

# Medical management of early miscarriage at home

Department of Gynaecology

Information for Patients

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## Introduction

We are sorry that you have had a miscarriage.

This leaflet hopes to support you by explaining how medical management of a miscarriage is given. We hope that by providing you with this information and discussing the process with you in detail, we can help ease your anxieties.

Please ask a member of the team any questions you may have.

## What is medical management of miscarriage?

Medical management of a miscarriage is where tablets are given to speed up the miscarriage.

With this management, 2 out of 3 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 and these should be discussed with the specialist nurse or doctor. Other options include:

- waiting for a miscarriage to occur naturally (conservative management) or
- having a procedure to remove the miscarriage from inside the womb (surgical management) where your the neck of the womb is opened and then the pregnancy is removed. This can be done under general anaesthetic (fully asleep) or with local anaesthetic, painkillers and gas and air, with a procedure called the manual vacuum aspiration (MVA).

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

These options may or may not be suitable for you but can ask the specialist nurse or doctor if you would like to consider them

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 over 4 out of 5 miscarriages. No option has been found to be better than another in terms of future pregnancies; none of the options are expected to cause any problems. Please ask us for information leaflets on the other management options.

## What should I expect?

The day before you take the main treatment, you may be given some tablets to prepare the womb for the treatment. These can sometimes cause bleeding or cramps to start. If the bleeding is heavy or cramps are too strong please call GAU (on 0116 258 6259) for advice. You may be asked to come in to hospital or to start the second part of the treatment straight away.

- 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.

**Misoprostol 1st dose:** You will be asked to insert 4 tablets at the same time (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 womb to contract. If you are uncomfortable putting these in the vagina, you can put these tablets in your mouth, under your tongue to melt slowly over 30 minutes (try not to swallow them in that time).

**Co-dydramol** is a strong painkiller. It has paracetamol and dihydrocodeine. You can take 1 to 2 tablets every 4 to 6 hours. As it has paracetamol, you should not take any more paracetamol with this. Usually, you will start bleeding and have pains like menstrual cramps 2 to 4 hours after taking the Misoprostol tablets. The cramps vary in strength; for some women they are quite mild while for others very painful. The painkillers will help with this. You can also take ibuprofen tablets as well.

**Misoprostol 2nd dose:** after 4 hrs you will take the last 2 tablets of Misoprostol

Usually, you will not pass anything that is recognisable as a pregnancy. You can use the toilet in the same way you would during a heavy or painful period. 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 and 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 contact Gynaecology Assessment Unit (011625806259) for advice before coming in.

Misoprostol may also cause you to feel sick, have a temperature or have diarrhoea. You are given a tablet called Cyclizine 50micrograms to be taken by mouth every 6 hours if you are feeling sick.

## How much bleeding or pain is too much?

As the pregnancy comes away, you will have heavy bleeding and pass some clots. This should be over pretty quickly. If you find you are continuing to change your pads more than once every 30 minutes for more than 1 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 to hospital if you are struggling to cope with the pain despite the painkillers that we have given you.

## What happens if I do not start to bleed?

Sometimes the pain and bleeding take longer to start. If you have not started bleeding within 24 hours we recommend you call GAU and we will discuss what to do next.

## What happens afterwards?

Until the bleeding has stopped completely you should not

- use tampons or menstrual cups (use pads only)
- have sex
- go swimming

because of the risk of infection.

Please do a home pregnancy test 3 weeks after your miscarriage. This is to check there is no pregnancy tissue still in your body. You need to call GAU if the test is positive so that we can arrange for you to come in for a scan and review.

We do not generally offer any tests to look for a cause of miscarriage unless you have had 3 miscarriages in a row. Miscarriages in the first 3 months of the pregnancy usually occur because this baby was not healthy rather than anything being wrong with you or your partner.

Most women that have a miscarriage will have a healthy baby next time.

If you want to bring your pregnancy to hospital, we will can offer to send it to the mortuary and discuss your wishes for what happens afterwards. We will usually suggest that a small amount of tissue is looked at under the microscope but this does not tell us the reason why you miscarried.

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.

## What are the advantages and disadvantages of medical management of miscarriage at home?

Some women are frightened about miscarrying at home, scared about bleeding too much or being in too much pain. Some people do not want to see the pregnancy tissue that is passed. They may prefer to be in hospital to have the support from the nurses and doctors.

Other women will prefer to be at home in their own surroundings with the support of family

## What are the risks medical management of miscarriage at home?

**Infection:** This affects approximately 2 in 100 women. You should contact us if you have:

- fever or high temperature
- flu-like symptoms
- foul-smelling discharge
- tummy pain that gets worse
- bleeding that gets heavier rather than lighter.

You need to let us know as soon as possible if you have any of these symptoms. You will need antibiotics to treat the infection. In some cases you may need an operation to remove any infected tissue.

The risk of infection is very similar whether you choose natural, medical or surgical management.

**Bleeding and tummy pain** will usually continue for longer and be more unpredictable than with surgical management.

**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. The tissue may need to be removed during an examination of your vagina. This can be painful and distressing

**Failure of medical management:** The main risk is that the treatment does not work; 1 in 5 women will end up needing surgery, despite planning for medical management at the start. This may be because

- you are bleeding heavily (as above),
- the medicine does not start the process of a miscarriage,
- the process has started but some pregnancy tissue has remained inside the womb.

## When will things get back to normal?

Most women will have another period after about 3 to 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 test is positive, you should contact EPAU for further advice.

You can start trying for a pregnancy as soon as you feel ready to, but it is advisable to wait until after a normal period to allow your body to recover from the miscarriage. If you are planning to try for another pregnancy we suggest you start taking folic acid.

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 for up to 7 days. After this you should speak to your GP if you need a fit note.

## Who can I contact for information or in an emergency?

The Early pregnancy assessment unit based at Leicester Royal Infirmary is open from 8am to 4pm  
0116 258 6322/ 5241

The Gynaecology assessment unit based at Leicester Royal Infirmary 24hrs emergency service:  
0116 258 6259.

## Where can I access other support?

After a miscarriage, you and your partner 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. You may feel tearful and emotional for a short time afterwards even if the pregnancy was not planned. You might have intense grief over a longer period of time. If you or your partner would like to see our counsellor for support with your miscarriage, **please call 07534168299** and leave a slow, clear message with your details, hospital number and your contact phone number and someone will call you back to make an appointment.

**You may also find the following organisations helpful:**

The Miscarriage Association: 01924 200799 (open Monday to Friday, 09.00am to 4.00pm)  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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