Patient information

Medical management of miscarriage

Approximately 20% of all pregnancies miscarry and, in many cases, the miscarriage happens naturally without intervention. In some cases though, the ultrasound scan may suggest the baby has not developed normally or the pregnancy sac has not grown, and natural miscarriage has not occurred.

Missed miscarriage (also called ‘delayed’ or ‘silent’ miscarriage)

This term is used when a pregnancy is not developing appropriately and natural miscarriage has not occurred. This term is also used if the pregnancy sac in the womb is empty with no evidence of a baby. You may still have the symptoms of pregnancy. You may or may not have other symptoms like bleeding or pain.

Incomplete miscarriage

This is where some but not all of the pregnancy is miscarried. You may still have pain or bleeding which can be heavy.

Methods of management

In all situations described above, a full miscarriage is likely to happen naturally in time and some women choose this option. The process can be speeded up or ‘managed’ by medical treatment (drugs) or surgery (an operation).

Whatever choice you make, we will help you in what is a difficult time. You need to remember that there are no right or wrong choices and you must decide what feels right for you and you can change your mind if you so wish. Our medical staff will help you reach a decision.

It may help to know that research comparing natural, medical and surgical management found that:

- The risks of infection or other harm are very small with all three options
- Your chances of having a healthy pregnancy next time are equally good whichever method you choose
- Women cope better when given clear information, good support and a choice of management methods.

What are the risks?

Infection affects about 1 - 4 women in every 100. Haemorrhage affects about 2 in 100 women, the same as for natural miscarriage. In about 15 cases per 100 medical management is not completely effective in which case you would be offered repeat treatment or surgical management.

What are the benefits?

The main benefit is avoiding an operation and the anaesthetic that goes with it.

Some women see medical management as more natural than having an operation but more controllable than waiting for nature to take its course.

As with natural management, you may prefer to be fully aware of what is happening, to see the pregnancy tissue and maybe the fetus.

What are the disadvantages?

The disadvantages are very similar to those which occur with the natural management of miscarriage.

Medical management of a miscarriage

Medical management of a miscarriage is carried out using two medications, mifepristone and misoprostol.

The mifepristone is an anti-progesterone which is given as a tablet by mouth approximately 48 hours before the misoprostol. The mifepristone prepares the body to make the misoprostol more effective. Occasionally bleeding will start after mifepristone is given.

The misoprostol works by causing the womb to contract and expel the remains of the pregnancy. This usually happens within a few hours of taking the medication but can take a few days.

The treatment pathway is different depending upon the gestation of your pregnancy:

Miscarriages under 10 weeks:

You will be given a tablet of mifepristone at the hospital.

You will then be given a box with 4 tablets of misoprostol in it. You will need to insert these into your vagina 48 hours after the mifepristone tablet. We would suggest lying down and putting 2 of these tablets as high into your vagina as possible, then another 2 tablets. Lie on the bed for an hour after this to ensure they have time to work. The nurses will explain this in more detail to you if this is the option you will be taking.

Miscarriage from 10 - 13 weeks:

You will be given a tablet of mifepristone at the hospital.

48 hours later, you will be asked to return to the gynaecology ward F14 when you will be given some misoprostol tablets into your vagina and then some as tablets if you need them. You will stay in hospital until the miscarriage has completed and you are safe to go home. This is likely to be 12 to 24 hours.

Miscarriage from 13 - 16 weeks:

You will be admitted to the gynaecology ward F14, and given misoprostol tablets into your vagina every 3 hours until the miscarriage has completed. If this takes more than 24 hours you will be reviewed by the doctors to make a further plan.

The success rate for this treatment option is approximately 85% and this means that 85 out of every 100 women who have this treatment will have a complete miscarriage and require no further procedures.

