

# Medical management of miscarriage (outpatient)

Gynaecology

## Introduction

We are very sorry that you have had a miscarriage. This leaflet explains more about medical management of miscarriage, including the benefits, risks and alternative treatments, and what you can expect. If you have any further questions, please speak to a nurse or doctor caring for you in the Early Pregnancy Assessment Unit (EPAU).

## What is medical management of miscarriage?

Medical management means taking a course of tablets to enable a miscarriage to occur. Sometimes, the symptoms of a miscarriage are not immediately obvious. You may have had a scan that showed the pregnancy stopped developing and your baby died some time ago. Alternatively, your scan may show that a miscarriage has started but some of the pregnancy tissue remains within the womb.

Instead of waiting for the miscarriage to happen naturally, medical management uses medications called Mifepristone and Misoprostol to speed up the process. These medications are given by mouth and vaginally, either as an outpatient or inpatient, depending on the size of the pregnancy or remaining pregnancy tissue. They work by helping the neck of the womb (cervix) to open and it makes your womb contract to help the remaining pregnancy or pregnancy tissue to come away.

Within 24 hours of the treatment, you should experience bleeding, which can sometimes be heavy with clots. You may also experience cramping lower tummy pains for which you can take simple pain relief. If the bleeding or pain is excessive, or you feel very unwell you should contact either the EPAU or Gynaecology Assessment Unit (GAU) Department. Out of hours, you should attend the Urgent Care Centre or Emergency Department.

This treatment is successful in 85 out of 100 women and it can avoid the need for surgery and an anaesthetic.

## Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor or specialist nurse will explain the risks, benefits and alternatives before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## What are the benefits of medical management?

- You are more in control of your treatment. You can plan with the EPAU the best day to have the treatment
- You know when to expect bleeding to occur. For most ladies following the treatment, the miscarriage will have happened within 24–48 hours
- If successful, medical management can avoid a general anaesthetic
- The risk of infection is low
- Medical management is successful in 80–90% of cases.

## What are the disadvantages of medical management?

- Bleeding can be heavy and you will pass clots. If bleeding is too heavy, you may become anaemic and require a blood transfusion. Very rarely, if this bleeding is severe, an emergency procedure may be needed to stop the bleeding
- The process of miscarriage can be painful. Most women have strong period-like cramping pain and they can find the process very painful. This pain can also increase when the pregnancy tissue is expelled
- The tablets do not work for everybody. They fail to work in 10–20% of women
- If the medication does not work, further follow-up treatment or surgery may be needed
- Bleeding can continue for up to 3 weeks after the treatment.

The choice about which treatment is best for you will be made together with your doctor or specialist nurse. This will be based on the risks and benefits of the treatment and your individual circumstances.

Some women find the process painful and frightening and do not want to deal with this at home. Some people do not feel comfortable seeing and dealing with the pregnancy tissue that is passed. Bleeding and abdominal pain will usually continue for longer and be more unpredictable than with surgical management.

We hope that by providing you with this information and discussing the process with you in detail, we can help relieve your anxieties. If you do not feel comfortable with the process, you should consider the other options.

## What are the side effects of the medication?

- 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 EPAU or your GP
- Nausea and vomiting may occur, but should get better within two to six hours
- Diarrhoea may occur after using Misoprostol, but should get better within a day
- Skin rash may occasionally occur after using Misoprostol.

# What are the risks of having medical management?

There are risks involved in all management options. Risks related to medical management of miscarriage are as follows:

## **Infection**

This affects approximately 2 in 100 women. Signs include:

- Raised temperature
- Flu-like symptoms
- Foul-smelling discharge
- Worsening abdominal pain
- Bleeding that gets heavier rather than lighter.

You need to let us know as soon as possible if you experience any of these symptoms.

## **Extremely heavy bleeding**

About 1 in 100 women have bleeding heavy enough to need a blood transfusion and some women will need emergency surgical management. In some cases, pregnancy tissue gets stuck in the neck of the womb. This can be painful and distressing and the products may need to be removed during a vaginal examination.

## **Failure of medical management**

The main risk is that the treatment does not always work. Despite planning for medical management at the outset, 1 in 5 women will end up having surgical management. This may be because you are bleeding heavily (as above) or because the medicine does not start the process of a miscarriage, or because the process has started but some pregnancy tissue has remained inside the womb.

# Are there any alternatives?

If suitable, the nurse or doctor caring for you will discuss any alternative treatments available to you. Leaflets are available explaining these options.

- **Expectant management**  
A miscarriage can be allowed to happen naturally without the need for medication or surgery
- **Surgical management**  
Surgery can be performed to remove the pregnancy or pregnancy tissue while you are asleep under a general anaesthetic
- **Manual Vacuum Aspiration (MVA)**  
A procedure using a gentle suction to empty the womb performed as an outpatient, this is done while you are awake (under local anaesthetic).

