

Medical management of miscarriage at less than 10 weeks gestation

Hospital administration of medication



Information for patients

Gynaecology



We are sorry that you have received bad news about your pregnancy and we realise that this is a very difficult time for you. We have written this leaflet to explain the treatment options available to you.

What is a 'medical management of miscarriage'?

It is a medical treatment that involves taking medication to remove the pregnancy tissue from the uterus (womb) following a miscarriage. The medication works by causing the cervix (neck of the womb) to soften and open and the uterus to contract.

There are also a number of different treatment options that may be available to you. This will depend on the results of your recent ultrasound scan, and if you have any medical problems that we need to consider. The nursing and medical staff will discuss the treatment options with you to help you make an informed decision.

A miscarriage can also be managed in the following different ways:

- Expectant management (**pregnancy less than 10 weeks in size**) – waiting for the pregnancy to pass naturally without any medication.
- Medical management of miscarriage with home use of misoprostol (**pregnancy less than 10 weeks in size**).
- Surgical management of miscarriage (SMM) with a general anaesthetic – an operation to remove the remains of the pregnancy while you are asleep.
- Surgical management of miscarriage (SMM) with a local anaesthetic (**pregnancy less than 9 weeks in size**). This is also known as manual vacuum aspiration (MVA) – an operation using gentle suction to empty the contents of the womb while you are awake.

If you have chosen to have medical management of miscarriage with hospital administration of the medication, you will be given both stages of the medication in hospital (or the clinic). It does not involve surgery.

You will be given the first stage of the treatment (oral Mifepristone tablet) in hospital, and then return to the hospital 24 to 48 hours later for the second stage of the treatment (misoprostol tablets inserted vaginally).

Misoprostol has been extensively studied and is very commonly used for the treatment of miscarriage but the use of misoprostol for this indication is off-license (the drug company did not originally produce it for this purpose). It has proved to have a very good safety record.

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 to 90% of cases.

Are there any risks with this type of treatment?

Problems (risks) at the time of a miscarriage are not very common. The main risks are:

- Infection of the uterus after a miscarriage (up to 2 in 100 risk). This is usually due to a pre-existing infection. You will be offered screening before the treatment and may be given antibiotics. If an infection is not detected or remains untreated it may become severe, causing pelvic inflammatory disease (PID).
- Excessive bleeding (less than 1 in 1,000 risk). This may require a blood transfusion and/or surgical management.
- The treatment does not work very well or you have retained tissue (approximately 10 to 20 in 100 risk). This may require further medical or surgical management.

This treatment **may not be suitable** for you if you have any of the conditions:

- High blood pressure not managed or controlled by medication
- High cholesterol
- On long term cortico-steroid treatment
- On long term anti-coagulant treatment

Please inform the doctor or nurse caring for you and they will discuss this further with medical colleagues at the hospital.

Will I get any side effects from the drugs?

You may get some of the following side effects. Once the treatment has worked these side effects usually stop.

- Nausea: 40 in 100 women
- Vomiting: 20 in 100 women
- Diarrhoea: 15 in 100 women
- Headache: 16 in 100 women
- Dizziness: 25 in 100 women
- Flushes and/or sweats: 25 in 100 women

How many times will I need to attend the hospital?

Usually two times, once for the initial tablet and then a second time for the vaginal pessaries 24 to 48 hours later. Your partner or another family member or friend can accompany you during your treatment. When you are discharged home, it is advisable to travel by car or taxi, and be accompanied by an adult who is aware of your treatment and will be available to assist you following your second appointment.

Having a miscarriage can be painful. You can take simple pain relief such as paracetamol (+/- codeine) and ibuprofen. You can buy paracetamol and codeine over the counter at any pharmacy.

You can buy paracetamol and ibuprofen from a pharmacy, your local shop or supermarket. A hot water bottle is also useful for the relief of period type pains.

What happens at my first treatment appointment?

The doctor or nurse will check your medical details. They may also take some blood samples and vaginal swabs if these have not already been taken.

