

Medical management of early miscarriage at home

Department of Gynaecology

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Information for Patients

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We are sorry that you have had a miscarriage.

This leaflet hopes to support you by explaining medical management of a miscarriage. We hope that by giving you this information and talking about 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?

This is when we can give you tablets to speed up the miscarriage.

By doing this, 2 out of 3 patients will have completed their miscarriage after 2 weeks. 4 out of 5 patients will have completed their miscarriage after 4 weeks.

Are there any alternatives to medical management?

Yes. Your specialist nurse or doctor should talk about this with you. Other options include:

- Waiting for a miscarriage to happen naturally (conservative management).
- A procedure to remove the miscarriage from inside the womb (surgical management). We do this by removing the pregnancy through the neck of the womb. We can do this under general anaesthetic (fully asleep). Or with local anaesthetic (numbing a part of the body) and painkillers, gas and air. This is called manual vacuum aspiration (MVA).

These other options may or may not be suitable for you. You can ask the specialist nurse or doctor if you would like to try them as an option.

Some pregnant people feel medical management is more natural than having an operation. They feel it is more controllable than waiting for a miscarriage to happen naturally. It will often avoid the need for you to come into hospital for surgery.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Medical miscarriage 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 mentioned before are expected to cause any problems. Please ask us for information leaflets on the other management options if you want to think about them instead.

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 Gynaecology Assessment Unit (GAU) on **0116 258 6259** for advice. We may ask you to come in to hospital or to start the second part of the treatment right away at home.

- You will need to take the day off work. Make sure you have a friend or partner with you for support. This person should be able to bring you in to hospital in case you need to come in.
- If you have young children at home you will need to arrange childcare. This is just in case you need to come into hospital.
- You should also make sure that you have a good supply of large sanitary pads.
- You can eat and drink as and when you wish.

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

What tablets do I take?

Misoprostol 1st dose:

Misoprostol causes the neck of the womb to soften and the womb to contract giving you cramps.

- You will need to **insert 4 tablets** as high as possible into the vagina. You will need to insert these one after the other. Each tablet contains 200 micrograms of misoprostol, this is a total of 800 micrograms. We suggest you do this after breakfast. This is so you can contact us if you have problems.
- If you are uncomfortable putting these in the vagina, you can put these tablets under your tongue in your mouth. You will need to melt these slowly over 30 minutes. Try not to swallow them.

Co-dydramol:

This is a strong painkiller. It has paracetamol and dihydrocodeine. As it has paracetamol, you should not take any more paracetamol with this.

- You can **take 1 to 2 tablets. Do this every 4 to 6 hours.**
- 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 patients 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 hours you will take the last dose of Misoprostol.

- You will need to take 2 tablets.
- Often, you will not pass anything that is will look like a pregnancy. You can use the toilet in the same way you would during a heavy or painful period. You may see a small sac of jelly (the pregnancy sac). Many people will feel comfortable flushing this down the toilet (and will do this automatically). Others may prefer to treat the pregnancy remains in a different way. This could be bringing them back to hospital or burial in your garden. We can talk about this options with you if you would like to know more about these options.

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 much for you to manage at home, or the bleeding goes on for more than 3 weeks, then you will need to contact the GAU on **0116 258 6259** for advice before coming in. Misoprostol may also cause you to feel sick, have a temperature or have diarrhoea.

We will also give you a tablet called Cyclizine 50micrograms to take home with you. This can 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 is barely worth getting up off the toilet,

You must come to the 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 (1 day) we recommend you call GAU and we will talk about what to do next.

What happens afterwards?

Until the bleeding has stopped completely you should not do the following because these increase the risk of infection:

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

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

We do not often 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 often happen because this baby was not healthy and not anything to do with something being wrong with you or your partner.

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

If you want to bring your pregnancy remains back to hospital, we will offer to send it to the mortuary and talk about your wishes for what happens afterwards. We will often suggest that a small amount of remains are looked at under the microscope but this does not tell us the reason why you miscarried. Search for leaflet 'Pathological examination and sensitive care of early pregnancy remains' or leaflet number 487 on <https://yourhealth.leicestershospitals.nhs.uk/> for more information. You can also scan the QR code.



What are the benefits and drawbacks?

You can be in the comfort of your home. Many patients prefer to be at home with the support of family. There is no medical reason that you need to be in hospital if there are no complicating issues.

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

What are the risks?

Infection

This can happen in around 2 in 100 patients. 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 contact the team on GAU 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 pregnancy remains.

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

Bleeding and tummy pain

This will often continue for longer. It can be more unpredictable than with surgical management.

Extremely heavy bleeding

About 1 or 2 in 100 patients have bleeding heavy enough to need a blood transfusion or need emergency surgical management. In some cases, pregnancy remains get stuck in the neck of the womb. The remains may need to be removed during an examination of your vagina. This can be painful and distressing.

Failure of medical management

1 in 5 patients will end up needing surgery or additional medication. This is despite having medical management at the start. This may be because:

- you are bleeding heavily,
- the medicine does not start the process of a miscarriage,
- the process has started but some pregnancy remains are still inside the womb.

When will things get back to normal?

Most patients 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. You will need to do a pregnancy test. If this test is positive, you should contact the Early Pregnancy Assessment Unit (EPAU) for more advice.

When can I try for a pregnancy again?

You can start trying for a pregnancy as soon as you feel ready to. We advise you to wait until after a normal period. This to let 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 be different from person to person. 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 (EPAU)**

Based at Leicester Royal Infirmary.

Open from 8am to 4pm.

Call: **0116 258 6322 / 0116 258 5241**

- **The Gynaecology Assessment Unit (GAU)**

Based at Leicester Royal Infirmary.

24 hours emergency service.

Call: **0116 258 6259**

Where can I get more support?

After a miscarriage, you and your partner are likely to find it hard to cope with. Sometimes these feelings make it difficult to do the things you would normally do. These feelings may 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 0753 416 8299** and leave a slow, clear message with your:

- name and date of birth,
- hospital number,
- contact phone number.

Someone will call you back to make an appointment.

You may also find the following organisations helpful:

The Miscarriage Association: **0192 420 0799** (open Monday to Friday, 9am to 4pm)

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 بلغةٍ 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

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net