

Bleeding from the vagina in early pregnancy is very common. Most pregnancies will continue as normal but sadly other pregnancies will end in miscarriage. Miscarriage is the term used to describe the sudden ending of a pregnancy, most often within the first 12 weeks.

### Inevitable miscarriage

Some women find that the initial bleeding becomes heavier, sometimes with blood clots. There may also be severe period-type pains or cramps. What is happening is that the uterus is trying to push out, or expel, the pregnancy.

### Incomplete miscarriage

This is when the pregnancy is partially expelled from the womb. This is associated with continuous vaginal bleeding and an open neck of the womb (cervix).

### Complete miscarriage

When the uterus totally expels the pregnancy, the condition is described as 'complete'. After the initial heavier bleeding, the loss settles down and stops like the end of a normal period. There is no further treatment needed.

### Missed miscarriage / Early Fetal Demise

Another type of miscarriage is a condition called a missed miscarriage. This is when the embryo develops but then fails at an early stage. In this situation the mother may have no indication that there was anything wrong with the pregnancy, and would carry on thinking all was well. Eventually she may start to lose blood from the vagina or



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experience tummy pains. A pelvic or transvaginal ultrasound scan will confirm that the pregnancy is no longer viable.

## **Anembryonic Pregnancy**

This type of miscarriage is used to describe the condition where the placenta grows around an empty sac of fluid. This sac is called the gestation sac and would normally contain the developing embryo but in this case it is absent. Eventually the mother would experience bleeding from the vagina. Investigations done for the bleeding would then confirm the diagnosis.

## **Diagnosis of miscarriage**

If you are experiencing life threatening bleeding it may not be safe to wait for a scan to diagnose a miscarriage. However, miscarriage is usually diagnosed by an ultrasound scan. It may be necessary to perform an abdominal scan and an internal vaginal scan to diagnose an early miscarriage. Internal scans are used in early pregnancy because they are much more accurate than an abdominal scan. Internal vaginal scans are safe in pregnancy and do not cause miscarriages.

Diagnosis of miscarriage using 1 ultrasound scan cannot be guaranteed to be 100% accurate, especially in early pregnancy. It is possible for a second opinion scan to be performed after your miscarriage has been diagnosed to act as a second opinion and confirm the diagnosis. We would recommend for this to be performed 7 – 14 days after your first scan. If you would like a second opinion scan please ask the nurse, doctor or midwife to arrange this for you.

## **Choices for management of the miscarriage**

There are 3 ways of managing a miscarriage. Guidance from the National Institute of Care & Health Excellence (NICE) suggest that miscarriages should be managed in the following order of priority:

1. Conservative management
2. Medical
3. Surgical

However, we know that experiencing a miscarriage is a very distressing time and you may already have a preferred option of management. We will always try to support your request for any of these options which are explained in more detail below.

## **Conservative management**

Conservative management is effective in 80% of cases. Conservative management means 'letting nature take its course', as sooner or later your uterus will expel the pregnancy. When this happens you may find that you start to have abdominal pains or cramps, and some vaginal bleeding. Some women describe their miscarriage as like a heavy, painful period. Others describe it as being like labour with severe pain and heavy bleeding with clots. Every miscarriage is different and it is impossible to predict what it will be like for you.

If you decide that conservative management is the right choice for you, you will then be offered an appointment to return to EPAU in 2 weeks' time where your condition will be reassessed.

At this time we will discuss with you what needs to be done next. It could be that the pregnancy has been expelled completely, or you may have changed your mind about



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continuing with conservative management. We will be able to support advice and answer any questions you may have.

If your bleeding becomes **very** heavy with clots and you have abdominal pains that are **not** relieved by simple pain killers, then you should go to your nearest Accident and Emergency Department.

## Medical management

You are usually cared for on Ward 19 or Ward 28 at Scunthorpe or Ward B1 at Grimsby. The doctors on the ward will prescribe medication that will help you during your miscarriage.

## What is the treatment?

Medical treatment is effective in 85% of cases. A medicine called Misoprostol is used to induce the miscarriage to happen on a chosen day.

Misoprostol is similar to the prostaglandin hormone, which works by causing your uterus to contract and your cervix to open; this then helps your body to expel the non-viable pregnancy. Misoprostol will be given vaginally in pessary form or orally in tablet form.

Please note that Misoprostol is unlicensed for this use by the manufacturer but recommended by the Royal College of Obstetricians & Gynecologists (RCOG 2004). European Community regulations permit doctors to prescribe unlicensed regimens and permit nurses to administer medicines prescribed outside of a product license.

