

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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## Medical Management of Miscarriage

### A patient's guide



We are very sorry that you are having a miscarriage. The aim of this information leaflet is to help answer some of the questions you may have about the medical management of miscarriage. It explains the benefits and risks of the treatment as well as what you can expect when you come to hospital. Alternative methods of management will also be discussed. If you have any questions and concerns, please do not hesitate to speak to a doctor or nurse caring for you.

### **What is medical management?**

Sometimes the symptoms of a miscarriage are not immediately obvious. You may have had a scan that showed that the pregnancy stopped developing some time ago. Alternatively, your scan may have shown that a miscarriage has already started but some of the pregnancy remains inside the womb. Instead of waiting for the miscarriage to happen naturally medical management uses a medication called misoprostol to speed up the process of miscarriage. Misoprostol works by preparing your cervix and making your womb contract to help push out the pregnancy.

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

- You are more in control of your treatment.
- No need to stay in hospital.
- If successful, avoids surgery and general anaesthesia.
- The risk of infection is low.
- Medical management is successful in about 80 to 90% of cases.

### **When can I try to get pregnant again?**

We advise you to wait for at least one period before trying for a new pregnancy. Some people prefer to wait longer as miscarriage can be a very upsetting time and they feel they need longer to recover. If you require contraceptive advice please discuss this with your GP. If you are planning a pregnancy after your first period, we advise you to take folic acid (400 micrograms daily) and Vitamin D. This is available from your local pharmacy.

### **When can I return to work?**

This will vary for each woman. You should be able to go back to work after a few days. It can take longer than this to come to terms with your loss and your GP can provide a sick note if required.

### **Contacts**

Contact us if you have any questions or concerns about expectant management or your symptoms. Please contact the Women's Diagnostic Unit on 020 7288 3786 Monday to Friday 8.00- 6.30pm. Outside of these hours, please contact the NHS advice line on 111 or speak to your GP.

The direct number for the Women's Diagnostic Unit is:

020 7288 3786.

Further information and support:

The Miscarriage Association.  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

## General Advice

We advise you to use sanitary pads and not tampons to lessen the chance of infection. It is advisable for you not to have sex until your bleeding has stopped. This is to allow the neck of the womb (cervix) to close and to reduce the risk of infection. You can shower as normal.

## Will I have a follow-up appointment?

We will arrange a telephone appointment for you three or four days after taking the misoprostol. This is to discuss whether the miscarriage has happened. We would also advise you to perform a home pregnancy test sometime after this to confirm everything has returned to normal. If you have not experienced any heavy bleeding we would then discuss options including repeating the treatment or choosing surgical management of miscarriage.

## How might I feel after medical management?

It is normal to feel tired after a miscarriage, both through the physical symptoms and also the emotional impact of the miscarriage. Miscarriage can cause a range of emotions for you and your partner. These may include anger, guilt, frustration, despair and feelings of loss and extreme sadness. The Miscarriage Association (details given below) offer many support services, including information leaflets, online forums and telephone advice and support. We have a counsellor that is available to both you and your partner. If you wish to see them please let your nurse or doctor know.

## What are the risks?

Bleeding can be heavy and you will pass clots.

Although rare sometimes you can become anaemic and may require a blood transfusion.

The process of miscarriage can be very painful. Most women will experience very strong period like pain and cramps. Some women find the process very painful especially when passing the pregnancy.

The tablets do not work for everyone. The failure rate is between 10-20% of women.

If the treatment does not completely empty the womb you may need to come into hospital and have surgery.

Bleeding can continue for you to three weeks after taking the medication.

## Giving my consent

We want you to be involved in any decisions about your care and treatment. You will be asked to sign a consent form if you decide to go ahead. This states that you agree to the treatment and understand what is involved.

### **How can I prepare for medical management?**

If you have children at home we recommend that you organise some childcare during the treatment. It is important to have somebody with you whilst you are miscarrying.

Ensure you have a good supply of large sanitary pads. Do not use tampons whilst bleeding.

Ensure you have an adequate supply of pain medication. We will prescribe you some stronger painkillers.

### **What happens during the medical management?**

Usually, you will need to insert the misoprostol tablets into the vagina at home. We recommend you insert them in the morning so you are able to access care and contact us throughout the day should you have any questions or concerns. To insert the tablets you need to first pass urine, put on the examination glove you have been given and push each tablet as far as you can up into the vagina. Then put on a sanitary pad and lie down for one hour. This prevents the tablets from falling out and allows time for absorption to occur. Pain and bleeding usually occur within a few hours of using misoprostol. We expect bleeding to be heavy with clots. It is not unusual to soak four-six pads in the first hour. You may see the pregnancy sac but you will not see a recognisable baby as it is still very early in the pregnancy.

### **Are there any side effects of the medications?**

Most women experience strong cramps and abdominal pains. These pains are usually strongest whilst the bleeding is heavy and should ease off quite quickly once the pregnancy remains have passed. We advise that you use pain relief medication such as ibuprofen, paracetamol and codeine. The hospital will provide you with a prescription for this. Chills are a common side effect of misoprostol but this should not last long. Fever is a less common side effect and does not mean you have an infection. If the fever or chills last longer than 24 hours after taking the misoprostol please contact us or your GP. The medication can sometimes make you feel nauseous and give you diarrhoea. You will be prescribed some medication to help with the sickness. It is important that you keep yourself hydrated. You may notice a skin rash after using misoprostol but this is less common.

### **When do I need to worry or contact a nurse?**

If you have very heavy bleeding and it does not seem as though it is getting better and you feel light-headed or dizzy.

If the pain medication you are taking is not working and you are still in significant pain.

If you have signs of infection which is a raised temperature, flu-like symptoms or a vaginal discharge that looks or smells offensive.

After treatment it is normal to bleed for up to two weeks with additional days of spotting for a further week. If you have continuous bleeding for more than two weeks please contact us.

In an emergency you can contact NHS 111 on telephone number 111 or attend your nearest Accident and Emergency (A&E) department.