Gynaecology and Reproductive Medicine

Medical management of miscarriage

Information for patients, relatives and carers

Introduction

We are sorry for your recent loss. This leaflet has been designed to support you, by explaining how medical management of a miscarriage works. Please ask a member of the team any questions you may have about the information in this leaflet.

What is medical management of miscarriage?

Medical management of a miscarriage is where medications are given to speed up the process of miscarriage. With this management, two-thirds of women will have completed their miscarriage after 2 weeks, and 4 out of 5 women will have completed their miscarriage after 4 weeks.

Are there any alternatives to medical management?

Yes, these should be discussed with your doctor. Alternatives include conservative management (waiting for a miscarriage to occur naturally) or surgical management (having a procedure to dilate the neck of the womb and remove the pregnancy tissue).

Some women feel medical management is more natural than having an operation but more controllable than waiting for a miscarriage to happen naturally. It will often avoid the need for you to come into hospital for surgery. It is safe and successful in 4 out of 5 cases (over 80 per cent). No option has been found to be better than another in terms of future pregnancies.

Please ask us for information leaflets on the other management options.

What should you expect?

You will need to take the day off work and make sure you have a friend or partner with you for support. If you have young children at home you will need to arrange childcare. You should also ensure that you have a good supply of large sanitary pads. You can eat and drink as and when you wish.

We give you several medications to take home. It is important that you let us know if you have had any allergies to any medications in the past.

Misoprostol – You will be asked to insert 4 tablets (each tablet contains 200 micrograms of misoprostol, so, this is a total of 800 micrograms) as high as possible into the vagina. We usually suggest you do this after breakfast, so you start the process when you should be able to reach us easily if you have problems. This tablet causes the neck of the womb to soften and the uterus to contract. If you are uncomfortable inserting these yourself, we can arrange for you to come to the unit to have them inserted (and then go straight home afterwards).

Diclofenac – We give you a suppository of diclofenac for pain relief. We advise you insert this into the back passage (bottom) half an hour before taking the misoprostol, so that it has plenty of time to start working. This is a stronger medication like ibuprofen and therefore it is important that you do not take any additional ibuprofen (otherwise called Nurofen®) with this.

Co-dydramol – This is a strong painkiller. It contains paracetamol and dihydrocodeine. You can take 1 to 2 tablets every 4 to 6 hours. As it contains paracetamol, you should not take any additional paracetamol with this. Usually, you will start bleeding and have pains like menstrual cramps two to four hours after taking the misoprostol tablets. The discomfort varies in intensity; for some women it is quite mild while for others it is very painful, especially at the time when the bulk of the pregnancy tissue is passed. The painkillers will help with this.

Usually, you will not pass anything that is recognisable as a pregnancy. You may pass a small sac of fluid (the pregnancy sac). Many women will feel comfortable flushing this down the toilet (and will do this automatically). Others may prefer to dispose of the pregnancy tissue in a different way. We can discuss the options with you.

It is difficult to say exactly when the pain and bleeding will settle. The heaviest bleeding rarely lasts for more than a few hours. Lighter bleeding often continues for up to 2 weeks.

If the bleeding becomes too heavy or the pain too severe for you to manage at home, then you will need to come into A&E.

You can call gynaecology emergency care (GEC) or early pregnancy assessment unit (EPAU) for advice if you're unsure.

Misoprostol may also cause you to feel sick or to have diarrhoea. Some women will experience a short period of feeling hot and shivery.

How much bleeding or pain is too much?

At the point at which you pass the pregnancy tissue, you will experience heavy bleeding and pass some clots. This should be over quickly. If you find you are continuing to change your pads more than once every 30 minutes for more than an hour or are finding the bleeding so heavy it's barely worth getting up off the toilet, it's a sign that you need to come into hospital. If you start to feel very weak and light-headed, this may also be a sign that you have lost too much blood.

You should also come in if you are struggling to cope with the pain despite the painkillers that we have given you.

What happens if you don’t start to bleed?