Common side-effects and their management

Side-effect	Management
Pain / cramping: Cramping typically starts within the first few hours and can begin as early as 30 minutes following misoprostol administration. Pain may	It is recommended that you are sitting or lying comfortably after administration of misoprostol. Use a hot water bottle or heating pad.

be stronger than that typically experience during a menstrual period.	Use regular paracetamol. Use non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen.
Chills / fevers: Chills are transient but common side-effects of misoprostol. Fever is less common and does not necessarily indicate infection. Temperature elevation does not last more than a few hours. Though infection is rare, fever or chills that persist for longer than 24 hours may indicate infection.	Use paracetamol if required. You should contact F14: • If fever or chills persist for more than 24 hours • If you develop a fever/chills more than one day after taking the misoprostol
Bleeding: generally, vaginal bleeding will commence within one hour of misoprostol administration. Bleeding typically lasts 5 - 8 days (but may continue up to 2 weeks); spotting can persist until the next menstrual period.	You should contact F14 if: • You soak **more than two** extra-large sanitary pads per hour for more than two consecutive hours • You have sudden onset of heavy bleeding after bleeding has slowed or stopped for several days • You have continuous bleeding for several weeks with dizziness or light headedness
Nausea/vomiting: these symptoms may occur but will typically resolve within 2 - 6 hours.	Use an anti-sickness medication if symptoms do not settle after 6 hours.
Diarrhoea: this is a common, transient side-effect of misoprostol which should resolve within a day	Keep well hydrated by drinking clear fluid.
Infection: infections in the lining of the womb (endometrium) and within the pelvis are rare.	Infection is usually treated with antibiotics and resolves quickly.

Some frequently asked questions about the use of misoprostol

Is misoprostol safe for the treatment of incomplete miscarriage?

Yes, misoprostol has been used safely to treat incomplete miscarriage in thousands of women worldwide. There have been about 10 women admitted to hospital mostly for minor treatments among over 2000 women treated in recent clinical studies.

Are women satisfied with misoprostol for treatment of incomplete miscarriage?

Yes, satisfaction levels are high among women receiving treatment with misoprostol. Most women report that they would choose misoprostol if treatment was needed again in the future.

Is misoprostol safe for women who have never given birth and experienced a miscarriage?

Yes, misoprostol is a safe method for women experiencing a miscarriage who have never given birth.

Is misoprostol safe to use for women with a previous caesarean section?

Yes, there is no clinical reason to withhold misoprostol for treatment of incomplete miscarriage in women with a previous caesarean section.

What are the side-effects of misoprostol treatment?

Expected side effects include pain, cramps, nausea, vomiting, fever and chills. These side-effects are easily managed, transient and generally mild. Most women report the side-effects to be tolerable.

No, there is no evidence that misoprostol treatment increases the risk of infection.

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

When the miscarriage occurs naturally or with medical management, 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 on the toilet and flushing afterwards, others do not and would like alternative options, which could include burying your pregnancy tissue at home in the garden or in a pot with flowers. You might like to arrange your own private funeral or cremation. Alternatively, you can choose the hospital arrangements of a woodland burial, that occurs once a month. If you would like further information, please contact F14 ward or EPAU where staff can discuss your options with you in the first instance. The bereavement office is also able to support you with this and they are contactable on 01284 713410 and would be very happy to discuss and support your decision in what can be a very distressing and difficult time.

Useful contact numbers

Early Pregnancy Assessment Unit (EPAU) Monday to Friday 08.30am to 16.00 pm	01284 713143
F14 Gynaecology Ward	01284 713235 and 01284 713236

Useful reading

Leaflets from the Miscarriage Association: *Management of miscarriage: your options.*

Patient information from the National Institute of Health and Clinical Care (NICE): *Ectopic pregnancy and miscarriage: diagnosis and initial management*; Published December 2019

PETALS – charity offering counselling for parents who have experienced pregnancy loss

Thank you for reading this leaflet, should you wish to provide us with feedback on any part of your experience please email EPAUuserfeedback@wsh.nhs.uk. Please note this email is NO REPLY and is not checked regularly. Should you have a medical emergency please seek alternative medical advice or attend the emergency department if required.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo) *https://www.accessable.co.uk*

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