

Medical management of miscarriage

Gynaecology Department



Patient information leaflet

We are sorry you have had a miscarriage. This guidance aims to explain medical management of your miscarriage which is one of the options available to you. We hope to answer your questions; covering what is involved, the risks and benefits and what to expect.

What is medical management?

Sometimes a pregnancy stops developing without warning, and sometimes the natural process of miscarriage doesn't happen immediately. Instead of waiting for the miscarriage to happen (expectant management) we can use medication to speed up the process. Misoprostol works by making the womb contract to allow the pregnancy tissue to be expelled.

At the Royal Surrey Hospital we offer this treatment as an out-patient service – meaning that women will be given the medication within the hospital and be allowed to go home. This service may not be suitable to all and if we have concerns we will discuss these with you.

What are the benefits?

- You can be at home
- It avoids surgery and general anaesthesia
- Low risk of infection
- Success rate of about 80-90%

What are the risks and what do I need to consider?

- Bleeding can be heavy, and you will pass clots.
- The process can be painful, with strong period-like cramps experienced by many women. As the pregnancy tissue passes the cramps can worsen.
- In 10-20% of women the tablets do not work.
- If the tablets do not work, or if the bleeding is very heavy, hospital admission and surgery may be required.
- Bleeding may continue for up to three weeks.

What are the alternatives?

Hopefully we have already discussed these with you, but the other options are expectant management (also known as conservative management) and surgical management. We have leaflets available on these for you.

Going ahead

If you decide that medical management is the best option for you we will ask you to sign a consent form. This states that you understand what the treatment involves and agree to the treatment. Please take the time to read and understand this leaflet and the consent form and discuss any questions or concerns with our nurses and doctors.

It is important that we inform you that misoprostol, the medication we use, is not licensed for this purpose, however it is used both in the UK and worldwide, and its use is recommended by the National Institute for Health and Care Excellence (NICE) guidelines for medical management of miscarriage.

What can I do?

It is important that you have someone with you who can support you during this process. We recommend arranging childcare if you have children at home. Ensure you have a good supply of thick sanitary towels, easy access to a bathroom and an adequate supply of pain relief such as ibuprofen and paracetamol. If you are working please ensure you take adequate time off – we would anticipate 3-5 days would be sufficient from a physical point of view.

What should I expect?

Before we can give the medication we need to ensure that there are no medical reasons why we can't go ahead. A doctor will come and speak to you and ask you some questions about your medical history. If we haven't already done so, we will take some blood tests. These are to check your blood group and ensure you are not anaemic.

When you are happy to go ahead, you will sign the consent form and we will give you the medication, misoprostol.

The process

Misoprostol is better given vaginally, as this reduces side effects, but can be taken by mouth. A doctor or EPAU staff nurse will insert the medication high into the vagina. Some women prefer to give the medication themselves. We recommend emptying your bladder, washing your hands then pushing the tablets high into the vagina.

You may notice cramps, sometimes described as pains in labour, and bleeding within an hour of administering the misoprostol. The bleeding is usually heavy with clots. You may use four to six pads for the first hour. Symptoms may worsen as the pregnancy tissue is expelled but gradually settle after this. You may see the pregnancy sac, although it is unlikely that you will see a fetus as it is early in the pregnancy.

If bleeding has not started within 24 hours of administering the medication, please contact the EPU.

The bleeding can continue for up to three weeks, though should gradually get lighter over that time.

Follow up

Our nurses will aim to contact you within 7-10 days but we do ask that you do a pregnancy test three weeks after the heavy bleeding, and if positive, to contact us.

We are however always here for any questions or concerns you might have, and to help you in any way we can.

The medications

Misoprostol will be administered either vaginally or orally depending on your preference by the EPAU staff nurses within the hospital. We recommend that you take some pain relief and anti-sickness medication during this process.

Misoprostol can cause you to feel sick or vomit and can sometimes cause diarrhoea. These side effects are more likely if you take the medication by mouth rather than vaginally. Some women will also feel as if they have a fever or have chills. All of these side effects should get

better within a day, if not please contact us. Rarely, some women may get a skin rash with misoprostol. Tell us about this immediately.

Cyclizine/ondansetron are anti-emetic medicines– they treat sickness and vomiting. They are both very small tablets and you can take them to three times a day as needed. Not every woman who has medical management of miscarriage will need to use an anti-sickness tablet.

Dihydrocodeine is a strong painkiller. It can be taken up to four times a day and works best when taken together with paracetamol and ibuprofen. It is likely that you will only need it on the first day of the bleeding.

Paracetamol and Ibuprofen are both good painkillers. They work best when taken regularly and are safe to use together. We recommend having a good supply of both at home and taking them according to the instructions on the packet.

If you are allergic to any of these medications we can use alternatives. Please ask us if you have any concerns.

When should I seek extra help?

Most women who choose medical management will manage the process in their own home and not experience any problems, however, there are some circumstances where we would like you to seek help.

- If you have very heavy bleeding that does not seem to be settling. A good guide would be if you soak more than 4-6 thick pads in the first hour, and more than one pad an hour after that.
- If you feel light-headed or dizzy.
- If the paracetamol, ibuprofen and dihydrocodeine are not enough and you are still in significant pain.
- If there are signs of infection – fever or chills for more than a day, offensive vaginal discharge or feeling unwell.

If you have any of these problems, or any questions or concerns you can contact the Early Pregnancy Assessment Clinic on **01483 571122** ext **2321**. We are open Monday to Friday 9am to 5pm. In an emergency you can contact NHS **111** or attend Accident and Emergency. If you

need advice out of hours , please ring directly to the gynaecological ward sister on Compton ward, **01483 571122** ext **4941** or **6372**.

We will give you a letter explaining your treatment, please take this with you if you need care outside our Early Pregnancy Unit.

General advice

- We recommend using sanitary towels rather than tampons as this reduces the chance of infection.
- We recommend avoiding sexual intercourse until the bleeding has stopped as this reduces the chance of infection.
- You may find a hot bath can make you feel faint initially, so showers may be better. You can use your normal toiletries, but avoid vaginal washes or antiseptic products.
- Returning to work is different for each woman. A week should be more than sufficient from a physical point of view but you may need longer emotionally. If so, please see your GP to discuss a sick note.

Moving forward

Every woman will have their own healing process – both physical and emotional.

If you wish to try and get pregnant again we would recommend waiting until you have had one normal period. Please take folic acid if you are trying to conceive, and if you hadn't spoken to your GP about trying for a baby, consider talking to them now. They can offer a pre-conception health check.

If you require contraceptive advice please speak to your GP. They will be able to advise on the most suitable options available for you.

Further sources of help and information

We will always try to help and answer your questions. We can also guide you to appropriate local services, including counselling.

The Miscarriage Association is a national charity that provides information and support for women who have experienced pregnancy loss.

Website: www.miscarriageassociation.org.uk

Helpline: 01924 200 799, Monday to Friday 9am to 4pm

Email: info@miscarriageassociation.org.uk

Reference

National Institute for Clinical Excellence (NICE) (2012)

Ectopic pregnancy and miscarriage: Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage (CG145).
NHS England

Contact details

Early Pregnancy Assessment Clinic

Telephone: 01483 571122 **ext** 2321

Monday to Friday, 9am to 5pm

In an emergency you can contact NHS **111** or attend Accident and Emergency. If you need advice out of hours, please ring directly to the gynaecological ward sister on Compton ward on:

Telephone: 01483 571122 **ext** 4941 or 6372

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: November 2017

Future review date: November 2020

Author: Chim kalumbi

PIN171128–1397

