

HOME MANAGEMENT OF MISCARRIAGE PATIENT INFORMATION LEAFLET

Medical management of miscarriage

We are very sorry that you are having a miscarriage. The aim of this information sheet is to help answer some of the questions you may have about the medical management of miscarriage. It explains the benefits and risks of the treatment as well as what you can expect when you come to hospital. Alternative methods of management will also be discussed. If you have any questions and concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is medical management?

Sometimes the symptoms of a miscarriage are not immediately obvious. You may have had a scan that showed that the pregnancy stopped developing some time ago. Alternatively, your scan may have shown that a miscarriage has already started but some of the pregnancy remains inside the womb. Instead of waiting for the miscarriage to happen naturally medical management uses a medication called misoprostol to speed up the process of miscarriage. Misoprostol works by preparing your cervix and making your womb contract to help pass the pregnancy.

What are the benefits – why should I have medical management?

- You are more in control of your treatment.
- No need to stay in hospital.
- If successful, avoids surgery and general anaesthesia.
- The risk of infection is low.
- Medical management is successful in about 80 to 90% of cases.

What are the risks?

Bleeding can be heavy and you will pass clots. This is normal and is to be expected. Although rare, if bleeding is extremely heavy and you might need to be admitted to hospital as you may become anaemic and require a blood transfusion. Please let the doctors/nurses know if you would not be happy to accept a blood transfusion if this became necessary. You will have a blood test before the treatment starts to check your haemoglobin levels (full blood count). If this test shows your blood count is already low (<100) you would not be able to have the treatment at home.

The process of miscarriage can be painful. Most women have quite strong period-like pain and cramps and some find the process very painful, especially as the pregnancy is passed.

The tablets do not work for everybody. They fail to work in 10 to 20% of women and if this is the case then further treatment may be necessary.

Bleeding can continue for up to three weeks after the treatment

Are there any other alternatives?

If suitable, your nurse will discuss any alternative treatments available to you. Leaflets are available explaining these options:

Expectant management – waiting for the pregnancy to pass ‘naturally’ through the vagina, without any medical intervention.

Surgical management of miscarriage (SMM) – an operation to remove the remains of the pregnancy under general anaesthetic (you are asleep).

Manual Vacuum Aspiration – an operation using aspiration, or gentle suction, to empty the womb under local anaesthetic (you are awake).

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

We need to inform you that although misoprostol has been used in the treatment of miscarriage for a long time, it is not licensed for this usage, although it is recommended for this use by the Royal College of Obstetrics & Gynaecology.

How can I prepare for medical management?

- If you have children at home we recommend that you organise some childcare during the treatment.
- It is important to have somebody with you whilst you are miscarrying.
- Ensure you have a good supply of large sanitary pads.
- Ensure you have an adequate supply of pain medication. The hospital can provide you with a prescription for this.

What happens during the medical management?

Usually, you will need to insert the misoprostol tablets into the vagina at home. We recommend you insert them in the morning so you are able to access care and contact us throughout the day should you have any questions or concerns.

To insert the tablets you need to first pass urine, put on the examination glove you have been given and push each tablet as far as you can up into the vagina. Then put on a sanitary pad and lie down for one hour. This prevents the tablets from falling out and allows time for absorption to occur.

Pain and bleeding usually start within one-two hours of using misoprostol. We expect bleeding to be heavy with clots. It is not unusual to soak four-six pads in the first hour. You may see the pregnancy sac but you will not see a recognisable baby as it is still very early in the pregnancy.

Once the miscarriage starts, most women have quite strong period-like pain and cramps and some find the process very painful, especially as the pregnancy is passed. This is because the womb is contracting and pushing rather like the contractions of labour.

Some women find that it may take a few hours for bleeding to begin, even if they are already experiencing pain. **If you do not start bleeding within 48 hours of taking the misoprostol please contact EPU.** Some women may require a second dose of misoprostol and we can provide this for you.

Are there any side effects of the medications?

Most women experience strong cramps and abdominal pains. These pains are usually strongest whilst the bleeding is heavy and should ease off quite quickly once the pregnancy remains have passed. We advise that you use pain relief medication such as ibuprofen, paracetamol and codeine. The hospital can provide you with a prescription for this.

Chills are a common side effect of misoprostol but this should not last long. Fever is a less common side effect and does not mean you have an infection. If the fever or chills last longer than 24 hours after taking the misoprostol please contact EPU or your GP.

Nausea and vomiting may occur after using misoprostol but should get better within two-six hours.

Diarrhoea may occur after using misoprostol but should get better within a day.

Skin rash may occasionally occur after using misoprostol.

When do I need to worry or contact a nurse?

If you have very heavy bleeding and it does not seem as though it is getting better.

If you feel light-headed or dizzy.

If the pain medication you are taking is not working and you are still in significant pain.

You have signs of infection which are a raised temperature, flu-like symptoms or a vaginal discharge that looks or smells offensive.

After treatment it is normal to bleed for up to two weeks with additional days of spotting for a further week. If you have continuous bleeding for more than two weeks please contact us.

If any of the side effects mentioned above have not resolved within the specified time.

If you are worried about what to do or are distressed because of the amount of pain or bleeding, contact EPU on 01792 286868 and ask to speak to a nurse (Monday to Friday 8:30am to 5pm) or speak to your GP

In an emergency you can contact the NHS helpline on telephone number 111, or attend your nearest Accident and Emergency (A&E) department.

General Advice

We advise you to use sanitary pads and **not tampons** to lessen the chance of infection.

We advise you not to have sex until your bleeding has stopped. This is to allow the neck of the womb (cervix) to close and to reduce the risk of infection.

You can shower as normal but we advise using plain water instead of scented products or antiseptics.

Be aware that lying in a hot bath may make you feel faint, so it may be better to avoid this.

Will I have a follow-up appointment?

If your bleeding has completely settled and you are well we often do not need to see you again. We usually advise you to do a pregnancy test 3 weeks after the treatment. If this is negative the treatment was successful and you do not need anything else. If it remains positive please contact EPU on 01792 286868 and an appointment will be given.

How might I feel after medical management?

It is normal to feel tired after a miscarriage, both through the physical symptoms and also the emotional impact of the miscarriage. Miscarriage can cause a range of emotions for you and your partner. These may include anger, guilt, frustration, despair and feelings of loss and extreme sadness.

The Miscarriage Association offer many support services, including information leaflets, online forums and telephone advice and support

When can I try to get pregnant again?

We advise you to wait for at least one period before trying for a new pregnancy. Some people prefer to wait longer as miscarriage can be a very upsetting time and they feel they need longer to recover. If you require contraceptive advice please discuss this with your GP. If you are planning a pregnancy after your first period, we advise you to take folic acid (400 micrograms daily). This is available from your local pharmacy.

When can I return to work?

This will vary for each woman. You should be able to go back to work after a week or so. It can take longer than this to come to terms with your loss and your GP can provide a sick note if required.

If you have any of these symptoms or have any questions about medical management, contact your GP or speak to a nurse on Early Pregnancy and Acute Gynaecology Unit on 01792 286868 (Monday to Friday 8.30am to 5pm) In an emergency you can contact NHS 111 on telephone number 111 or attend your nearest Accident and Emergency (A&E) department.