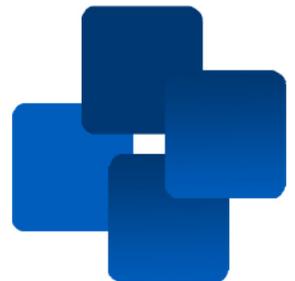


Patient Information

Medical Management of Miscarriage

Women's Services



Introduction

Miscarriage in early pregnancy is very common, with as many as 1 in 4 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

The purpose of this leaflet is to help you understand more about **medical management of miscarriage**.

What is medical management of miscarriage?

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:

1. One tablet taken by mouth called **mifepristone** to help 'switch off' your pregnancy hormones
2. 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, so pain killers may be required

- 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

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 (inpatient admission
- may be required to complete the treatment)

Taking the Medication

A healthcare professional will go through the procedure with you and then give you 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.

The nurse will give you the misoprostol tablets to take home and will show you how to administer the vaginal 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 other side effects such as:

- Nausea
- Dizziness
- Diarrhoea
- 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**.

We recommend using regular pain relief (paracetamol, ibuprofen), and you will also be offered stronger pain relief medication and some anti-sickness tablets 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.

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 7 to 10 days.

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.
- 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.

Pain

Having a miscarriage can be painful, with cramping type pains and lower backache occurring at any time, but especially when the miscarriage is imminent. It is advisable to be prepared with a suitable type of pain relief that you are able to tolerate. The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers

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, call 111 or go 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. A member of the Woodlands Team will be in contact the day after you have administered the vaginal tablets to assess your symptoms. As long as you are feeling well, it is safe for you to stay at home, especially if you are under 12 weeks pregnant.

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 or dizzy
- have pain in your shoulders

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 backache and tummy cramps for a couple of days. 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 should return to negative after approximately 3 weeks.

If you experience ongoing pain, bleeding or a positive pregnancy test after 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. It may be heavier than a normal period.

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. Please ask your healthcare professional for a certificate of sickness, if you need one.

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 access 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. Your healthcare professional will discuss this with you. 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.

Useful contact telephone numbers

Woodlands Clinic (Early Pregnancy Unit)

Lister Hospital

☎ 01438 286190

- ◇ Monday to Friday, 8am - 8pm
- ◇ Saturday and Sunday, 9am - 5pm
- ◇ Bank Holiday 9am - 4.00pm

Further help and information

If you feel that you, or your partner, need some 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

Helpline: 01924 200799 (Monday to Friday, 9am - 4pm)

www.miscarriageassociation.org.uk

www.enherts-tr.nhs.uk

Date of publication: September 2015

Author: FC/AD

Reference: Early Miscarriage Version: 3 (August 2023)

Review date: August 2026

© East and North Hertfordshire NHS Trust

You can request this information in a different format or another language.