





Medical management of miscarriage as an inpatient

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 217 198** or email westherts.pals@nhs.net



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Medical management of miscarriage as an inpatient (9 – 12+6 weeks)

This leaflet provides information about inpatient medical management of miscarriage at Watford General Hospital.

Now that your scan has confirmed a failed pregnancy, it is important that you have treatment to complete the miscarriage and ensure that your womb is empty. With this treatment there is around an 85% chance of resolving the problem without the need to result to surgery.

Benefits of the treatment

The treatment involves the use of tablets and or pessaries.

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

Side-effects

Some patients may suffer from diarrhoea, sickness, 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.

The treatment

You will be admitted to Gynae Ambulatory Unit or Elizabeth Ward and given a tablet called Misoprostol either orally or inserted into the vagina (it is effective either way). You will then be observed on the ward and asked to use a cardboard dish each time you go to the toilet, so that the nurses can check to see if you have miscarried. The tablets can be repeated every four hours up to five doses.

It is usual to experience some abdominal pain and bleeding with these tablets, the pain can vary from mild period like pain to occasionally severe cramps. You will be prescribed with analgesia (pain relief) to help you cope, so please ask the nurses and you will be given analgesia as needed.

You will need to stay on the ward until the treatment has been effective. The amount of time this can take may vary, but you should be prepared to stay for the duration of the day. Any pregnancy remains will be sent for analysis in histology.

If your bleeding is heavy with clots or significant pain, a doctor will be asked to review you. In this situation you may need to stay overnight and allowed home once the bleeding settles. If it continues you may require a small operation under general anaesthesia to ensure that your womb is empty.

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 ward or the Gynaecology Day Assessment Unit (GDAU). Please try a rest for a few days, you can return to work when you feel fit enough. You will be asked to contact GDAU after three weeks and asked to undertake a repeat pregnancy test (to ensure that the bleeding is settling and that the test is negative). You will be asked to attend for a review if any problems are highlighted.

Useful Contact details

Gynaecology Ambulatory Unit:	Tel: 01923 436405
Emergency Gynaecology Assessment	Jnit (Monday to Friday 9.00am to 5.00pm)
	Tel: 01923 217 344

The Miscarriage AssociationTel: 01924 200 799www.miscarriageassocation.org.uk