

Medical management of miscarriage

We are very sorry that you are having a miscarriage. This leaflet explains more about medical management of miscarriage, including the benefits, risks and alternatives, and what you can expect. If you have any further questions, please speak to the nurse or doctor caring for you in the early pregnancy and acute gynaecology unit (EPAGU).

What is medical management?

Sometimes the symptoms of a miscarriage are not immediately obvious. You may have had a scan that showed that the pregnancy stopped developing some time ago. Alternatively, your scan may have shown that a miscarriage has started but some of the pregnancy remains inside the womb. Instead of waiting for the miscarriage to happen naturally, medical management uses a medication called misoprostol to speed up the process of miscarriage. Misoprostol works by preparing your cervix and making your womb contract to help push out the pregnancy.

What are the benefits?

- You are more in control of your treatment.
- If successful, medical management avoids surgery and general anaesthesia.
- The risk of infection is low.
- Medical management is successful in about 80-90% of cases.

What are the risks?

- Bleeding can be heavy and you will pass clots. Although rare, if bleeding is too heavy and you become anaemic, you may require a blood transfusion.
- The process of miscarriage can be painful. Most women have strong period-like pain and cramps and can find the process very painful, especially as the pregnancy is expelled.
- The tablets do not work for everybody. They fail to work in 10-20% of women. The doctor or nurse looking after you will help advise you about your likelihood of success.
- If the treatment does not completely empty the womb, there is a risk that hospital admission or surgery may be required.
- Bleeding can continue for up to three weeks after the treatment and some women may need several follow-up scans to monitor progress.

Are there any other alternatives?

If suitable, your nurse or doctor will discuss any alternative treatments available to you. Leaflets are available explaining these options:

- expectant management – waiting for the pregnancy to pass 'naturally' through the vagina, without any medical intervention
- surgical management of miscarriage (SMM) – an operation to remove the remains of the pregnancy under general anaesthetic (while you are asleep)
- manual vacuum aspiration – an operation using aspiration, or gentle suction, to empty the womb under local anaesthetic (while you are awake).

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

We need to inform you that although misoprostol has been used in the treatment of miscarriage for a long time, it is not licensed for this use. Our leaflet, **Unlicensed medicines: A guide for patients**, explains what this means.

How can I prepare for medical management?

- If you have children at home we recommend you organise childcare during the treatment.
- It is important to have somebody with you whilst you are miscarrying.
- Ensure you have a good supply of large sanitary pads.
- Ensure you have an adequate supply of pain medication. The hospital will provide you with a prescription for this.

What happens during the medical management?

Usually, you will need to insert the misoprostol tablets into your vagina at home. We recommend you insert them in the morning so you are able to access care and contact us throughout the day should you have any questions or concerns.

To insert the tablets you need to first pass urine, put on the examination glove you have been given and push each tablet as far as you can up into your vagina. Then put on a sanitary pad and lie down for one hour. This prevents the tablets from falling out and gives your body time to absorb them.

Pain and bleeding usually occur within one to two hours of using misoprostol. We expect bleeding to be heavy with clots. It is not unusual to soak four to six pads in the first hour. You may see the pregnancy sac, but you will not see a recognisable baby as it is still very early in the pregnancy. Most women experience strong cramps and abdominal pains. These pains are usually strongest while the bleeding is heavy and should ease off quite quickly once the pregnancy remains have passed. We advise that you use pain relief medication such as ibuprofen, paracetamol and codeine. The hospital will provide you with a prescription for this.

If you would like to have the pregnancy remains tested please discuss this with a nurse. We are unable to offer genetic testing free of charge unless this is your third miscarriage.

Once the miscarriage starts, most women have quite strong period-like pain and cramps and some find the process very painful, especially as the pregnancy is expelled. This is because the womb is contracting and pushing.

Some women find that it may take a few hours for bleeding to begin, even if they are already experiencing pain. **If you do not start bleeding within 48 hours of taking the misoprostol please contact EPAGU.** Some women may require a second dose of misoprostol and we can provide this for you.

