North Cheshire and Mersey
NHS Foundation Trust

Medical management of a miscarriage

Gynaecology

Information for patients and carers

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Caring for you

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Medical management of a miscarriage

We are very sorry that you are experiencing a miscarriage. This can be an emotionally painful and overwhelming time for you and your partner. This information leaflet explains what medical management involves, what you can expect and the support available throughout your care.

Your healthcare team will discuss these options with you to help you decide what feels right for you.

Medical management uses medication to help your body pass the pregnancy tissue naturally. It is an alternative to waiting for the miscarriage to happen on its own (expectant management) or surgical management.

Medical management of a miscarriage is where medications are given to speed up the process of miscarriage. With this management, 2 out of 3 women will have completed their miscarriage after 2 weeks, and 4 out of 5 women will have completed their miscarriage after 4 weeks. It is safe and successful in 4 out of 5 cases. No option has been found to be better than another in terms of future pregnancies.

The aim is to allow the miscarriage to complete safely, whilst giving you control over where and when the process happens.

Attending the Gynaecology Assessment Unit (GAU)

When you attend the GAU, you will be seen by a doctor or advanced nurse practitioner (ANP). During your consultation:

- a consent form and a histology form (a form which allows us to look at the tissue more closely) will be completed
- routine observations (e.g. blood pressure, pulse and temperature) will be taken

The GAU is an emergency assessment unit and can sometimes be very busy. We aim to see you as quickly as possible, but there may be a wait.

First stage of medical management (mifepristone)

- You will be prescribed mifepristone 200mg, taken as an oral tablet.
- Two nurses will check the medication with you. They will confirm your date of birth and make sure you understand when and how you are taking it.
- After taking the tablet, you will stay in the unit for up to 1 hour of observation.
- Observations will then be repeated before you are sent home, provided that everything is stable. You will then be discharged home.

A sick note may be offered if you wish.

After you go home

- You will stay under the care of GAU and will have open access to the unit for advice or review.
- There is a chance you may start with pain and bleeding following the first tablet. If it is minimal, please continue to take the medications as planned. However, if you feel you have passed the pregnancy after the first tablet, please contact the unit and we will advise you on what to do next.
- Please telephone the ward before attending, as you will need to be triaged to ensure it is safe for you to come in. In some cases, if bleeding is very heavy, you may be advised to attend the Emergency Department (A&E) instead. Please note that GAU does not always have a full team available, so triage helps us direct you to the safest place for care.

Second stage of medical management (misoprostol)

Two days (48 hours) after your first tablet, you will use the second tablet at home. You will be given four 200mcg misoprostol tablets to insert vaginally as high as possible, along with anti-sickness and pain medication to take home with you.

The pessaries help the neck of the womb (cervix) to soften and open. They make the womb (uterus) contract, and this will help to induce the miscarriage. This means you will start to bleed and experience period-like pain. We recommend that you take pain relief regularly during your treatment if you have pain. We also suggest taking pain relief before you start the second part of your medical management.

If you are uncomfortable inserting these yourself, we can arrange for you to return to the unit 48 hours after taking mifepristone to have them inserted (and then go straight home afterwards).

If you have not had any bleeding after 48 hours of completing your misoprostol medication, please contact the Early Pregnancy Assessment Unit (EPAU) / GAU as you may need a further management.

If you have any questions or concerns, please contact the EPAU / GAU on the numbers below.

What to expect at home

We recommend that you have someone at home with you while going through this treatment.

The ward will provide you with large sanitary pads. We advise not using tampons at this time. It is difficult to say exactly when the pain and bleeding will settle. The heaviest bleeding rarely lasts for more than a few hours. Lighter bleeding can continue for up to 2 weeks. Once the miscarriage is complete (passed clots of blood

and tissue), the bleeding will ease and it will become much lighter. You could bleed on and off for up to 3 to 4 weeks following the treatment.

Any crampy pain will also stop.

Side effects of misoprostol

There are risks involved in all management options, but risks related to medical management of miscarriage include:

- chills
- fever
- nausea
- diarrhoea

If a fever or chills last longer than 24 hours after taking the misoprostol, please contact us or your GP.

You will be prescribed some medication to help with the sickness. It is important that you keep yourself hydrated.

Infection

Infection is uncommon and affects approximately 2 in 100 women. Signs include:

- raised temperature (fever)
- flu-like symptoms
- foul-smelling discharge
- worsening abdominal pain
- bleeding that gets heavier rather than lighter

Contact us straight away if you experience any of these symptoms.

Infections are treated with antibiotics. In some cases, you may need an operation to remove any remaining tissue (a surgical management of miscarriage).