Sometimes the pain and bleeding take longer to start. If you haven’t started bleeding within 24 hours, we recommend you call the department and we’ll discuss what to do next. In this situation, we do not usually recommend repeating the process as it is unlikely to work.

Sometimes it is reasonable to leave it a little longer. If nothing has happened after a week, as is the case in up to 2 out of every 10 women, we would usually recommend surgical management.

What happens afterwards?

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

We will make you an appointment to repeat an ultrasound 2 weeks after you take the tablets. If there is a small amount of tissue left, we will arrange a repeat scan in two weeks’ time.

Generally, if the miscarriage is not complete after 4 weeks, you will be offered surgical management (please see the surgical management of miscarriage leaflet). Alternatively, we can wait and scan you in two weeks’ time.

We ask you to do a home pregnancy test 3 weeks after your miscarriage. This is to make sure that the pregnancy hormone level is normal, to rule out a rare condition known as a ‘molar pregnancy’ where unhealthy pregnancy tissue may persist and release hormones. You need to let us know if the test is positive.

We do not generally offer any tests to look for a cause of miscarriage unless you have experienced 3 consecutive losses. If you bring tissue that you have passed to hospital, we will generally offer to send it to the mortuary and discuss your wishes for what happens to the tissue after. We will usually suggest that a small amount of tissue is looked at under the microscope (again, to exclude a molar pregnancy) and will write to you with the results of this within 6 weeks. It is important to know that this does not tell us the reason why you miscarried and is different from a genetics or chromosome analysis.

What are the disadvantages and risks of medical management of miscarriage?

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.

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

Infection

This affects approximately 2 in 100 women. Signs include:

- raised temperature (fever)
- 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.

Infections are treated with antibiotics. In some cases, you may need an operation to remove any remaining tissue (a surgical management of miscarriage).

The risk of infection is the same, whether you choose expectant management or active management (surgical or medical).

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 work and 1 in 5 women will end up having surgical management, despite planning for medical management. This may be because you are bleeding heavily 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.

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 from woman to woman. You can self-certify any absence from work of 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. It might 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, you might be pregnant again, so do a pregnancy test. If this is the case, you should see your GP for further advice.

You can start trying for a pregnancy as soon as you feel ready to. We advise waiting until after your next normal period, in part so that we can better estimate the likely date of conception and time scans better. If you are planning to try for another pregnancy, we suggest you continue taking folic acid (400 mcg once each day).

Following a miscarriage, you are likely to feel sad. Sometimes these feelings make it difficult to do the things you would normally do and continue for longer than you (and those close to you) expect it to. Your partner may also find things difficult to deal with emotionally. You may find the support groups at the end of this leaflet helpful. You may also want to speak to your GP who may be able to arrange counselling for you and your partner.

Who you can contact for further information

The gynaecology emergency care (GEC) at St Mary's Hospital: **020 3312 2185** (09.00 to 20.30, Monday to Sunday).

The early pregnancy assessment unit (EPAU) at Queen Charlotte's & Chelsea Hospital:

020 3313 5131 (09.00 to 16.30, Monday to Friday).

Out of hours, you should go to the A&E department at St Mary's Hospital for assessment.

If you need urgent medical advice out of hours, you should phone the hospital switchboard on **020 3312 6666** and ask to be put through to the on-call gynaecology registrar or senior house officer (SHO). Please note that due to other emergencies in the hospital, they may not always be able to take your call immediately.

You can access all of our gynaecology leaflets on our website: www.imperial.nhs.uk > our-services > gynaecology > patient-information

Where you can access other support

The Miscarriage Association runs monthly support groups online which you are welcome to attend. See details at: www.miscarriageassociation.org.uk/how-we-help/support-groups/

Miscarriage Association: **019 2420 0799** (09.00 –17.00, Monday to Friday);
www.miscarriageassociation.org.uk

Tommy's PregnancyLine: **0800 014 7800** (09.00 – 17.00, Monday to Friday)
www.tommys.org

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf. Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

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