You will be given 1 oral mifepristone 200mg tablet to swallow with some water. This medication helps to prepare the body for the second stage of the treatment. After you have taken this tablet you can leave the hospital. If you vomit within 1 hour of taking the tablet, you will need to contact Ward G1, as the tablet may not have been absorbed so you may require another tablet.

You can carry on with your normal work and home life if you feel able to do so. If you would like a 'sick note' this can be arranged.

Please try to eat something before attending the hospital.

Between the two stages of the treatment, you may experience some bleeding and have period type pains. You can take simple pain relief such as paracetamol and ibuprofen. It is possible that you might miscarry after the first tablet. If you are worried, you should contact Ward G1.

Following your first appointment you will be given a time to return to the ward 24 to 48 hours later.

It is very important that you keep this appointment, even if you think that you have miscarried, so that we can confirm if the miscarriage is complete.

What happens at my second treatment appointment?

The nurse will ask you about any bleeding or pain that you may have had since taking the mifepristone. If you have had any other symptoms, please mention these to the nurse. If all is well we will continue your treatment.

Do not worry if you have not had any bleeding or pain as this is normal.

You will be given 4 misoprostol 200mcg tablets to take in hospital. These are normally given vaginally by the nursing staff but you can choose to have them through a buccal (between upper lip and gum) or sublingual (under the tongue) route.

* Some women prefer not to insert the tablets vaginally. The tablets can also be administered by placing under the tongue (sublingually) or between the upper lip and gum (bucally).

* For sublingual administration: Place the tablets under the tongue and allow to dissolve for 30 minutes, then swallow what is left in the mouth as directed.

* For buccal administration: Place the tablets high between the upper lip and gum and allow to dissolve for 30 minutes, then swallow what is left in the mouth as directed.

* For both sublingual and buccal administration you need to make sure that you leave the tablets to dissolve for at least 30 minutes before you have a drink, rinse your mouth or swallow the tablets.

The tablets do not have a pleasant taste and will feel chalky in your mouth. Taking the tablets this way may also mean that you experience more of the known side effects and they may be more severe.

You should start to bleed and experience period type pains within a few hours after having the misoprostol tablets.

You will also be offered a pain relieving suppository (that will be placed in your rectum) at the same time as the vaginal misoprostol tablets. Should you need any further pain relief, please ask a member of staff.

The amount of bleeding at the time of the miscarriage varies but most women would describe the bleeding as heavier than their normal period. You may pass some large clots. This can be frightening. Try not to worry; the nurses are available to support you.

Women vary in their reaction to this treatment. Some women have significant bleeding and pain, while others have minimal bleeding and pain. Most women are somewhere in between.

Some women will need the vaginal tablets repeating 3 to 4 hours later. The nurse caring for you may need to examine you before inserting the second dose of vaginal tablets. You will be offered some pain relief to help control the pain.

Once you have miscarried, the bleeding should start to slow down and the pain should start to go away.

When the vaginal tablets have been inserted, you will be asked to use a receiver every time you use the toilet so that the nurses can check to see if you have miscarried.

You may possibly see the pregnancy whilst using the toilet. The pregnancy tissue will be larger and more recognisable at higher gestations.

Under 8 weeks, you are only likely to see the pregnancy sac which is where the early pregnancy develops.

If you are closer to 10 weeks pregnant, the foetus is about 3cm long (the size of a large grape) and you may recognise its shape.

If you are uncomfortable going to the toilet on your own, please ask a member of staff who will be happy to assist you.

During your stay you may eat and drink as required.

You may need to have a speculum examination (like a smear test) before you are discharged home, to ensure no pregnancy tissue is left inside your vagina.

If no pregnancy tissue has been passed, or is not identified during the vaginal examination, you may need to stay in overnight for observation. Please be prepared for this and make any necessary arrangements before your admission, including childcare as required.

If you are clinically well, you may be allowed home and asked to return to the ward for a review 36 to 48 hours later. If you think that you have miscarried prior to returning to the ward, please still contact the ward for advice.

