

Patient Information Leaflet

Medical management of missed miscarriage

Produced By: Early Pregnancy Assessment Unit



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Missed Miscarriage

Your scan today shows that your pregnancy is not continuing. Sadly around 1 in 5 pregnancies miscarry in early pregnancy. A missed miscarriage happens when the baby has stopped developing, but the sac remains and your body continues to produce hormones that still make you feel pregnant.

Medical Management

Medical Management is offered to those who have been diagnosed with a missed miscarriage or who have had an incomplete miscarriage which has not settled over time. Medication can be given to allow the womb to release all the remaining undeveloped tissue.

Medical management is most effective during the first stages of early pregnancy. Many women opt for this treatment when a miscarriage is considered inevitable and they wish to speed up the natural process.

What are the Benefits, Risks and Alternatives?

The benefits of this treatment are that it speeds up the natural process and does not require an anaesthetic.

The symptoms of the treatment include heavy bleeding and abdominal pain (e.g. 'contraction' type pains).

The risk of medical management is there is also a possibility that this treatment will not be successful and a surgical procedure will be needed. Unfortunately it is impossible to say when this is will occur and it may well happen without the treatment.

Alternatives include waiting to see if the body deals with things naturally or the surgical procedure 'Evacuation of retained products of conception' (ERPC) under general anaesthetic.

How is the treatment given?

The treatment is given over two visits to the Early Pregnancy Assessment Unit (EPAU). Both the visits are for medication to be given.

How this medication works

Mifepristone works by blocking the action of the hormone which makes the lining of the womb hold on to the fertilised egg.

Misoprostol works by relaxing the cervix (neck of the womb) and making the womb contract. This is like a miscarriage naturally.

Visit 1

After an assessment and physical examination by the doctor you will be given a full explanation about the procedure. The doctor will discuss all the possible side effects and, if you decide to go ahead, you will be asked to give written consent to the treatment.

You will then be given a tablet (Mifepristone) to take with water. After ½ hour you will be allowed home. You may take paracetamol or codeine to ease any pain, but not aspirin or ibuprofen as these interfere with the treatment. You should not drink alcohol or smoke for at least 4 days after taking Mifepristone.

You can spend the 2 days between your visits to hospital in the normal way - at home or at work. There is a small chance that the miscarriage may occur at this stage but it is not common.

If you do have vaginal bleeding during this time, you should use sanitary pads instead of tampons to reduce any risk of introducing infection.

Visit 2:

48 Hours later.

The doctor or Nurse Specialist will talk to you again about the procedure and how you have reacted to the first medication. You will be asked to lie down and 4 tablets of Misoprostol will be inserted directly into your vagina. You will be asked to remain lying down for ½ hour to allow time for the tablets to be absorbed into the body. After this time you will be able to get up and walk around but you will need to stay here for up to 3 more hours. You can eat and drink normally during this time and we recommend bringing a book or something to do. You are welcome to bring someone to stay with you whilst you are here.

When you go home, it is **essential that someone can collect you** (i.e. not driving yourself or using public transport) and **stay with you** for 24 hours at home. Medication will be organised for you to take home together with instructions on how and when to take it.

It is normal to see tissue and clots passed following this treatment. You may experience heavy vaginal bleeding, also some abdominal pain, nausea, vomiting and diarrhoea. The medication you will be given to take home will help with this.

You will be given a pregnancy test and you should use this **2 weeks after the procedure**. Please contact EPAU if the test is positive.

You will also be given contact telephone numbers so that you can ring for advice if you need to. They are also on page 7 of this leaflet.

Complications

If the bleeding becomes very heavy (e.g. soaking 2 large sanitary pads in an hour) or very painful, you must **contact EPAU** (or the A&E dept after 5pm).

Any signs of vaginal infection such as prolonged bleeding, itchy or smelly discharge, lasting pain or a temperature should be reported to your GP as soon as possible.

Following the procedure

Staff from the EPAU will contact you by phone on the next working day after the procedure to check on your progress. You may be asked to return to the unit for further assessment.

The physical effects of miscarriage tend to clear up quickly. Any bleeding should cease within 7-10 days, with your normal period returning 4-6 weeks later. You should continue to use sanitary pads instead of tampons until your next regular period. To reduce the risk of infection, do not resume sexual intercourse until the bleeding has stopped. You can return to work and most activities within a day or two.

The emotional effects of miscarriage can be much greater. Grief is a normal reaction to miscarriage and it is usual for it to be as intense as after any other bereavement. If you feel you would like to talk to someone about it, please contact your GP who can provide support.

Some couples will decide that they want to begin trying for another pregnancy right away, while others may feel the need to wait a while. It is thought advisable to wait for 1-2 normal monthly cycles to allow the body to recover before trying again.

Further Information

The Miscarriage Association gives support and information for those suffering the effects of pregnancy loss.

Helpline 01924 200799

Website [www.miscarriage](http://www.miscarriageassociation.org.uk) association.org.uk

Contact numbers at St Mary's Hospital

The Early Pregnancy Assessment Unit
(01983) **552175.**

The Accident and Emergency Unit (A&E)
(01983) **534660.**

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