

## A Guide to Medical Management of Miscarriage

***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 advantages of medical management?**

- Can be performed at home or in hospital
- Avoids potential surgical complications and/or hospital admission

### **What are the disadvantages of medical management?**

- Feeling faint (1-2/100)
- Heavy bleeding (1/100)
- Heavy bleeding requiring blood transfusion (1/1000)
- Retained pregnancy tissue requiring further treatment (7/100)
- Infection (1-3/100)
- Side-effects of medication;
  - ≥ 1/10 diarrhoea, ≥ 1/100 - <1/10 nausea and vomiting, ≥ 1/1000 - <1/100 fever
- Requires follow up to ensure complete

### **What does medical management involve?**

Medical management involves two medications. The first, mifepristone, must be taken in the clinic and rarely causes any side effects/bleeding. Mifepristone prepares the body for the second medication and therefore must be given 24-48 hours before the second medication.

The second medication, misoprostol, will be given to you to take at home or in the hospital. Before taking misoprostol it is recommended you take pain relief. Over the counter medicine such as paracetamol and ibuprofen are advised. A hot water bottle or heating pad may also be beneficial.

It is advised to take misoprostol buccally; place the 4 tablets (800mcg) in your mouth between your gum and cheek. Leave the tablets there for 30 minutes to dissolve. Once the 30 minutes has passed, swallow the remainder with a glass of water. The tablets can also be taken vaginally which has fewer gastrointestinal side effects.

Pain/cramping typically starts within the first few hours after misoprostol but may begin as early as 30 minutes after. Ideally ensure you are in a comfortable environment with a supportive person. Pain may be stronger than that typically experienced during a menstrual period. Take further pain relief as required.

Recognised side effects associated with misoprostol include diarrhoea, nausea, vomiting, hot flushes and chills. This should not be a cause for concern, but you are welcome to contact the hospital if you are worried.

If there is no bleeding 24 hours (1 day) after taking misoprostol, please contact the EPU Kinsale Road (021) 4927441

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### What do I expect after taking the tablets?

Most women will experience lower abdominal cramps and vaginal bleeding. This bleeding could be heavier than a period and can last for 7 to 10 days (but may continue up to 2 weeks), spotting may persist until the next menstrual period. It is recommended that you use sanitary pads instead of tampons during the miscarriage to minimise the risk of infection. Condom use is also recommended to lower infection risk.

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

If the bleeding is excessively heavy (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 that 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 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 at our CUMH Emergency Room.

### What follow-up will I receive after medical management?

After discussion with you, you will be given the option of a home pregnancy test 3 weeks later or a follow up ultrasound 3 weeks later. It is possible that there may be a small amount of tissue ready, in the womb at this stage. This does not necessarily mean that surgery will be required, and further management will be discussed with you. If you have a positive home urinary pregnancy test 3 weeks later, please contact the EPU for further follow up. If you experience recurrent miscarriage, an appointment for the 'Pregnancy Loss Clinic' may be organised.

### What can I do with the pregnancy tissue I have passed?

When the miscarriage occurs, you will have bleeding and pass pregnancy tissue. Some women may want to look at it, others may not. If you decide to look you might see a sac and depending on the gestation, sometimes an identifiable fetus. There is no right or wrong way to dispose of any pregnancy tissue you pass. Some women feel comfortable passing everything in the toilet and flushing afterwards, others do not and would like alternative options, we can discuss what is most appropriate for you.

### 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 bleeding has stopped. 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 feel ready. 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:**

<b>Reception</b>	(021) 4920500
<b>Emergency Room</b>	(021) 4920545
<b>Early Pregnancy Unit</b>	(021) 4927441
<b>Bereavement &amp; Loss Service</b>	(021) 4920500
<b>2 South Ward</b>	(021) 4920628

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