## Will the treatment suit me?

This treatment suits most women. However, the treatment may not be suitable if you have any of the following health conditions:

- a bad reaction, or allergy to previous prostaglandin treatments
- cerebrovascular disease
- cardiovascular disease
- inflammatory bowel disease

If so, please tell the doctor. Also let the doctor know of any other conditions you suffer from, and any medicines you are taking.

## How does the treatment work?

If you are 8 weeks & 6 days pregnant or under, you will be given four Misoprostol tablets vaginally. You will also be given some antibiotics both orally and rectally. If there is no vaginal bleeding after 2 to 3 hours you may be given two more tablets, this time orally. You will need to stay in hospital for approximately 6 hours. Sometimes the tablets will not take full effect until after discharge from hospital. If this is the case, you will be asked to re-attend in 2 weeks for a scan to make sure that the miscarriage is complete.

Between 9 weeks and 19 weeks +6 days pregnant you will be given four misoprostol tablets vaginally then a further 3 doses of two tablets at 3 hourly intervals orally. You will also be given some antibiotics both orally and rectally. You may need to stay in hospital overnight, as the nurses will need to make sure that the miscarriage is complete before you can be discharged.

## What are the effects of the treatment?

After taking the medication you may feel unwell - perhaps a little faint or sick - during the first few hours.



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If you are not already bleeding from your vagina, you will start to bleed. It is likely that you will have some stomach pains and cramps that may be quite strong. In some cases the bleeding will be very heavy. In a small number of cases, it is necessary to give a blood transfusion and carry out a simple operation (ERPOC Evacuation of retained products of conception) to stop the bleeding.

If you have a lot of pain you will be given pain relief, which may be tablets or an injection, or in some cases entonox (Scunthorpe only). Pain can be worse in women who have never been pregnant before or suffer from painful periods.

Some women have diarrhoea, sickness, hot flushes and chills after the tablets have been given. They also may cause dizziness, headaches and sometimes pain in the chest. If any of these happen, please inform the nurse who is caring for you.

## Surgical management

'Surgical' management involves a procedure called an evacuation of retained products of conception (ERPOC or 'scrape') and is necessary to remove the non-viable pregnancy. Surgical management is 95% effective.

## What is the treatment?

You will need to fast (not eat or drink) for at least six hours before the operation and you will be admitted to the ward. You may have a Misoprostol tablet inserted high in the vagina before the procedure. This makes it easier for the Doctor to dilate the cervix during the operation. You may also be given some antibiotics rectally.

The operation will be carried out under general anaesthetic, which means that you will be asleep during the procedure.

After the operation you should be well enough to go home after a few hours. You may find that you have a slight blood loss from your vagina and you may have slight period type pains.

If you continue to bleed heavily from your vagina, have a smelly discharge, or increasing abdominal pain contact your GP or the ward.

## Are there any risks to these treatments?

As with any medical or surgical treatment, there is a small chance of complications as a result. Surgical ERPOC is a very safe procedure but it is important to understand the risks involved.

The most frequently occurring problems are:

- Prolonged bleeding for up to 2 weeks. The need for a blood transfusion is rare but may be necessary in 1-2 in 1000 women
- Pelvic infection (3 in 100 women). You will be given antibiotics on the day of operation to reduce this risk
- Retained tissue following the ERPOC (5 in 100 women). Sometimes a repeat ERPOC is necessary following incomplete evacuation at the first operation

Serious risks are rare, these include:

- Perforation of the uterus / injury to other organs such as bladder or bowel (5 in 1000 women). If the injury is confined to the uterus / cervix and you are not bleeding you would be asked to remain



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in hospital overnight. If the injury went beyond the uterus, and other organs such as bowel or bladder were involved, it would be necessary to perform a laparoscopy or a laparotomy to repair that damage

- Significant trauma to the cervix is rare (between 1 in 1000 to 1 in 10 000 women)

Every effort is made to reduce the risk of these complications occurring. If you are concerned about any of these complications, please discuss this with the nurse or doctor.

We hope that the choice that you will make about the management of your miscarriage will allow you some control in coping with the loss of your pregnancy. It is a hard choice to make and, with guidance from the staff, we hope you will have the support you need to help you through this time.

## Are there any other types of miscarriage?

It may be that you have miscarried due to one of the following, less common, conditions:

### Ectopic pregnancy

This is where the pregnancy has implanted outside your uterus, most commonly in the fallopian tube, and has started to grow. The pregnancy cannot develop normally in the tube. You may find that you have severe pain in your abdomen, pains in your shoulder, and possibly some vaginal bleeding. Some women also feel faint or even pass out.

