



## Saint Mary's Hospital

Gynaecology Service – Emergency Gynaecology Unit (EGU)

# Out-patient medical management of miscarriage

(Up to 9 weeks and 6 days of pregnancy)

**Please attend for treatment:**

on (date):

at (time):

**Your follow up:**

Pregnancy test to be performed on:

Telephone consultation arranged for:

Appointment in EGU arranged for (if applicable):

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.

## **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 miscarriage?

You have chosen to have medical management of your miscarriage.

This is where four tablets called Misoprostol are inserted vaginally, either by the nurse or doctor, while you are in the hospital. You can also 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) and time – 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, your treatment will continue.

There is a waiting room for a friend or relative to stay during your visit, or if you prefer, they can come into the treatment room with you.

Misoprostol tablets will be inserted into your vagina. These tablets help your uterus to contract in order to expel the pregnancy, which means you will start to bleed and experience period-like pain initially. Pain relief will also be given to you at this time.

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.

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.

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. 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 (you have 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 cramping 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 24 hours?**

If you have not had any bleeding or only had light spotting after 24 hours we suggest that a further dose of 400mcg of Misoprostol is taken orally. You may have decided to take this home in case you require this dose. If you do not use this dose, please bring it back into the hospital at your next appointment. If you have not been given this medication to take home with you or are not sure whether you need to take the medication, please contact EGU for further advice. It may be necessary to ask you to return in order to administer a further dose of Misoprostol orally to you.

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.

You are welcome to just attend our 24 hour service if you require help or advice at any time.

## What is too much pain?

If you are unable to cope with the pain by taking pain relief 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, Ward 62 or your GP 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 3 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.

Otherwise, if you prefer, we can arrange for you to attend EGU to speak to someone in person and have a blood HCG taken.

It is important that you take the pregnancy test or attend your appointment 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 time in our 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 than you are normally used to and last a bit longer.



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

- **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).

- **Feelings**

It is normal to feel a range of emotions after a miscarriage. You may feel, for example: relieved, sad, numb, confused or angry. It is common to feel 'up and down' for a while.

If you feel you need to talk to someone, or, if you have any questions or concerns, please call the unit on (0161) 276 6204 to speak with one of our specialist nurses. If you would prefer to speak to our counsellor, you can arrange an appointment by contacting Family Support on (0161) 701 8700.

- **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.

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

## **Helpful contact numbers:**

EGU:	(0161) 276 6204 8.00 am – 9.30 pm, Monday – Sunday
Ward 62:	(0161) 276 6105 (24 hours)
Family Support:	(0161) 701 8700 8.00 am – 4.00 pm, Monday – Friday

## Violence, Aggression and Harassment Control Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

## Comments, Complaints, Concerns & Compliments

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL
- Log onto the Patient Opinion website [www.patientopinion.org.uk/](http://www.patientopinion.org.uk/) – click on 'Tell Your Story'

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: (0161) 276 8686 e-mail: [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk). Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

**Please use this space to write down any questions or concerns you may have.**

## No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Central Manchester site.

For advice and support on how to give up smoking, go to <http://www.nhs.uk/smokefree>.

## Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تتص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کرسکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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