# How can I prepare for medical management?

- You will need to take the day off work and it is advisable to arrange to have a responsible adult to take you home following the procedure and be with you at home during the miscarriage
- You can eat and drink as normal
- If you have children at home we recommend you arrange childcare during the treatment. Children will not be allowed to accompany you to the hospital
- Ensure you have a supply of large sanitary towels at home
- Ensure you have pain relief medication at home. We recommend having paracetamol and ibuprofen.

## What will happen before the procedure?

You will be seen by a specialist nurse or doctor who will explain the procedure to you and ask you to sign a consent form. If necessary, you will have blood samples taken to ensure you are not anaemic and to check your blood group.

## What happens during outpatient medical management?

When you attend the hospital your consent for the treatment will be checked again and any further questions you may have can be asked prior to your treatment. You will then be given the medication by a nurse or doctor. This will be given vaginally.

Once the medication has been administered, you will be asked to remain lying down for 30 minutes before going home. Occasionally, the medication may cause nausea and vomiting, diarrhoea, headaches and dizziness but these symptoms should not last long. Your observations will be checked before and after the medication is given. If you are well after 30 minutes, you will be able to go home.

## What should I expect after treatment?

We expect that over the 48 hours following treatment, you will experience abdominal pain and vaginal bleeding. It is difficult to predict how much each woman will bleed, but it is normally heavier than a normal period and large clots can be passed. If you find yourself soaking pads continuously for more than one hour, or are finding the bleeding is so heavy, it is barely worth getting up off the toilet, it is a sign that you are likely to need to come into hospital. Please then contact the Early Pregnancy Unit or attend the Urgent Care Centre or, if necessary, Emergency Department. Also, if you are struggling to cope with the pain, even after taking painkillers, then ring EGAU or attend Urgent Care or Emergency Department if needed.

We recommend you dispose of any clots or tissue in the toilet. However, if you wish you can bring any fetal tissue to the Early Pregnancy Unit for this to be disposed of sensitively. If you would prefer this, please speak to a member of staff in EPAU.

We do advise you to avoid using tampons, having sex and going swimming until the bleeding has stopped because of the risk of infection.

After 48 hours, you will be contacted by an Early Pregnancy specialist nurse who will assess what bleeding and pain you have had. If the bleeding is settling, you will be asked to perform a urine pregnancy test in 3 weeks and to contact EPAU. If this remains positive, a blood test or further ultrasound scan may be required.

## What if I have no bleeding?

If you have experienced no bleeding after the medical management, we will offer you another appointment for a further dose of the medication, or to discuss alternative treatment options.

## When do I need to worry or contact a health professional?

- 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, such as a raised temperature, flu-like symptoms or vaginal discharge that looks or smells offensive
- It is normal to bleed for up to two weeks afterwards with additional 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 have any worries or concerns please contact the EPAU, your GP or if needed, attend Urgent Care or Emergency Department.

## When will things get back to normal?

You can return to work as soon as you feel ready and able to. The time this takes will vary for each woman.

You can self-certify any absence from work for up to 7 days. After this, you should speak to your GP if you need a sick note.

Most women will have another period in approximately 6 weeks. For some women, this could be slightly heavier than usual. If you tend to have a slightly irregular or long cycle, then it may take a little longer for your periods to return. If your period does not return and you have been having unprotected intercourse you might be pregnant again, so perform a pregnancy test. If this is positive, you should see your GP for further advice.

After 3 weeks if your pregnancy test is negative, you can then start trying for a pregnancy as soon as you feel ready to. We do usually advise waiting until after your next normal period, this allows you to better estimate the likely date of conception and time scans better.

Following a miscarriage it is normal to feel tired, due to physical symptoms and 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. Sometimes, these feelings make it difficult to do the things you would normally do and they continue for longer than you (and those close to you) expect it to. Your partner may also find things difficult to deal with emotionally. If you feel that you may need additional support, our Bereavement Nurse contact details are at the end of this leaflet. You may find the support groups at the end of this leaflet helpful. You may also want to speak to your GP. They may be able to arrange counselling for you and your partner.

## Useful Contacts

**Bereavement Nurse:** – 07917398313

**Early Pregnancy Assessment Unit:**

01902 694606

(09.00am–05.00pm Monday to Friday excluding Bank holidays)

**Gynaecology Ward**

01902 694034 or 01902 307999 Ext 84034 / 85034

(05.00pm – 09.00am Monday to Friday, 24 hrs a day at weekends and Bank holidays)

**The Miscarriage Association**

01924 200799

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

**Babyloss**

[www.babyloss.com](http://www.babyloss.com)

**SANDS** (Stillbirth, miscarriage and Neonatal Death Support)

0808 1643322

**Tommy's Pregnancy Helpline:** 0800 0147800

[www.tommys.org](http://www.tommys.org)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。