

Medical management (treatment) of first trimester miscarriage

We are very sorry that you are experiencing a miscarriage. We hope this leaflet will answer some of the questions you may have about medical management of miscarriage.

We also have an information leaflet called 'Miscarriage' that explains the different types of miscarriage and the treatment options available to you. If you still have questions or concerns after reading this leaflet please speak with the nurses or doctors in the clinic who will advise you further.

What is medical management (treatment) of miscarriage?

- Medical treatment uses medication that can either **start and/or complete** the miscarriage process.
- The medications used are called Mifepristone and Misoprostol.
- Mifepristone is taken orally followed by Misoprostol 48 hours later. Misoprostol seems to work most effectively when **placed within the vagina**.
- Mifepristone sensitises the womb to contractions and softens the cervix.
- Misoprostol causes your womb to contract so that the pregnancy tissue is pushed out. **You should then expect to have period-type cramping pains and heavy bleeding with clots.**
- You can **either take Misoprostol** at home or it can be inserted in hospital (you will need to stay in the clinic for about 30 minutes after the pessary has been inserted before going home).
- In most women the miscarriage ends after **1-2 days**. Lighter bleeding can last up to **3 weeks**.

When is medical treatment advisable?

- The treatment will help women who are experiencing a 'missed' miscarriage.
- This means there may be very little or no bleeding but an ultrasound has identified that there has been a miscarriage.
- Bleeding after a missed miscarriage may be delayed and can take some weeks (up to 3 weeks) to start and end.
- In about 80% of women, medical treatment will cause the bleeding to start and end at the time the medication is taken.

What are the benefits – why should I have medical management?

- It reduces the need for an operation and general anaesthetic.
- The risk of infection is low.
- In most cases there is **no need** to stay in hospital, **the miscarriage occurs at home**.
- You may feel more in control of your treatment

This treatment option is only available to women who meet strict guidelines:

- An ultrasound scan shows the pregnancy was less than 10 weeks
- Patient is able to attend regular follow up appointments as required
- Patient is able to communicate effectively to call for help when needed.

What are the risks of medical treatment?

- Unfortunately, the tablets do not work for everyone – in 20% of women (one out of every five) medical treatment will not work.
- The process of miscarrying can be painful. Most women will experience strong period-like cramps, especially as the pregnancy is expelled.
- If your bleeding/pain is excessive or the treatment does not completely empty the womb (incomplete miscarriage) you may need to be admitted to hospital for further treatment – which might require an operation.
- Even with successful treatment you may experience further bleeding for up to 3 weeks.

What are the side effects of the medication?

Unfortunately, **side effects are fairly common**. Most last between 2 and 24 hours.

- Some women will **feel sick and may vomit**.
- Some women have **diarrhoea**.
- It is quite common to **feel feverish** and sometimes **have a high temperature**.
- You may notice a **skin rash**. This should disappear within a few days.

What are the alternatives to medical treatment?

- Conservative/expectant management – waiting for the pregnancy to be passed ‘naturally’, without any medical or surgical intervention.
- Surgical management – an operation, under general anaesthetic, to remove the pregnancy tissue.
- For more information regarding these alternatives, please see separate leaflets:
 - Conservative / expectant management of miscarriage.
 - Surgical management of miscarriage.

Mifepristone and Misoprostol are not licensed for medical treatment of miscarriage – What does this mean?

- As medicines are usually sold to treat (carry a licence for) a specific disease/condition.
- Some medicines are found to be safe and effective for more than one condition.
- The medicine manufacturers do not apply for a licence for all of the conditions for which the medicine can be used.
- Doctors can still use these medicines for different conditions as long as the patient understands that there is no licence for that use.

- For example, Misoprostol is licensed to treat stomach ulcers. It is known to be **safe and effective in the medical treatment of miscarriage** but does not carry a licence for this treatment.

What happens next?

How do I prepare for medical treatment of miscarriage?

This will often be an emotional as well as physical experience and you will need to be as prepared as possible before starting the treatment.

- You will be asked to sign a consent form – this will state that you agree to the treatment and understand what it involves.
- If you have children at home it is advisable to organise family or friends to take care of them.
- It is very important to have someone with you for emotional support while you are miscarrying.
- Please have a good supply of large (or night-time) sanitary towels.
- Make sure that you have plenty of **painkillers**. Most women take paracetamol or ibuprofen and if necessary, these painkillers can be taken together, but please follow the recommended dosage.
- We will also provide you with a stronger painkiller (codeine) to take if required.

Will I get help and support from the clinic during the treatment?

Although your miscarriage is expected to occur at home, there is a 24-hour telephone helpline (Emergency Gynaecology Clinic number is 0118 322 7181) for all women wanting advice during the treatment. Women who need more care can be admitted to the hospital at any time.

What happens in the clinic?

- An appointment will be made for you in the clinic
- You will be given information and instructions on the medical treatment.
- You will be given the clinic telephone number and opening times.
- **Before leaving the clinic**, you will be given a pack containing the medications (Mifepristone and vaginal Misoprostol), a painkiller (codeine) and a pregnancy test to take home. If you have opted to have the misoprostol inserted in hospital then we will arrange an appointment for this to be done.
- **If it is inserted in hospital, you will need to wait for 30-60 minutes before you can go home.**

What should I expect at home?

