

Information for Patients

Medical Management of a Miscarriage (Over 10 Weeks)

We are sorry that you have received bad news about your pregnancy. We realise that this is a very distressing time for you. The staff are here to support and help you throughout this difficult time. If after reading this leaflet, there is anything you are worried about or unsure of, please ask or let us know.

What will happen?

<13+6/40 - less than 13 weeks and 6 days gestation by ultrasound scan.

Go straight to the 2nd stage section of this leaflet. (1st stage is not required at this gestation).

Date & time to attend 2nd stage Ward F16: _____

>13+6/40 - over 13 weeks and 6 days gestation by ultrasound scan.

Go to 1st stage section of this leaflet. (Both 1st and 2nd stages are required at this gestation).

Date & time to attend 1st stage at EGU: _____

Date & time to attend 2nd stage on Ward F16: _____

First stage

You will be given a tablet to swallow called *Mifepristone* which, when combined with vaginal pessaries, can considerably reduce the time and discomfort experienced during a miscarriage. It is an anti-progesterone which blocks the pregnancy hormone and causes the placenta to ease away from the wall of the womb.

What to expect after taking the Mifepristone tablet

Once you have taken the tablet, you may go home and will be given an appointment to return for the 2nd stage of the Medical Management of Miscarriage (36-48 hours later). This is an inpatient procedure and your nurse will arrange a date and time for you to attend for this treatment.

Sickness

You may feel unwell or sick in the first few hours after taking the tablet. If you do feel sick, you should drink plenty of water and eat small/light meals, if you can manage to do so. If you are struggling with sickness or would like an anti-sickness tablet at the time of the Mifepristone medication being given, please ask your Nurse.

If you are sick within two hours of taking the tablet, please contact the hospital as you may need to return for a further tablet to be administered. If you are unable to keep food or fluids down, please contact us on the telephone numbers provided below.

Pain

You may experience mild period-type pains once you have taken the tablet. This is normal. You can take Paracetamol for stomach cramps but **DO NOT** taken Aspirin or any non-steroidal Anti-Inflammatory medicines including Diclofenac, Ibuprofen or Nurofen, as this may affect the action of the tablet. If you are in any doubt, please seek medical or pharmaceutical advice. If you are already taking medication, please inform the Nurse/Doctor prior to treatment. If the pain is severe, do not hesitate to contact us on the telephone numbers provided below.

Bleeding

After taking the tablet, you may have some light bleeding so it may be advisable to wear a sanitary towel (do not use tampons). If the bleeding becomes heavy or you are worried, please contact us on the telephone numbers provided below.

NB: There are occasions where ladies have gone on to miscarry their pregnancy following the first stage tablet. Please contact the unit if you feel unsure of any symptoms or are worried. It may be advised for you to call an ambulance to bring you to the EGU.

Second stage

Vaginal pessaries are then given 36-48 hours later to induce the miscarriage. This is an inpatient procedure. The first dose of medication is administered vaginally; further doses of the medication will then be administered orally. These pessaries cause the neck of the womb (the cervix) to soften and open and the womb (the uterus) to contract. The time this takes varies from one patient to another. However, you should be prepared to stay in hospital for approximately 6-12 hours at a minimum and there is a possibility that you may need to stay overnight.

Your blood loss, temperature, pulse and blood pressure will be monitored as required. You may eat and drink as normal throughout your admission.

You may experience stomach cramps. This is quite normal and means that the pessaries are working. If you require pain relief to ease the discomfort, please do not hesitate to let your Nurse know. The amount of pain experienced varies and we cannot tell you how much pain you will be in. Sometimes pain is manageable with Paracetamol at other times patients require much stronger pain relief.

The pessaries can sometimes cause you to feel sick; if this happens, you will be offered anti-sickness medications.

You will be asked to use a bed pan every time you need the toilet so that the Nurse can check for blood loss and products of conception.

Diarrhoea can sometimes be a side effect of the pessaries. Please do not be embarrassed about this and you must continue to use the bed pan when going to the toilet.

When can I go home?

You can expect to be on the ward for 6-12 hours at a minimum with the possibility that you may need to stay overnight. It would be preferable for you to have someone to take you home and care for you overnight, however this is not essential.

The Nurse will tell you when you are able to go home and will try to answer any questions you may have before you leave. If there is any doubt as to whether the process is complete, an ultrasound will be arranged for you in 7-10 days' time. A letter will be sent to your GP informing them of your admission to the ward.

How will I feel?

Everyone feels differently, because we are all unique. Over the next few weeks, you may experience days when you feel completely "back to normal", but you may also have days when you feel sadness or a sense of loss. All of these feelings are normal, but you might find it helpful to talk to someone you know and whom you feel close to.

If you wish to talk to someone about your feelings and are unable to do so with a partner,

close friend or family member, you might like to consider contacting one of our Counsellors/Early Pregnancy Loss Specialist Nurses on the numbers provided below.

Pain

For the next week or two you may experience period-like cramps. We advise that you get plenty of rest. You can take any pain relief which suit you to ease any discomfort but please ensure that you follow the instructions on the packet. It is important that you do not exceed the stated dosage. Some women find that a hot water bottle also provides some pain relief and comfort.

Bleeding

The amount of bleeding you have may vary. You may bleed for up to two weeks or have little or no bleeding at all. Your bleeding may be bright red or dark brown and you may lose some small clots; do not be concerned about this. This is the endometrial (wall of the womb) lining where the pregnancy has been implanted returning to its normal size. Your next period may be heavier than usual and will usually commence 3-6 weeks after the treatment.

Why did I miscarry?

Unfortunately, we cannot always explain why a miscarriage happens. However, there are a number of tests which we can perform which may exclude possible reasons for why the loss occurred. Your Nurse will discuss and provide you with information about these at an appropriate time during your admission to the ward. You may need to sign some further consent forms for the tests to be carried out.

If I feel ready, when can I start trying for another baby?

It is perfectly safe to start trying for another pregnancy once you and your partner feel ready to (providing you feel well and have stopped bleeding). For date reasons, there is an advantage in waiting until your next period. However, if you conceive before your next regular period, there is no increased risk of miscarriage. If you are planning to get pregnant again, we recommend that you take folic acid tablets (400 micrograms per day) whilst you are trying to conceive, and continue to take them until the 12th week of the pregnancy. This helps to reduce the risk of spina-bifida (an abnormality of the baby's spine). You can buy tablets at your local chemist or supermarket or alternatively you can obtain them from your General Practitioner (GP)

Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks' gestation, Saint Mary's offers certificates of remembrance. If you would like to know more please ask your nurse.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service; you must call and speak with a specially trained nurse before attending to plan your care

There are no emergency gynae or early pregnancy services at Saint Mary's Hospital, Oxford Road

Gynaecology Ward F16 at Wythenshawe

(0161) 291 5060 (24 hours)

Early Pregnancy Loss Specialist Nurse

Maxine: (0161) 276 6571

(Monday – Thursday variable hours – answerphone available)

Counselling Service (confidential)

(0161) 276 4319

(Monday - Friday 8.30 am – 4.30 pm – answerphone available)

Useful addresses

The Miscarriage Association

Tel: (01924) 200799

www.miscarriageassociation.org.uk

www.earlypregnancy.org.uk

NHS Choices

www.nhs.uk

Saint Mary's Hospital Website

www.mft.nhs.uk/saint-marys