

Patient Information Leaflet

Medical Management of Miscarriage





Introduction

Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

Depending on the circumstances, including how clinically well you are at the time you are seen in the Woodlands Clinic you will be offered three choices to help you with the next part of your miscarriage:

- Expectant management / natural miscarriage
- Surgical management of miscarriage
- Medical management of miscarriage.

This leaflet aims to help you understand more about **medical management of miscarriage**.

What is Medical management?

Medical management of miscarriage is a process like a natural miscarriage and as such involves bleeding and some pain.

The treatment consists of two parts; firstly one tablet taken by mouth called Mifepristone to help 'switch off your pregnancy hormones'; and secondly four tablets called misoprostol inserted vaginally 48hrs later which cause the womb to contract and miscarry the pregnancy.

Advantages of medical management of miscarriage

- In more than 85% of cases there is no need for an anaesthetic or operation.
- No instruments go into the womb, so there is less risk of infection.
- You may feel more 'in control' of the process because it is more like a natural miscarriage, rather than undergoing minor surgery.

Disadvantages of medical management of miscarriage

- The tablets may cause some unpleasant, but temporary, side effects. These include nausea, diarrhoea and hot flushes
 - Miscarriage is associated with pain and so pain relief will be given to you,
 - Rarely, bleeding may be heavy enough to need blood transfusion and/or an operation (about 1%).
 - In about 5% to 10% of cases the miscarriage is incomplete and has to be completed by an operation under general anaesthetic.
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Can anyone have medical management of miscarriage?

Medical management is not suitable for all women but you will be assessed to ensure it is safe for you. You may not be offered medical management for any of the following reasons:

- You have asthma
- You have a drug allergy/sensitivity to misoprostol or similar drugs
- You have a blood clotting problem
- You have active liver or kidney disease
- You have severe anaemia
- You have acute inflammatory bowel disease
- We have a suspicion or diagnosis of hydatidiform mole
- We suspect an ectopic pregnancy
- You are unwell with your miscarriage
- You have signs of pelvic infection and/or sepsis
- You have heavy active bleeding
- Your pregnancy has grown beyond a certain size

Taking the Medication

One of the nursing team will go through the procedure with you and you will then be given the Mifepristone tablet to take by mouth before you leave the unit. We also give you a single dose of antibiotics at this time to take by mouth to reduce the risk of infection.

Next the nurse will give you the Misoprostol tablets to take home and will show you how to administer the tablets 48 hrs later by yourself. If you feel that you would prefer one of our team to insert the vaginal tablets for you then it can be arranged for you to return. Either way you will need to ensure that you empty your bladder before inserting the vaginal tablets and remain lying down for about an hour after administration. This will allow the tablets to stay in the right place and to dissolve. The tablets open the cervix and this causes increased bleeding and period-type pain. The tablets can cause some side effects such as:

- * Nausea
- * Diarrhoea
- * Dizziness
- * Hot flushes

These side effects do not last for very long but if you have any concerns please contact the Woodlands Clinic for advice on 01438 286190.

The nurse will also give you a pain relief suppository called Diclofenac and some anti sickness tablets called Cyclizine to help you cope with the effects of the medication and the process of miscarriage.



Bleeding

You should experience bleeding within 24hrs of the tablets being inserted into the vagina although this is likely to occur within the first few hours. The bleeding you will experience will be at least as heavy as your normal period and may be much heavier depending on how far the pregnancy has developed. You may find that you need to use very large sanitary towels and change them regularly so it is a good idea to have a stock of these at home.

Remember if you are soaking through a large sanitary towel every hour you should telephone the Woodlands Clinic on 01438 286190 for advice or visit A+E if you are feeling light headed/dizzy.

Once the pregnancy has come away from the womb the bleeding will be much more manageable and will gradually settle and change from red to brown over the next seven to ten days.

Remember if you experience any mucky or smelly discharge especially if you feel hot/cold you should contact the Woodlands Clinic on 01438 236190 for advice or visit A+E if you are feeling unwell.

If you have not experienced any bleeding within the first 24 hours please contact the Woodlands Clinic

Pain

Having a miscarriage can be quite painful, with cramping type pains and lower back ache occurring at any time, but especially when the miscarriage is imminent.

It is advisable to be prepared with a suitable type of pain relief which you are able to tolerate.