Ectopic pregnancy can sometimes be treated conservatively or by giving a special injection called Methotrexate. Sometimes it is an emergency situation, which needs prompt

attention. An operation to remove the pregnancy from the tube sometimes needs to be carried out.

### Hydatidiform mole

This is a rare, and potentially serious, condition if left untreated. It happens when the embryo does not always develop but the placenta does. It begins to form cysts and grows at an increased rate. There may be some vaginal bleeding. This is a very confusing condition, because at first you think you are pregnant, then you have miscarried, but your uterus continues to grow as though you are still pregnant.

Surgical management (ERPOC) will be recommended and you will be required to have follow-up tests to check that all the placental tissue has been removed.

You will be kept under follow up once your treatment is complete, and you will be advised not to become pregnant again until that follow up is finished.

Blood and urine tests are required at regular intervals and you will need to send these to Sheffield for assessment. Sheffield is one of three centres in the country which co-ordinates treatment for this condition.

When you do become pregnant again you will be offered an early scan in the EPAU to ensure your new pregnancy is normal. You will also be required to send further samples after the delivery.

### Why has the miscarriage happened?

Miscarriage is a very common occurrence. Approximately 15-25% of pregnancies end in miscarriage, and there are many different reasons why it could happen. In most cases



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the doctor, nurse or midwife will not be able to tell you why you have miscarried.

There is one theory that it is nature's way of ending what may have been an abnormal pregnancy.

Whatever the reason - don't blame yourself. It is doubtful that anything you did, or did not do, has caused your miscarriage. If you would like more information, there is a reading list at the back of this booklet.

## Investigations

Unfortunately, there are no tests available to explain why your miscarriage has happened this time.

However, we may recommend some tests to be done on the pregnancy tissue. These tests are sometimes recommended to confirm that it is pregnancy tissue and rule out a rare form of miscarriage called Hydatidiform Mole. This involves some of the pregnancy tissue being examined under a microscope in the pathology laboratory. These tests cannot be carried out without your written permission and a consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue.

If you have had 3 miscarriages in a row and would like to be investigated for recurrent miscarriages then your GP can arrange for you and your partner to be seen by a Gynaecologist to arrange some tests.

## What happens after I have miscarried?

Unfortunately, many babies when miscarried are not easily identifiable, especially in very early pregnancy. Even so you may wish to acknowledge the memory of your baby. We can arrange for the Hospital Chaplain to

contact you or come and see you. The chaplain may be able to perform a small blessing for you and your baby either before or after any treatment is carried out. You may prefer to arrange your own blessing or other more personal way of remembering.

Occasionally it may be necessary to send your pregnancy tissue to the laboratories. Please tell us if you do not want us to do this.

A consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue. The nursing staff will discuss this with you.

For those parents whose baby is identifiable, the following is available to you:

## Seeing and holding your baby

This is a very difficult decision to make and you may change your mind a number of times. Your partner may even have a different view to you. Whatever either of you chooses, you will be helped and supported by the staff.

Whenever you are ready, the staff will bring your baby to you. We will allow you time to look, touch and hold. The staff will take photographs if you wish and allow you time to take photographs of your own. This helps a lot of parents to focus on their grief.

If you choose not to see or hold your baby, this does not mean that you don't care. Remember that you know what is right for you.

## Services provided by the hospital chaplain

The hospital chaplain is there to help, comfort, support and guide you at the time of your baby's death even if it was early in the pregnancy, regardless of your religious



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beliefs. Please ask the nursing staff to contact the chaplain if you wish to speak with him.

## Service of Blessing

After the delivery of your baby, you may like the chaplain to conduct a short service of blessing for your baby. This can be done before you leave the ward. You and your family may wish to be present for the service of blessing. The chaplain will give you a blessing card after the service. Those who have an identifiable baby to grieve over may find this service very helpful.

At Grimsby, the Chaplaincy department runs the Blue Butterfly Group which is open to anyone who has been affected by the loss of a baby due to miscarriage or stillbirth. Meetings are on the first Thursday of every month, between 10:00 – 11:30 in the chaplaincy department at Diana Princess of Wales Hospital. No appointment is necessary. The Grimsby Hospital Chapel also has a Book of Remembrance. For more information please contact the Chaplain via the hospital switchboard.

