

## After the procedure:

Following the treatment, you can expect to have vaginal bleeding for 7-14 days like a period. The bleeding should gradually ease over this time. You will need to contact the clinic if any of the following occur:

- If you have had no bleeding or not passed any pregnancy tissue within 48hrs of administering the second part of the treatment
- Increase in pain
- Increase in vaginal bleeding
- Smelly vaginal discharge
- Fever

## Follow up:

You will be asked to do a pregnancy test 3 weeks after the procedure to ensure the miscarriage is complete. If the pregnancy test is positive or you continue to bleed after 4 weeks please contact the Early pregnancy unit to arrange an appointment.

## Your Feelings:

It is completely normal to feel helpless, isolated and angry. Depression, guilt and self-blame are very common feelings after a miscarriage. Your partner may also find it hard to express their feelings; they may want to be strong and want to protect you. This is a very difficult time for you both, but talking to each other about your feelings can help.

You should allow yourself to recover both physically and mentally before trying to conceive again. We would advise to wait for a normal period and a negative pregnancy test before trying for another pregnancy and continue with

folic acid and vitamin D. If you have regular cycles, your next period can be expected 4-6 weeks following your miscarriage. If you are not ready or do not wish to become pregnant again contraception can be commenced. If you have any further questions and would like to talk to a member of clinic staff, you are welcome to contact us

### Contact Numbers

University Hospital of Wales  
Early Pregnancy Assessment Unit  
Monday to Friday 9am – 5pm  
**029 2184 2727**

Gynaecology Emergency Unit  
Evenings and Weekends  
**029 2184 3857**

Further reading  
Miscarriage Association  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

Tommy's  
[www.tommys.org](http://www.tommys.org)

Reference  
NICE guidance (2023) Ectopic pregnancy and miscarriage: Diagnosis and initial management [NG126]. Retrieved from <https://www.nice.org.uk/guidance/NG126>



Early Pregnancy  
Assessment Unit

## PATIENT INFORMATION

# MEDICAL MANAGEMENT OF MISCARRIAGE AT HOME



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Your ultrasound scan has sadly shown that you have had a miscarriage (a pregnancy that is no longer continuing). This information is prepared to help you cope through the process of the miscarriage as you have chosen to have treatment at home. Medical management aims to speed up the natural miscarriage process and is successful in 85 out of 100 women, and in most cases, this avoids the need for an operation.

## Treatment Procedure:

You will need to ensure that you have a responsible person who will remain with you during the second part of the treatment. You will also need access to a telephone and transport, in case you need to come to the hospital in an emergency. If you have young children at home it may be wise to arrange childcare.

**The treatment consists of two parts;**

## The first medicine (Mifepristone)

to be swallowed whole with water. This acts by blocking the hormone progesterone which is important in maintaining the growth of the pregnancy.

If you suffer with sickness and vomit within 1hrs of taking this medicine, the treatment is best repeated. If this happens, please contact us for advice with the numbers provided.

Few women start to miscarry after the first tablet. If this happens, please continue treatment with the second medication in 24-48hrs as instructed. If you are concerned, please contact us for advice.

## The second medication (Misoprostol)

should be taken, and is most effective 24-48hrs following the first medicine. This medication aims to soften the neck of the womb and causes the womb to contract.

You will be provided with 6 tablets. The first dose should be administered by using 4 tablets:

- Vaginally (Inserted high into the vagina using your finger and lubricating gel)
- Buccally (placed in the upper and lower parts of your mouth in between your cheek and gum to dissolve)

Whichever method you use, the tablets are required to stay in place for 30 minutes. If the oral tablets have not dissolved in this time you can swallow what is left with some water.

3hrs following this you should use the remaining two tablets (Misoprostol) in your cheek (as described above) or under your tongue to dissolve.

After this you should stay at home and try to relax, as bleeding can start quite quickly. The miscarriage process may also take some time after insertion of the tablets.

You may experience side effects after administration of the tablets. These are uncommon but may include nausea or vomiting, diarrhoea, indigestion and dizziness. You can eat and drink as normal throughout the treatment.

## What to expect:

### Bleeding:

Within a few hours you will start to bleed. It is difficult to predict how much blood loss you will experience as it is different for everyone, however expect to bleed heavier than a normal period and pass blood clots which can be quite large. This usually happens when you go to the toilet. We advise you have a supply of large sanitary pads ready and avoid the use of tampons (using tampons can increase your risk of infection). It is also advisable to protect your mattress and bedding. If you feel frightened at home, or if the bleeding is heavy (changing your pad twice an hour for 2 consecutive hours), please contact the Gynaecology Emergency Unit with the number provided on this leaflet.

You do not have to keep any of the clots/tissue that you pass. Most women prefer not to look at what they have passed, however if you do see any recognisable tissue from the pregnancy and are concerned what to do, please contact the unit for advice. In most cases, the above treatment is all that is needed. In a small group (10-15%) of cases it may be necessary to consider a surgical procedure, if the bleeding becomes heavier or the medical treatment does not work.

## Pain & discomfort:

The pain experienced during your miscarriage may be stronger, more intense and sharper than period pains but should be controlled with the painkillers provided. We recommend you take these at the same time as the second part of the treatment. Using a hot water bottle or having a warm bath can sometimes help.

If the pain is severe and not relieved with pain relief medication, please contact for advice using the numbers provided on this leaflet.