If necessary, an ultrasound scan may be performed to see if the medication has been effective. If the ultrasound scan shows the miscarriage is not complete, you will be offered further medical or surgical treatment.

We offer all women a one off dose of an antibiotic (Metronidazole) which you can take either orally (2 tablets) or rectally (1 suppository).

If you have previously had swabs taken and these show that you have a vaginal infection, you will be given additional antibiotics to take before you go home.

Practical information regarding your hospital admission

Please bring with you:

- An overnight bag, including a wash bag and towel.
- Comfortable clothing of your choice, for example pyjamas, shorts or jogging bottoms, t-shirt. Spare underwear.
- Loose clothing is recommended for wearing when you are discharged home.
- Please have appropriate and spare underwear for wearing a sanitary towel.
- Sanitary pads (not panty liners), as you will have some bleeding during the procedure that may be heavier than your normal period. It is recommended that you do not use tampons at this time as they make it more difficult to monitor your vaginal bleeding and can increase the risk of infection.
- Any medication you take or may need (such as an asthma inhaler).

Please do not bring into hospital:

- Unnecessary valuables (such as jewellery, money, credit cards, electrical equipment). If you do bring valuables into hospital, you are responsible for them. The hospital cannot be held responsible if any of your valuables go missing.
- Electrical equipment that requires charging, as phone, iPad, tablet and laptop chargers are not allowed. Please ensure any electrical equipment that you bring with you is fully charged as you will not be able to charge it at the hospital.
- Mobile phones can be used at the discretion of the ward staff.

Will I have any pain?

Most women have some period type pains during and immediately following the treatment. In some instances this can be intense. Usually this intense pain does not last for long. In a few women the period type pain may last for a few days after the miscarriage. The pain should be relieved by taking simple pain relief tablets such as paracetamol or ibuprofen.

How long will I bleed for after the treatment?

You may bleed for 2 to 3 weeks following the treatment. However, some women bleed less than this, while others may bleed up until their next period. If you are using tampons, please change them regularly to reduce the risk of infection.

How will I feel afterwards?

Women may experience a wide range of emotions following a miscarriage. Further information, advice and support is available from the Miscarriage Association: **www.miscarriageassociation.org.uk**

Investigations may be done during your hospital stay to try to establish a cause for your miscarriage. The doctor will advise you about these. You may be given an appointment for about 6 weeks' time to discuss the results with your consultant.

Try to take it easy for a few days; by then you should be recovering physically from your treatment.

Is it possible to become pregnant straight away?

Yes. However, it is advisable that you wait until your next period before you become pregnant again. Sexual intercourse can be resumed once the vaginal bleeding and pain has settled and when you feel ready and well.

If you are planning on trying to become pregnant again you should consider taking 400 micrograms of folic acid every day, ideally for 3 months before conceiving.

If you decide to delay a future pregnancy and want advice on contraception, the nurses will be happy to discuss this with you.

What happens to the pregnancy tissue?

The pregnancy tissue is usually sent to the laboratory to check that it is pregnancy tissue and that there are no obvious abnormal changes. You will need to give written consent for this investigation and the nurses will discuss this with you. The hospital will arrange a cremation in a sensitive and respectful manner at one of the Sheffield Crematoria.

Alternatively, you may be able to arrange a personal burial. This will depend on the amount of pregnancy tissue passed and the investigations performed. The nurses will discuss this with you.

Is there anything I should look out for when I go home?

You should contact the Gynaecology Ward (in the first instance) or your GP if you have any of the following:

- severe pain which is not relieved with simple pain relief tablets
- feel feverish, have a raised temperature or flu-like symptoms
- excessive or persistent vaginal bleeding
- an offensive vaginal discharge
- your period is later than expected and you still feel pregnant

Who can I contact if I have any questions?

If you have any concerns or need further information, please do not hesitate to contact:

Gynaecology Ward G1:

- **0114 226 8225**



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