Taking the medicine

- **When you are ready**, you should take Mifepristone orally.
- After 48 hours you should insert the Misoprostol tablets **into your vagina**.
- You can use your fingers or a tampon – the nurse in the clinic will explain how this is done.

Compassionate

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Excellent

- It is best to insert the tablets in the morning after you have passed urine.
- We advise that you wear a sanitary towel and lie down for about 30 minutes after inserting the vaginal tablets.
- The tablets take a few hours to dissolve. If they fall out, they should be reinserted into the vagina.
- Misoprostol tablets may be swallowed instead, but may be less effective than if taken vaginally. Evidence suggests that you are more likely to experience nausea/vomiting and or diarrhoea if taken orally. This is why we **advise that they are taken vaginally**.

What happens after taking the vaginal tablets?

- Bleeding normally **starts after a few hours** and usually **ends within 1-2 days**.
- You are likely to experience strong 'period type' **cramping pains** for the first 1-2 days. You should take regular painkillers.
- **Bleeding can be heavy** and you are likely to pass clots for 4 - 48 hours.
- The **bleeding can go on for up to 3 weeks** but should get gradually lighter over this time.
- If your bleeding continues for more than 3 weeks, call the clinic during normal opening hours.
- After 3 weeks, if your bleeding has stopped, take a home urine pregnancy test. We will provide you with this. It should be negative.
- **If your pregnancy test is still positive, please call the clinic during normal opening hours.**
- The medical treatment has finished if your pregnancy test is negative and the bleeding has stopped.

Are there any dos and don'ts?

- You can eat and drink as normal.
- After taking the tablets we advise **using sanitary towels and not tampons** until the miscarriage has ended.
- You should take showers (if possible) rather than baths until the miscarriage has ended.
- **Please take all unused Misoprostol tablets to any pharmacy / chemist or the clinic. Please DO NOT throw them down the toilet, into the rubbish-bin, or give them to other people.**

What are the side effects from the medication?

- Some women will **feel sick and may vomit**. This normally settles within 2-6 hours.
- Some women have **diarrhoea**. This usually gets better within a day.
- It is quite common to feel **feverish** and sometimes **have a high temperature** for up to a day.
- You may notice a **skin rash**. This should disappear within a few days.
- Side effects are fairly common. Most last between 2 and 24 hours. **If you are not coping with the side effects or they last more than a day, you can call the clinic at any time for advice.**

When should I call the clinic?

- If you feel **dizzy, faint or unwell** – call at any time.
- If you have a **temperature** and/or feel **feverish for more than 24 hours** – call at any time.
- If you **cannot cope with the pain after taking painkillers** – call at any time.
- If you are worried about **very heavy bleeding** (clots the size of your palm or soaking sanitary pads every 20 minutes) – call at any time.
- If **heavy bleeding goes on for more than 3 days** (the bleeding should get lighter with time) – call during clinic opening hours.
- If **light bleeding goes on for more than 3 weeks** – call during clinic opening hours.
- If **your home pregnancy test is still positive after 3 weeks** – call during clinic opening hours.
- If you have **smelly vaginal discharge** – call during clinic opening hours.
- **If you are worried about any aspect of the medical treatment of miscarriage – call at any time.**

Will I see the pregnancy tissue?

- You are likely to see blood clots. Some women may see pregnancy tissue (early placenta) or even the pregnancy sac and embryo (very early stage of a baby). The clinic staff can give you more information on how you might wish to manage this.
- If you wish, you can bring the pregnancy remains to the clinic. The tissue should be placed in a clean, dry container (the clinic can provide this for you if you wish). We will ask you to sign a consent form regarding management of pregnancy tissue – the staff in the clinic will discuss this with you.
- You may wish to organise a private burial or cremation.
- You may wish to bury the pregnancy remains on private land as long as you follow certain legal rules/regulations.
- For more information, please ask for the patient information leaflet called 'Sensitive management of pregnancy tissue'.

Will I get a follow-up appointment at the clinic?

A member of the early pregnancy team will call you 7 days after starting the medication to check on your progress.

If you have any concerns, at any time, please telephone 0118 322 7181 for advice.

When can I try for another pregnancy?

This will depend on how you feel. We advise that you wait for at least one normal period after the miscarriage. We also advise you to take folic acid when you are trying for pregnancy. Please speak to your GP if you need contraceptive advice.

When can I return to work?

This will depend on how you feel. Most women feel ready to return to work after a week but if you are struggling to come to terms with your loss your GP can provide you with a sick certificate if required.

Contact information

Emergency Gynaecology Clinic – **Sonning Ward**

Royal Berkshire Hospital

Level 5 Maternity Block

Reading RG1 5AN

Tel: 0118 322 8204 – This number is available 24 hours a day

Further information

- The Miscarriage Association Website: www.miscarriageassociation.org.uk Tel: 01924 200799
- NHS Website www.nhs.uk/Conditions/Miscarriage/Pages/Treatment.aspx

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Ms A Chase (Consultant O&G), June 2017

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