A commemorative service is held annually for all bereaved parents at St Lawrence's Church, Church Lane, Scunthorpe on the second Saturday afternoon in November. All members of your family are invited to attend. Details of the service are printed in the local press or may be obtained via the chaplain's office on the following numbers:

**Scunthorpe 01724 282282 Ext 2489**

**Grimsby 01472 874111 Ext 7099**

## Sensitive Disposal of Fetal Remains

Fetal remains are disposed of by incineration at the local crematorium. This service is provided free of charge by the hospital. The

cremation cannot be carried out without your written permission and a consent form will need to be signed in relation to examination and sensitive disposal of the pregnancy tissue.

If you would prefer to arrange for private funeral arrangements or disposal please speak to a member of staff. Written information is available explaining all of these options.

## How will I feel following the loss of my baby?

### Detachment

Many women describe a feeling of numbness, unreality and emptiness following a miscarriage. You may feel that you want to talk about your loss all the time, or you may even feel alone and isolated. Some people may feel that:

"This is just a bad dream"

"I feel like I'm outside myself looking down on this"

"None of this feels real"

"Any minute I'll wake up"

### Anger

Anger is an emotion common to grieving. You may feel angry with yourself or with doctors and nurses. Sometimes you may even feel anger toward your loved ones and family for being happy and continuing their lives, or even at the world in general for letting this happen to you.

### Yearning

This emotion affects all bereaved people. You may find that you yearn for what might have been. The plans that even at this early



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stage you have made, have come to an end, you may grieve for the loss of these plans and dreams as well as for the loss of your baby. You may wonder who would the baby have looked like, was it a boy or a girl?

Perhaps you will find yourselves remembering important dates such as the baby's expected date of delivery, or the date your baby actually died.

## How long does it take to get over it emotionally?

There is no one answer to this as everybody is different. The initial deep sadness will usually pass after the first few weeks, but it may be months before it fully resolves. In the long term you may never completely forget your miscarriage and it may remain an important part of your life.

You may find initially that you feel tired but are unable to sleep, or hungry but unable to eat. You may have a very short attention span and be distracted easily. Simple problems may seem overwhelming. At times you may feel exhausted, experiencing aches and pains that you do not normally suffer. This may all be part of grieving and you must not be afraid to seek advice from your GP.

With the passing of time, however, things should become clearer and easier for you both, and memories less painful. Allow yourself to laugh, cry, or be angry. You have lost your baby and it hurts.

Well-meaning friends may advise you to make changes, such as changing the baby's room. Try not to make any changes at this early stage. There will be a time when it will be right for you.

If however you find that you are not gradually improving and are unable to cope with life, then you should contact your GP or one of

the support groups mentioned at the end of this booklet.

## Your husband or partner

Everyone expresses feelings of grief in different ways. Your partner may hold back on his own feelings to support you in the first few weeks following your loss.

To help relieve this pressure it may help to discuss the effects the miscarriage has had on you both, either with each other or with someone else who has experienced a miscarriage.

## Your friends and family

You may feel that your family or friends avoid you. This is because they do not know what to say to you. They may be finding it difficult to cope with their own feelings of loss. It may be helpful if you make the first move, letting them know that you would appreciate their friendship and support.

If you have other children, they may have been aware that a baby was expected. It is best to try to involve them in the baby's loss. Children may show their grief in various ways. Younger children find the concept of death difficult to understand. This is made difficult as a baby is expected, but not seen. Use simple explanations such as, "baby was too small to live and this is why we are sad. But you are big and strong and we love you very much".

## Your physical recovery

The bleeding that you have been experiencing from your vagina will begin to slow down like the end of a normal period. It will also change colour, going from red to brown.



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Any tummy pain that you may have had will start to settle and eventually stop.

### **Some questions that you may have:**

#### **After the miscarriage, how long does the bleeding last?**

You may find that bleeding will last 7-28 days following the miscarriage. If at any time it becomes heavy and / or smelly, you should contact your GP.

#### **How soon will my periods return to normal?**

This may take 2-6 weeks following your miscarriage.

#### **How long should I wait before having sexual intercourse?**

This is up to each individual, but many wait until the bleeding has stopped.

#### **When can I resume normal activities?**

When you feel ready physically and emotionally, then you can resume normal daily activities. Moderate exercise from day one will not be harmful.

#### **Will my breasts produce milk?**

If you have had a miscarriage after 14 weeks, you may find that you do produce milk. We advise that you wear a supportive bra and try to avoid stimulating your nipples. If you experience any pain, then a mild painkiller, such as Paracetamol is recommended – follow the dosage instructions.

