



A guide to...

Outpatient medical management of miscarriage

Patient information

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.uk**



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Outpatient medical management of miscarriage

Please accept our heartfelt condolences for your loss. It is sometimes difficult to remember everything the doctors and nurses have said, so we have produced this leaflet for you to read in your own time.

After discussing the options, you have chosen to have medical management of the miscarriage. This leaflet has been designed to support you by explaining how this works as an outpatient treatment.

This method involves the use of tablets with four out of five women having a successful treatment without the need for surgery.

Benefits of the treatment

- No general anaesthetic
- No surgical risks
- Less chance of infection
- It is very effective in naturally completing the miscarriage.

The treatment

The treatment takes place in two stages: the first part being a single tablet of Mifepristone 200mg taken orally which will be given to you by one of our nurses and you will be observed for 15-30 minutes in the unit. The Mifepristone acts by blocking the hormone progesterone which is important in maintaining the growth of the pregnancy. Following this tablet, you may experience some nausea and some bleeding associated with period type lower abdominal pain.

The second part of the treatment consists of four tablets of Misoprostol 200mcg which will be provided for you to take home and administer 48 hours later. This medication aims to soften the neck of the womb and causes the womb to contract. These are to be inserted into the vagina, as high up as you can get them. This is the preferred method of use for these tablets as you will experience fewer side effects this way. If this is not an option for you, you can place the tablets in your mouth, in between your cheek and gum (2 tablets on each side) and allow these to dissolve. If they have not dissolved in 30 minutes you can swallow what is left with some water. Misoprostol may cause you to feel sick or to have diarrhoea. Some women will experience a short period of feeling hot and shivery. We will provide you with some anti-sickness medication and painkillers. You will also have this information leaflet with contact telephone numbers on which to contact us if there are concerns.

Side-effects of the treatment

Some patients may suffer from nausea, vomiting, diarrhoea, headaches or hot flushes/chills. These are recognised side effects and there is usually no need to worry about them, but please do mention them to the nursing staff if they occur.

What are the contraindications?

There are some exceptions where you should not have this treatment:

- problems with your adrenal glands (adrenal failure)
- long term steroid medication
- take medicine to thin your blood or have a bleeding problem.
- allergy to Mifepristone or Misoprostol
- severe asthma
- a condition called porphyria.
- interactions with other medication- please let us know if you are taking any medication.

What to 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 a number of medications to take home. It is important that you let us know if you have had any allergies to any medications in the past.)

Most women do not experience anything following the mifepristone, but you may notice some nausea or even headache. Vaginal bleeding and lower abdominal cramping pain may start following the mifepristone. However, most women will experience pain and vaginal bleeding after the second stage of treatment-with misoprostol.

The pain can vary from mild period like pain to occasionally severe cramps, especially as your womb squeezes tightly to push out the pregnancy tissue.

Three out of four women can expect to start bleeding within six hours of having the misoprostol, but it can take longer. The bleeding varies from moderate to heavy. We are unable to tell you exactly when the actual miscarriage will occur, but we found that three out of four women miscarried within 24 hours of having the misoprostol. Once the actual miscarriage is taking place, you may possibly see clots which can be as big as the palm of your hand.

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 seek medical attention and present to the A&E department. 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.

If you do not experience any bleeding within 24 hours following the tablets, please contact us in GDAU (Gynaecology Day Assessment Unit).

What are the risks

Infection affects about one to four women in every 100.

Heavy bleeding (haemorrhage) affects about two in 100.

Medical management is effective in 80 to 90 percent of cases. If it is not, or if you have an infection, you may be advised to have surgical management to complete the miscarriage.

After care

You may experience some bleeding for up to two to three weeks, this is normal and should slowly settle. If the bleeding becomes heavier or you develop pain, please contact the GDAU (Gynaecology Day Assessment Unit) for advice. Please try to rest for a few days, you can return to work when you feel fit enough.

You will be asked to undertake a repeat urine pregnancy test three weeks after the treatment. If the pregnancy test is negative, then there will be no remaining pregnancy tissue so you will not require a follow-up appointment.

You will need to contact GDAU (Gynaecology Day Assessment Unit) if the test is positive or if you continue to bleed after three weeks. Only women with persistent bleeding or a positive urine pregnancy test after three weeks will require a follow-up scan.

Useful contact details

Gynaecology Day Assessment Unit (Monday to Friday 9.00 am - 5.00 pm)

Tel: 01923 217 344

Early Pregnancy Unit (Monday to Saturday 9.00 am - 4.00 pm)

Tel: 01923 217831

The Miscarriage Association is a registered charity with a telephone helpline, an online support forum and a range of helpful leaflets on pregnancy loss.

The Miscarriage Association

Tel: 01924 200 799

www.miscarriageassociation.org.uk