

# Medical management of miscarriage



You have chosen to have your miscarriage medically. This leaflet is to explain the process.

Before starting your treatment, the midwife will take some blood to check your haemoglobin (to make sure you are not anaemic) and your blood group (to see if you will need Anti-D).

The midwife will then take written consent for the treatment and examination of the pregnancy tissue. She will discuss the risks and benefits of the procedure, the different tablets and what the process is.

### First stage of the treatment – MIFEPRISTONE

The first stage of the treatment is a tablet called MIFEPRISTONE, this blocks the effects of progesterone, a hormone that maintains early pregnancies. Mifepristone prepares the womb for the second part of the treatment. You will go home after the tablet and be asked to return in 2 days.

Mifepristone can cause nausea and vomiting, if you vomit within 2 hours of taking it you should contact the Early Pregnancy clinic as you may need to come back for a repeat dose. Mifepristone can also cause vaginal bleeding – we would advise you to use

pads rather than tampons as it is easier to assess your bleeding with pads, we would also advise that you avoid sexual intercourse until the treatment is completed. Abdominal cramps are also common with mifepristone, and you will be given some painkillers to take home from the Early Pregnancy clinic in case you need them. You should not use aspirin, ibuprofen or similar drugs during this stage of your treatment (it is not dangerous to do so, but it does make the treatment less likely to work).

In some 15% of cases, women will miscarry after the mifepristone and do not need the second part of the treatment. If you think you may have miscarried, contact the midwives at the Early Pregnancy clinic and they will be able to advise you what to do.

## Second part of the treatment – MISOPROSTOL

The second part of the treatment is a different tablet, called MISOPROSTOL which is given into the vagina. The midwife will usually do this, but you may do so yourself if you prefer. Misoprostol causes the neck of the womb (cervix) to open and the womb to contract and empty itself. Two to four hours after the misoprostol, you will start to have period-like cramps and vaginal bleeding. This does not usually last more than a few

hours, but can be quite severe. The Early Pregnancy midwives will have explained what painkillers to take and you will have been given a supply of tablets. You should use the toilet the same way as if you were having a heavy period. After a few hours, the pain and bleeding should settle significantly and gradually tail off to nothing over 7 to 14 days.

The bleeding can be very heavy especially as you pass the pregnancy when you may pass big clots. If you are concerned about the amount of bleeding, please contact the Early Pregnancy clinic or the Admissions department if it is closed. The pain can also be quite severe, and if it is not controlled by the painkillers that you have been given, please contact the Early Pregnancy clinic or the Admissions department if it is closed.

Misoprostol can also cause nausea, diarrhoea or a short period of feeling hot and shivery.

Prolonged abdominal pain, persistent heavy bleeding and/or a green or smelly discharge might indicate infection and you should contact the Early Pregnancy clinic or Admissions if any of these occur.

It is important that you have another adult with you at all times until the miscarriage is complete and that you do not use public

transport home after the second part of your treatment.

If you wish the hospital to dispose of your pregnancy tissue, or to have it examined by the pathologists, you should discuss this with the Early Pregnancy midwives who will make the appropriate arrangements.

### Follow up

One of the Early Pregnancy clinic midwives will phone you the day after your misoprostol to check on your progress.

If you have not miscarried, she will discuss what your other options are.

If you are Rhesus negative, you will be offered an injection of Anti-D to prevent problems in future pregnancies.