The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers

Depending on your medical history you may also be given a suppository which you can insert into your rectum which is a strong version of ibuprofen and very good for the period like cramps that you will experience.

It is important to take pain relief when you first start to feel the pain as it can sometimes be quite difficult to manage the pain if you leave it until the cramping is very strong.





Occasionally women find it quite difficult to manage the pain at home and if this is the case for you please contact the Woodlands Clinic for advice on 01438 286190 or in an emergency please come to A+E.

Miscarriage at home

Miscarriage at home can seem scary but please do not feel alone, we would like to support you through this difficult time either via telephone or in the department if required.

As long as you are feeling well it is safe for you to stay at home, especially if you are under 12 weeks pregnant but it can be difficult for you to know what to do if you see the remains of your pregnancy. Some couples choose to bury these at home and we would recommend for legal reasons that you do this in a pot, above ground, and perhaps plant a flower or tree alongside in memory.

If you would prefer to bring the remains of your pregnancy into hospital we can offer you tests to ensure that there were no abnormal cells as well as support with the options of hospital cremation or private burial or cremation (please see our leaflet 'Following your Miscarriage: A practical guide for pregnancy loss up to 24 weeks')

When should I phone for help?

You will be given a 24-hour telephone number to use if you:

- are worried about the amount of bleeding or if it continues for more than 2 weeks
 - are worried about the amount of pain you are in and the pain-relieving drugs are not helping
 - have a smelly vaginal discharge
 - get shivers or flu-like symptoms
 - are feeling faint
 - have pain in your shoulders.
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What happens next?

Bleeding:

You may continue to bleed for up to 3 weeks following the procedure. However this should gradually subside. You are advised to use sanitary towels rather than tampons to avoid infection until the bleeding has stopped.

Discomfort/Pain:

You may continue to have some back ache and tummy cramps. It is safe to take Paracetamol, ibuprofen and codeine phosphate as previously mentioned.

Sexual intercourse:

You are advised to avoid sexual intercourse until the bleeding stops.

How do I know I have miscarried completely?

Once you have miscarried the pregnancy the bleeding and pain will settle down gradually over the next 7-10 days and a pregnancy test will return to negative after 2-3 weeks.

If you experience ongoing pain/bleeding or a positive pregnancy test after 2/3 weeks then please contact the Woodlands Clinic for further advice and/or assessment.

Your next period:

After your bleeding from the miscarriage has stopped you should usually expect to receive your next period in 2-6 weeks time.

Contraception:

Ovulation can occur before your next period and if you do not wish to become pregnant you must use contraception before you resume sexual activity.

Return to work:

You should be able to go back to work after a week.





Trying for another baby:

The best time to try again is when you and your partner feel ready. We would, however, advise you to wait until after you have had your first normal period

There is no evidence to say that having a miscarriage increases the risk of you having a miscarriage in the future. Therefore if you become pregnant again you should see your GP and he/she will refer you for routine Antenatal care.

If however this is your third miscarriage in a row we would like to offer referral to a recurrent miscarriage clinic before you are discharged. Please see the Miscarriage Association leaflet 'Recurrent Miscarriage'

Emotional aspects of miscarriage

Losing a pregnancy is a deeply personal experience that affects everyone differently. It can affect you, your partner and others in the family.

Many women grieve, but come to terms with their loss. Other women feel overwhelmed and find it difficult to cope. Some women feel fine initially and only later do they experience difficulties. Many men feel similar distress.

Many women experience a profound sense of loss and disappointment. They describe a feeling of numbness and emptiness. Many women grieve as they would do for a close friend or relative. They experience feelings of shock and sadness and anger and can find it difficult to accept their loss. Other women experience a sense of relief. These emotions are common and will pass with time and good support.

You should be given all the time you need to grieve. Talking about how you feel with your healthcare professional can help. If you feel you need further assistance in coming to terms with your miscarriage, we can offer you support.





Contact telephone numbers:

- **Woodlands Clinic (Early Pregnancy Unit)**
01438 286190
(Mon - Fri 8am-8pm; Sat & Sun 9am–5pm)

Further help and information:

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

Bereavement Midwife
07770 280868

The Miscarriage Association:
01924 200799 (Mon-Fri 9am-4pm)
www.miscarriageassociation.org.uk

www.enherts-tr.nhs.uk

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