#### **If I choose to wait to have another baby, what contraceptive do I consider?**

As soon as possible after your miscarriage, discuss contraception with either your GP or the Family Planning Clinic. You can ovulate (produce eggs), and therefore become

pregnant soon after a miscarriage, even before resuming your periods.

#### **What about the next pregnancy?**

Most women will go on to have a normal pregnancy following their miscarriage.

Following a miscarriage a woman's feelings may vary from wanting to fall pregnant as quickly as possible, to feeling very apprehensive at the thought of another pregnancy. Talk to your partner about your feelings and between yourselves work out when would be the best possible time to try.

Most doctors advise waiting until you have had least one period after the miscarriage before you try to conceive again. However, there is no evidence to show that this makes any difference to your next pregnancy. You and your partner are the best judges on when you should try again.

Obviously, you will be very anxious about your next pregnancy. You may find you need extra support when you reach the same stage in your pregnancy as when you miscarried. Do not be afraid of sharing your feelings with your doctor or midwife. They will be able to support and advise you.

No doubt, you did all that was needed to have a normal pregnancy when you had your miscarriage. However here are a few recommendations before you try to become pregnant:

- Do not smoke
- Limit your alcohol intake
- Eat sensibly – lots of fresh food and a balanced diet
- Continue taking your folic acid tablets
- Take reasonable daily exercise
- Do not take any unprescribed drugs



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- Check that you are immune to Rubella (German Measles)
- Follow your doctor's advice
- Get treatment for any vaginal infections

### What if I miscarry again?

Most doctors feel that it is not necessary to investigate couples until they have had three consecutive miscarriages, but we do assess all cases on an individual basis. You have a good chance of having a successful pregnancy next time.

### Do you need any further information?

#### Books that may help you for your future pregnancy:

Holford, P and Lawson, S. (2004) Optimum, Nutrition, During and After Pregnancy, London: Piatkus Books Ltd

Deans, A. (2010) Your Pregnancy Bible, 2<sup>nd</sup> ed, London: Carroll and Brown Publishers Ltd

### National Support Groups

#### Ectopic Support Group

The Ectopic Pregnancy Trust

C/o 2<sup>nd</sup> Floor

Golden Jubilee Wing

King's College Hospital

Denmark Hill

London

SE5 9RS

Tel: 020 77332653

E-mail: [ept@ectopic.org.uk](mailto:ept@ectopic.org.uk)

### The Miscarriage Association

C/o Clayton Hospital

Northgate

Wakefield

West Yorkshire WF1 3JS

Telephone: 01924 200799 (Mon-Fri 9am-4pm)

Fax: 01924 298334

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

Resources available from the Miscarriage Association include a booklet entitled 'We are sorry you have had a miscarriage'; available in Urdu, Bangla / Bengali, Gujarati, Punjabi (Gurmukhi) at a cost of 40p each.

Also available is an audio cassette tape, 'Talking about miscarriage', in Urdu, Bangla (Sylheti), Mirpuri and English at a cost of £1.75 each.

### Local Support Groups

#### The Scunthorpe Early Pregnancy Assessment Unit Team

Telephone: 01724 387753

(Monday to Friday: 9.30am - 4.30pm)

#### SANDS

Alison Carter – Telephone 01724 863774

### Further reference sources used in the compilation of this booklet

Association of Early Pregnancy Units. Early Pregnancy Information Centre. Frequently asked questions about miscarriage.

[http://www.earlypregnancy.org.uk/Your\\_Care.asp?ID1=13](http://www.earlypregnancy.org.uk/Your_Care.asp?ID1=13). Accessed March 2012

British National Formulary 65 March – September 2013.



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Royal College of Obstetricians and Gynaecologists (2010). Information about recovering from surgical management of miscarriage.

<http://www.rcog.org.uk/information-about-recovery-from-surgical-management-of-miscarriage>. Accessed March 2012

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<http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT25ManagementofEarlyPregnancyLoss2006.pdf>. Accessed March 2012

Royal College of Obstetricians and Gynecologists 2008 early miscarriage information for you

<http://www.rcog.org.uk/womens-health/clinical-guidance/early-miscarriage-information-you>. Accessed 4/5/11

## Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

### For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on

(01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

## Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

## Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.



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## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

## Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

**Northern Lincolnshire and Goole Hospitals NHS Foundation Trust**

**Diana Princess of Wales Hospital  
Scartho Road  
Grimsby  
01472 874111**

**Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
01724 282282**

**Goole & District Hospital  
Woodland Avenue  
Goole  
01405 720720**

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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