

Histology examination after early pregnancy loss

Introduction

This information is about what happens following your early pregnancy loss. Some of the terminology used is scientific however please be assured all processes carried out are done with the upmost care and respect by specialist staff.

Early pregnancy loss is also known as early miscarriage (pregnancy loss in the first three months). This may be spontaneous, discovered at ultrasound scan which finds that your pregnancy stopped developing in size and appearance before it reached the equivalent of 12 weeks' gestation, or after surgical management of ectopic pregnancy.

What happens to my baby and pregnancy tissue?

Following early pregnancy loss there will be remaining tissue from your pregnancy which is routinely sent for specialist (histological) examination; however you can choose to decline any further investigation or examination.

What can the histological examination tell me?

The specialist examination is carried out in the Histology department. A pathologist will study the tissues under a microscope and will be looking to determine:

- The remains of the pregnancy and whether this was a molar (explanation further on)
- The presence of the lining of the womb, this changes when you are pregnant. This would signify you had already miscarried the pregnancy fully or the pregnancy stopped developing too early for a baby to be recognisable.

You can discuss this with the medical team if you would like to know more about further investigations.

What is a molar pregnancy?

Around 1 in 600 pregnancies in the United Kingdom will develop into what is called a molar pregnancy. A molar pregnancy is where a fetus doesn't form properly in the womb and a baby doesn't develop. A lump of abnormal cells grow in the womb instead of a healthy baby.

A molar pregnancy can cause problems even after a miscarriage as it may;

- Take longer for your pregnancy hormone to return to its normal level after miscarriage
- Mean you should not try for another baby straight away
- Happen again in a future pregnancy.

What happens after examination is complete?

Prior to examination you will be asked for your consent regarding the sensitive and compassionate disposal of any remaining tissue. During the examination of the remains of your pregnancy microscope slides and preserved tissue blocks (containing small amounts of tissue/remains) are generated. These will be stored in the hospital archives as part your medical record.

Options

After examination the tissue remaining can be included in any of the options below. Please be aware that as part of the examination of your pregnancy remains all tissue may be submitted to provide an adequate result. This means that there may not be anything returned to you if this was your choice. It may be possible to have the tissue blocks cremated if you prefer however this will mean that these will no longer be available if needed for further testing/examination in the future.

Communal cremation

In line with the trust policy regarding the disposal of sensitive tissue the trust will make arrangements for a communal cremation. These cremations take place regularly and although the cremation is communal, each baby or the remaining pregnancy tissue is prepared individually. For more information contact our Chaplaincy team or Bereavement office (contact information below)

Private Service

You may choose to have a private burial or cremation for which you would need to make your own arrangements. There may be small charge depending on the type of service you request from your funeral director.

Return of pregnancy remains for personal burial

You may request your pregnancy remains to be returned to you personally. The remains of your pregnancy are placed in an individual, ecological coffin marked with your name and details. Arrangement for collection of these remains will be via the Mirrlees department; they will contact you to make further arrangements. If you have any further questions or concerns, please do not hesitate to contact the healthcare professional looking after you.

You might consider burial in your garden, a planter with flowers, under a shrub or by a tree. Wherever you decide to bury the remains, please check your local council guidelines (on their website) before going ahead.

Due to the histology examination process timeframe there will be several weeks between your miscarriage and these options being able to take place. Sometimes, your choice may not be achievable; you will be able to discuss this with your medical team.

Glossary:

Histology - The study of the microscopic structure of biological material.

Pathologist - A scientist who examines samples of tissue for diagnostic purposes.

Histopathological Examination - Examination of tissue under a microscope.

Sources of information

Bereavement Office team

Conquest Hospital

Caroline Driver | Victoria Hamilton Tel: 0300
131 4500 Ext: 773292

Eastbourne DGH

Helen Maltby | Joanne Voller
Tel: 0300 131 4785 Ext: 734785

Chaplaincy team

Conquest Hospital Tel: 0300 131 5308 Ext:735308

Eastbourne DGH Tel: 0300 131 5472 Ext: 735472

Useful sources of information

Royal College of Obstetrics and Gynaecology

Website: www.rcog.org.uk/for-the-public

The Ectopic Pregnancy Trust

T: 018 9523 8025

Website: www.ectopic.org.uk

Miscarriage Association

T: 019 2420 0795

Website: www.miscarriageassociation.org.uk

Human Tissue Authority

Website: www.hta.gov.uk/guidance-public

Your comments and concerns

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

For any concerns contact the Patient Advice and Liaison Service

Conquest Hospital – PALS

Tel: Tel: 0300 131 5309

Ext: 735309/744784

Email: esh-tr.patientexperience@nhs.net

Eastbourne DGH – PALS

Tel: 0300 131 4784

Ext: 734784/735309

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Enter names and job titles (at least one from each site if appropriate)

The directorate group that have agreed this patient information leaflet:

Enter name here, if appropriate

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