Your nurse will check your blood group while you are on the unit. If you are rhesus negative you will require an injection called Anti-D; your nurse will discuss this with you.

Are there any side effects of the medication?

- Chills are a common side effect of misoprostol but this should not last long. Fever is a less common side effect and does not mean you have an infection. If the fever or chills last longer than 24 hours after taking the misoprostol please contact EPAGU or your GP.
- Nausea and vomiting may occur but should get better within two to six hours.
- Diarrhoea may occur after using misoprostol but should get better within a day.
- Skin rash may occasionally occur after using misoprostol.

When do I need to worry or contact a health professional?

- If you have very heavy bleeding and it does not seem as though it is getting better.
- If you feel light-headed or dizzy.
- If the pain medication you are taking is not working and you are still in significant pain.
- You have signs of infection, such as a raised temperature, flu-like symptoms or vaginal discharge that looks or smells offensive.
- It is normal to bleed for up to two weeks afterwards with additional spotting for a further week. If you have continuous bleeding for more than two weeks please contact us.
- If any of the side effects mentioned above have not resolved within the specified time.

If you have any of these symptoms, are concerned about the amount of pain or bleeding you have, or have any questions about medical management, contact your GP or EPAGU on **t:** 020 7188 0864 (Monday to Friday 8.30am-6pm, weekends and bank holidays 9.30am-3pm).

In an emergency you can contact the NHS helpline on telephone number **t:** 111, or attend your nearest emergency (A&E) department.

General advice

- We advise you to use sanitary pads and **not tampons** to lessen the chance of infection.
- We advise you to not have sex until your bleeding has stopped. This allows the neck of the womb (cervix) to close and reduces the risk of infection.
- You can shower as normal but we advise using plain water without scented products or antiseptics.
- Lying in a hot bath can make you feel faint, so it may be better to avoid this.

Will I have a follow-up appointment?

We will arrange a scan for you in three weeks' time to check that the womb is empty. If it is not, we will discuss further options with you at this time including repeating the treatment or choosing surgical management of miscarriage (SMM). We will also advise you when to perform a home pregnancy test to confirm the result is negative.

How might I feel after medical management?

It is normal to feel tired after a miscarriage, both due to physical symptoms and the emotional impact of the miscarriage. Miscarriage can cause a range of emotions for you and your partner. These may include anger, guilt, frustration, despair and feelings of loss and extreme sadness.

The Miscarriage Association (details below) offers many support services, including information leaflets, online forums and telephone advice and support.

There is a monthly support group held at the Education Centre, York Road, which is run by the Miscarriage Association and an EPAGU representative. Information and dates of the group are available in EPAGU or from the Miscarriage Association.

When can I try to get pregnant again?

We advise you to wait for at least one period before trying for a new pregnancy. Some people prefer to wait longer as miscarriage can be a very upsetting time and they feel they need longer to recover. If you require contraceptive advice please discuss this with your GP. If you are planning a pregnancy after your first period, we advise you to take folic acid (400 micrograms daily). This is available from your local pharmacy.

When can I return to work?

This will vary for each woman. You should be able to go back to work after a week or so. However, it can take longer than this to come to terms with your loss and your GP can provide a sick certificate if required. If you are off work for seven days or less, you can self-certify.

Contact us

If you have any questions or concerns about medical management or your symptoms, please contact the early pregnancy and acute gynaecology unit (EPAGU) on **t:** 020 7188 0864 (Monday to Friday 9am-6pm, Saturday and Sunday 9:30am-3pm). Outside of these hours, please contact the NHS advice number by calling **t:** 111, or speak to your GP.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Useful sources of information

The Miscarriage Association

The Miscarriage Association provides support and information to anyone affected by miscarriage, ectopic pregnancy or molar pregnancy.

t: 01924 200799, Monday to Friday, 9am-4pm **w:** www.miscarriageassociation.org.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111 **w:** www.111.nhs.uk

Leaflet number: 2764/VER3

Date published: October 2019

Review date: October 2022

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A list of sources is available on request