The risk of infection is the same, whether you choose expectant management or active management (surgical or medical).

Extremely heavy bleeding

About 1 in 100 women have bleeding heavy enough to need a blood transfusion and some women will need emergency surgical management.

It’s a sign that you need to come to the hospital’s A&E if you:

- need to change your pads more than once every 30 minutes for more than 1 hour

- the bleeding is so heavy that it's barely worth getting up off the toilet

In some cases, pregnancy tissue gets stuck in the neck of the womb. This can be painful and distressing and the products may need to be removed during a vaginal examination.

Failure of medical management

The main risk is that the treatment does not work. Around 1 in 5 women will need surgical management. This may be because:

- you are bleeding heavily
- the medicine does not start the process of a miscarriage
- the process has started but some pregnancy tissue has remained inside the womb

In rare cases, pain can become very intense. If it becomes unmanageable at home, please contact the GAU or go to A&E.

Passing the pregnancy tissue

At earlier stages of pregnancy, it can be difficult to recognise when the pregnancy has passed – this is completely normal. It will often look like a large blood clot or a small pregnancy sac.

If you would like, the ward can give you a collection pot. You can place any tissue you are unsure about into the pot and bring it back to the hospital for the team to check. The hospital can arrange for the tissue to be examined (histology) and can also arrange sensitive cremation.

You can also care for this privately at home in whatever way feels right for you.

Follow-up after medical management

- Bleeding may continue for up to 2 weeks and sometimes up to 4 weeks. This is normal as your body recovers.
- You will be given a pregnancy test to complete 3 weeks after your medical management.

If the test is positive, please contact EPAU / GAU. A follow-up appointment will be arranged, usually including a scan, to check for any retained pregnancy tissue.

A referral to the Bereavement Service will be made on your behalf. They usually send an opt-in text message a few weeks after your management to offer a telephone follow-up.

If you would like to speak to someone sooner, you can contact the Butterfly Team directly by email ncm.butterfly.team@nhs.net or by phone 01925 275563.

When to seek urgent help

Please contact the GAU or emergency services immediately if you experience:

- very heavy bleeding (soaking through pads quickly)
- severe pain not relieved by medication
- fever, chills, or flu-like symptoms
- foul-smelling discharge
- feeling faint, dizzy, or generally unwell

If you are unsure whether your symptoms are normal, please call the GAU for advice.

When will things get back to normal

You can return to work as soon as you feel ready. You can self-certify any absence from work for up to 7 days. After this, you should speak to your GP if you need a sick note.

Most women will have another period in approximately 6 weeks. It might be slightly heavier than usual. If you tend to have a slightly irregular or long cycle, then it may take a little longer for your periods to return. If your period does not return, you might be pregnant again, so do a pregnancy test. If this is the case, you should see your GP for further advice.

You can try to get pregnant again as soon as you feel ready. We advise waiting until after your next normal period. This helps to estimate the likely date of conception better and time scans better. If you are planning to try for another pregnancy, we suggest you continue folic acid 400mcg once a day. If not planning for pregnancy, then start contraception once your pregnancy test is negative.

Emotional support and further help

Experiencing a miscarriage can be emotionally and physically overwhelming. People cope in different ways, and there is no right or wrong way to feel. You may experience sadness, shock, relief, guilt, anger, or numbness, all these reactions are completely normal.

Support is available for you and your partner:

- The Bereavement and Butterfly Team can offer emotional support, guidance, and a space to talk about your experience.
- Your GP and community services can also provide ongoing support if you need it.
- If you feel you are struggling at any point, please reach out – you do not have to manage this alone.

We understand this may be a difficult time, and our team is here to support you throughout your recovery, both physically and emotionally.

Contact numbers

- **Early Pregnancy Assessment Unit (EPAU)**
  01925 662320
- **Gynaecology Assessment Unit (GAU)**
  01925 662733 / 662063

Useful websites and documents

North Cheshire and Mersey NHS Foundation Trust

https://northcheshireandmersey.nhs.uk/

Miscarriage Association

https://www.miscarriageuk.org/?gad_source=1&gad_campaignid=19732812873&gclid=EAIaIQobChMI8ICDydm4IAMVKpdQBh1oER8UEAAYAiAAEgKgBPD_BwE

Tommy's miscarriage support tool

https://miscarriagetool.tommys.org/

4Louis

https://4louis.co.uk/?gad_source=1&gad_campaignid=20836306253&gclid=EAIaIQobChMI9Yitydq4IAMVCZhQBh0tNQznEAAYASAAEgKASPD_BwE

Cradle

https://cradlecharity.org/

Royal College of Obstetricians & Gynaecologists

https://www.rcog.org.uk/