

Saint Mary's Hospital
Emergency Gynaecology Unit

Information for Patients

Out-patient medical management of miscarriage (Up to 9 weeks and 6 days of pregnancy)

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

Before we explain what happens next we would like to explain to you a little bit about the different types of miscarriages. We want you to understand these terms clearly, as during your care you may hear them being used.

Please attend for treatment:

on (date):

at (time):

Your follow up:

Pregnancy test to be performed on:

Telephone consultation arranged for:

What are the different types of miscarriage?

Early fetal demise/Delayed or Missed Miscarriage

This is when your baby has died but your body has not recognised that this has happened, which explains why you may only have had a little pain or bleeding or possibly not had any symptoms at all.

Early embryonic demise

This is also known as a blighted ovum or an anembryonic pregnancy. This is when the embryo has stopped developing at a very early stage of the pregnancy. Consequently only a gestation sac can be seen, but will not yet have been passed. This is why you may have only experienced a little pain or bleeding or possibly no symptoms at all.

Incomplete miscarriage

This is when most of the pregnancy has been lost, usually with the symptoms of heavier blood loss and abdominal pain. At your scan you will have been told that you still have some pregnancy tissues remaining in your womb. The medical term for this is retained products of conception or RPOC. Or you may have been told that the lining of your womb is still thickened - this is when it is measuring over 20mm.

What is medical management of a miscarriage?

You have chosen to have medical management of your miscarriage. This is where four tablets called Misoprostol are inserted vaginally (a pessary), either by the nurse or doctor, while you are in the hospital. Alternatively we can explain how to administer the medication yourself in the comfort of your own home. You can take the medication orally, but due to the dose there is an increased risk of vomiting when taken this way.

This medication is not specifically licenced for the management of miscarriage but it is safe and has been used for many years in this country and abroad, and is being offered at Saint Mary's Hospital.

Research has shown that when using medical management, approximately 90 to 100% of women with an incomplete miscarriage and approximately 80% of women with an early fetal and anembryonic demise will have a complete miscarriage without requiring further intervention or treatment.

What happens next?

You will be asked to attend the unit on a specific day (chosen by you). We will usually ask you to attend in the morning. You can expect your appointment to last approximately 1 hour.

A nurse will discuss with you any symptoms that you may have experienced since we last saw you. If all is well, and we have all of the necessary blood results available, your treatment can continue.

Misoprostol tablets will be inserted into your vagina by the nurse or doctor. Alternatively we can instruct you how to administer the medication by yourself at home; in this case you will be provided with the misoprostol pessaries along with anti-sickness and pain medication to take home with you.

The pessaries cause the neck of the womb (cervix) to soften and open. They cause the womb (uterus) to contract and will help to induce the miscarriage which means you will start to bleed and experience period-like pain initially. We recommend that you take pain relief regularly during your treatment if you have pain. You can buy Paracetamol over the counter and we can provide a prescription for Codeine if needed.

You can go home after the medication has been administered. You should take it easy for a couple of hours. After this time, you may find that moving around the house may ease any discomfort. You will need to buy some sanitary pads, not tampons, to use at home.

You should arrange for someone to take you home from the unit and stay with you at home during the treatment and overnight.

The miscarriage will usually take place 4 to 6 hours following the insertion of the tablets. In some cases the miscarriage may happen earlier or later.

During the treatment some women have very heavy bleeding and quite a lot of pain, whilst others have very little bleeding and mild pain.

What to expect at home

It is impossible to tell you exactly when you will start bleeding, how much you will bleed, or how much pain you will have, as this varies from person to person. Most women will start to bleed within the first 24 hours.

Some women may start bleeding straight away, while others may not bleed for two to three days or even longer.

If you have not had any bleeding after 48 hours, please contact EGU at as you may need a further dose of Misoprostol. If you have any questions or concerns, please contact the EGU on the number below.

At some stage, we do expect you to experience an episode of bleeding. This may seem heavier than a period and there may be clots of blood and/or tissue passed. There may be one episode that goes on for a few hours or repeated episodes which go on for a few days. This is normal.

