

What follow-up will I receive after medical management?

You will be given an appointment to return 14 days later for an ultrasound scan. It is possible that there may be a small amount of tissue still remaining in the womb at this stage. This does not necessarily mean that a D&C will be required and further management will be discussed with you.

As part of your follow up we ask you to perform a home urinary pregnancy test two weeks after your ultrasound. If this is positive, please contact the Aislínn Suite for further follow up.

If you experience recurrent miscarriage we may organise an appointment for our 'Pregnancy Loss Clinic'.

When can I return to work?

This is dependent on you and how you feel. Many women choose not to return to work until after their follow-up scan. Normal physical activities can be resumed once you feel that you are ready but it is not unusual to feel tired and emotional during the next few weeks. We can provide a letter for your employer as necessary.

When can I get pregnant again?

It is safe to consider trying to conceive once you have had one normal period. It is a good idea to take folic acid (to reduce the risk of spina bifida) for three months before becoming pregnant.

What can I do if I am worried in my next pregnancy?

You may like to have the reassurance of an early scan in your next pregnancy. You should wait until you are 8-10 weeks pregnant before having this scan to ensure that the pregnancy is of a sufficient size for us to see it clearly. It can take up to three periods for your cycle to become regular again, so if you become pregnant before this, there may be some uncertainty about your dates.

If you have any questions or worries, Please contact:

Cork University Maternity Hospital:

Reception:	021 - 4920500
Emergency Room:	021 - 4920545
Bereavement & Loss Service:	021 - 4920500
Aislínn Suite:	021 - 4920550
4 South Ward:	021 - 4920688



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Cork University Maternity Hospital,
Health Service Executive,
Wilton,
Cork.**



A Guide To Medical Management Of Miscarriage



Ospidéal Máithreachais
na hOllscoile Corcaigh

Cork University
Maternity Hospital

We are very sorry that you have had a miscarriage and we understand that you may have some questions and concerns. The aim of this leaflet is to provide you with information regarding medical management of miscarriage.

Miscarriage is a common event which occurs in approximately one in five pregnancies. In most cases, the reason for the miscarriage can be difficult to establish. Research has demonstrated that more than two thirds of pregnancies miscarry because there is an error in the genetic make-up of the pregnancy. For the vast majority of couples, there is no preventative action that could have been taken by either partner, prior to losing the pregnancy

What are the different options for treatment of miscarriage?

In the past, the majority of women who were diagnosed with a miscarriage in early pregnancy underwent a D & C (dilatation and curettage). Recent research suggests that a D & C is not always necessary and instead many women are now managed medically (with tablets). There is no definitive evidence to suggest what the optimal method of miscarriage management is. Each method has been proven to be safe for women with a similar risk of infection (2-3%). Condom use during intercourse is recommended during your miscarriage to minimise the risks of infection.

Can I conceive again more quickly if I have a D&C?

There is no evidence that having a D&C improves

fertility. A D&C is not always necessary to 'clean out the womb'.

What does medical management involve?

Four misoprostol tablets are placed in the vagina as a pessary or taken by mouth. They work by softening the neck of the womb. You will be offered a choice between having a doctor administer the vaginal tablets or else self-administering them at home. Using the tablets as a vaginal pessary is associated with less gastrointestinal side effects and has a slightly increased efficacy when compared to taking them by mouth. This procedure is repeated 48 hours later unless heavy bleeding occurs.

Depending on the size of the pregnancy sac and your proximity to the hospital, you may be advised to remain in hospital after administration of these tablets until the miscarriage occurs. We advise that you take over the counter analgesia (paracetamol/solpadeine) for pain relief. NSAIDS (eg. Ponstan, Nurofen) should be avoided due to the potential interaction with Misoprostol. Recognised side-effects associated with misoprostol include diarrhoea, nausea, vomiting, hot flushes and chills. These should not be a cause for concern but you are welcome to contact the hospital if you are worried.

Is this a licensed use for these tablets?

Even though many studies have proved the efficacy and safety of this product, this drug is not licensed for use in treatment of pregnancy failure. It is not uncommon for drugs to be used for an unlicensed indication once they have been proven to be safe.

What do I expect after taken the tablets?

Most women will experience lower abdominal cramps and pain and vaginal bleeding. This bleeding could be heavier than a period and can last for 7 to 10 days. Eight to nine out of 10 women will miscarry completely within one week of taking the misoprostol (cytotec) tablets. It is recommended that you use sanitary pads instead of tampons during the miscarriage to minimise the risk of infection.

How do I know if I should return to hospital for assessment?

If the bleeding is excessively heavy (i.e. soaking more than one heavy pad every hour for more than two hours), it is advisable to attend hospital for assessment. You should also attend hospital if you develop severe abdominal pain which is not relieved by painkillers, a high temperature or if you feel very unwell. There is a possibility that you may require an emergency operation (D & C) after you are admitted to hospital.

If you notice an offensive (smelly) vaginal discharge in the weeks after your miscarriage you should have a vaginal swab performed to rule out infection. This can be done by your GP or you can attend our emergency room.