

Medical Management of Miscarriage

Service: Gynaecology/Women and Children's Clinical Academic Group

Hospital: Whipps Cross Hospital, Barts Health NHS Trust

We are sorry that you have had a miscarriage. We understand that this is a difficult time, and we will do our best to support you throughout this experience. After a consultation with the Emergency Gynaecology Team, you have chosen to have medical management of your miscarriage. The information below is designed to guide you through this process.

What is medical management of miscarriage?

Medical management involves the use of specific medication to help speed up the process of a miscarriage. It has been found to be 80-90% effective. It avoids the need for admission to hospital which is required for surgical management under general anaesthetic.

What medication will I be given?

Medication	Information
Mifepristone (for early fetal demise/missed miscarriages only)	200mg oral
Misoprostol (for all types of miscarriages-early fetal demise or incomplete miscarriages)	4 x 200microgram tablets oral / vaginal
Pain relief: Diclofenac Co-codamol <u>OR</u> Paracetamol	1 suppository inserted into the back passage half an hour before taking misoprostol (do not take Ibuprofen or Nurofen with this medication) 1-2 tablets 4-6 hourly 1g 4-6 hourly
Cyclizine (anti sickness medication)	50mg oral once

If your miscarriage has not yet started, you will be given two different medications 48 hours apart: Mifepristone then Misoprostol.

1. On the first day you will be given a tablet called Mifepristone. This helps to lower the pregnancy hormone level in your blood stream. This means that the second tablets, Misoprostol, which you will receive 2 days later will work more effectively. Many women do not experience any symptoms after the Mifepristone. However, some women may experience bleeding and cramping.

If your miscarriage has started already (incomplete miscarriage), you do not need Mifepristone and you will start directly with Misoprostol.

2. Misoprostol tablets are given either orally or vaginally. This medication causes the cervix (neck of the uterus or womb) to soften and open and the womb to contract. This will result in some bleeding which may initially contain clots and some period-like pains.

You can choose to take the medications at home or have them administered by a nurse or doctor in the Emergency Gynaecology Unit (EGU). If you would rather insert the tablets yourself at home, we can arrange for you to take them home with you. After you have had some food, take the 4 misoprostol tablets (4 x 200 micrograms) either orally or vaginally. If taking them vaginally, place the tablets as high as possible into your vagina.

You do not usually need to stay in hospital unless the pregnancy is more advanced or there is heavy bleeding expected. You should take the day off work and make sure that you have another adult with you at home.

What are the side effects of the medication?

Misoprostol may cause nausea and/or diarrhoea. Some women also get a short period of feeling hot and shivery (this is more uncommon).

What should I expect after taking the medication?

Usually, 2-4 hours after the Misoprostol you will start bleeding and have crampy pains. The discomfort varies in intensity; for some women it is quite mild while for others it is very painful. You will be given a suppository called Diclofenac, for pain relief, that you can insert into your back passage half an hour before using the Misoprostol. If you require further pain relief, we suggest you use Paracetamol or the Co-codamol tablets that we have given you. You should check the packaging for the correct dosage and ensure that you are not allergic to the medication.

It is difficult to say how soon the pain will start or when it will finish as this varies from woman to woman. It rarely lasts more than a few hours. You can eat and drink as and when you wish. During the miscarriage you are unlikely to pass anything recognisable, but you may see a small sac of fluid. Use the toilet in the same way as you might with heavy painful period. During this time, please use sanitary towels and not tampons so you can monitor your bleeding more accurately. It is advisable to avoid intercourse whilst you are bleeding.

What are the risks of this treatment?

It is likely you will experience a heavy period-like bleed. At the point that you pass the pregnancy tissue, the bleeding may get quite heavy and you may pass quite large clots. If you find you need to change a fully soaked sanitary towel every 30 minutes or if the bleeding is so heavy that you are unable to leave the toilet and/or it continues for more than one hour you should let us know or come to the Accident & Emergency department. The experience of pain is very personal. You know what is tolerable for you. If your pain is not controlled with painkillers, contact us using the contact details below.

There is a small chance you may develop an infection. Signs to look out for include: a smelly, greenish vaginal discharge, prolonged abdominal pain, heavy bleeding with clots, and fever. Contact us for advice should you have any of these symptoms.

Can the medication fail?

Medical management of miscarriage is around 80-90% effective. There is a chance that you may experience some bleeding, but not pass the pregnancy tissue.

What follow up will I have?

You should expect a call from the EGU the day after you take the medications. If the bleeding has not started 72 hours after the misoprostol dose, please call the EGU.

You will be advised to do a urine pregnancy test in 3 weeks; please call the unit with the results. If the pregnancy test is positive, or if you have ongoing or heavy bleeding, you will need a scan.

If the medication does not work, we may discuss repeating the medication or having a small surgical procedure where we use a suction device to remove any remaining pregnancy tissue from your womb. This is called Surgical Management of Miscarriage (SMM) which can be done either under local or general anaesthetic.

Who can I contact?

The Emergency Gynaecology Unit on direct line 0208 535 6499 or through switch board on 0208 539 5522 ext. 6575 or 6850.

We are open from Monday to Friday 0800 – 2000 and on Saturday and Sunday 0830 – 1300hrs. Out of these hours you should go the nearest Accident & Emergency. Once you have been initially seen and assessed, the gynaecology team will review you.

What kind of support can I get?

We provide a pregnancy loss support service here at Whipps Cross Hospital. This service is designed to help and support you. If you would like to talk to our specialist nurse for support with your loss, please call EGU to book an appointment.

The Miscarriage Association is also a useful source of information and support.

www.miscarriageassociation.org.uk

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

You can also find further information on NHS choices www.nhs.uk/conditions/miscarriage and the RCOG website <https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/early-miscarriage-patient-information-leaflet/>

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

Tell us what you think

Tweet us [@NHSBartsHealth](https://twitter.com/NHSBartsHealth)

Talk to us via [facebook.com/bartshealth](https://www.facebook.com/bartshealth)

Leave feedback on NHS Choices www.nhs.uk

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:

www.bartshealth.nhs.uk/pals

Reference: BH/PIN/1153

Publication date: July 2022

All our patient information leaflets are reviewed every three years.