You may also experience cramping type abdominal pain, similar to a period pain or sometimes ladies have described contracting type pains similar to labour. We recommend Paracetamol and stronger pain relieving medications as you require them. It is important to check the dosage on the boxes.

Once the miscarriage is complete (passed clots of blood and tissue) the bleeding will ease and it will become much lighter, but you could bleed on and off for up to 3-4 weeks following the treatment. Any crampy pain will also cease.

It is advisable to avoid intercourse whilst you are bleeding, to reduce the risk of infection.

Whilst at home you may also experience the following:

- Nausea or vomiting.
- Feeling dizzy.
- Temporary hot flushes or sweats.
- High temperature.
- Diarrhoea.

What if I have had no bleeding after 7 days and I've received 2 doses of medication?

If you have not had any bleeding or only had light spotting after 7 days we suggest you call the department as the treatment may have been unsuccessful. It may be necessary to ask you to return in order to discuss further treatment.

We understand that bleeding heavily at home can be frightening. Please do not hesitate to contact us if you are unsure of what to do.

What is too much bleeding?

If the amount of bleeding makes you **feel unwell, dizzy, faint**, frightened or if you are having to change your heavy sanitary pad more than every hour for more than a few hours then please contact EGU.

We will give you advice on whether the bleeding you are experiencing is normal and if you need to come to hospital.

What is too much pain?

If you are unable to cope with the pain by taking painkillers such as Ibuprofen, Paracetamol or Codeine then please contact EGU.

Hygiene

Avoid hot baths while you are bleeding heavily, as you may feel faint. Otherwise it is safe for you to take a warm bath or shower. Also avoid swimming while you are bleeding.

Work

Going back to work during and following a miscarriage is a very individual decision. Many women feel at least a few days off work may be necessary. Most work places allow you to self-certify for up to 7 days, but please let staff know if this is a problem and you require a sick note.



If you have any concerns regarding bleeding or pain or feel you cannot manage them at home, you must contact EGU, or NHS direct for further advice.

What follow up will I need?

The majority of women will have completed their miscarriage within 3 weeks. You will be advised to take a pregnancy test 4 weeks after your treatment. A nurse will plan with you a suitable day to call you to discuss your pregnancy test result, any symptoms you may still be experiencing and to answer any questions you may have.

It is important that you take the pregnancy test as planned to confirm that the treatment has worked.

Sometimes it may be necessary to have a scan if you are continually bleeding heavy or your pregnancy test result is positive.

You are welcome to contact EGU for advice at any time during your care and once discharged.

Anti D

Anti D will be administered to you if you have a negative blood group. This is necessary to protect you from developing antibodies which may affect future pregnancies. A more detailed information leaflet will be given to you if you require Anti D.

Aftercare

Bleeding

You may have some bleeding, on and off for up to 3-4 weeks. Please use sanitary towels and not tampons during this time to avoid the risk of infection.

Your next period may occur 3–8 weeks following your miscarriage; it may be heavier or lighter than you are normally used to and may last a bit longer.



It is important to contact EGU or your GP if you have continuous bleeding, heavy bleeding, are passing clots, have pains or a smelly discharge.

Signs of infection

Increased bleeding or pain, or developing an offensive smelling vaginal discharge may be a symptom of infection.

You should contact the Emergency Gynaecology Unit (EGU) or your GP immediately if you develop any of these signs of infection as you may require antibiotic treatment.

Sex

To help prevent infection, wait until your bleeding has stopped before you resume intercourse; you should also feel ready in yourself and use adequate contraception (unless you wish to try to conceive again straight away).

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 may feel sadness or a sense of loss. All 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 on the number given at the end of this leaflet.

If you have any other questions not covered in this leaflet, please do not hesitate to ask your nurse or doctor.

Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks' gestation, Saint Mary's Hospital offer certificates of remembrance. If you would like to know more, please ask your nurse or if you have been discharged please contact the Early Pregnancy Loss specialist nurse or the Emergency Gynaecology Unit.

Saint Mary's Hospital contact numbers:

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

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