

The Women's Centre
John Radcliffe Hospital

Medical miscarriage

Information for patients



Medical management of miscarriage

We can now use medicines to treat an early miscarriage without the need for an operation. The hospital doctor may suggest this treatment for you after the diagnosis of a miscarriage has been made. If you choose to go ahead you will be given an appointment to attend hospital for the 1st stage of your treatment.

What medical management of miscarriage involves

The treatment involves:

- Being assessed and examined by a doctor at the hospital. We will take a blood test to find out your blood group and blood count.
- Taking a tablet called Mifegyne at the hospital. This is known as the 1st stage.
- Being given vaginal prostaglandin tablets in hospital 2 days later. This is the 2nd stage. You will be at the hospital most of the day.
- Having a final check-up 1 or 2 weeks later with your GP.

We will ask you for your written consent for the treatment to take place.

How Mifegyne and Prostaglandin work

Mifegyne works by blocking the action of the hormone which makes the lining of the uterus (womb) hold onto the fertilised egg.

The Prostaglandin tablets work by relaxing the cervix (neck of the womb) and making the uterus contract. This is like a miscarriage.

What to bring with you

You will need to bring sanitary towels (not tampons) and toiletries.

You should wear loose, comfortable clothes and bring something to keep you occupied – such as books, music (with earphones), puzzle, laptop etc.

You can eat and drink as normal and we will provide tea, coffee and sandwiches. There is also a League of Friends coffee bar near the ward.

Risks

- About 5 in 100 women need to have a minor operation called an ERPC (evacuation of retained products of conception) to stop continuing bleeding due to some pieces of tissue being left behind in the womb.
- In 1 in 100 women the medicines will not work. If this happens we may advise you to have a surgical evacuation of pregnancy – see above.
- Infection – symptoms are a discoloured or smelly discharge, lasting pain or a temperature. You should contact your GP if you have any signs of infection.
- Almost all women who have had a miscarriage will be able to become pregnant again if they want to. But it is not possible to guarantee that you will become pregnant again.

The treatment

1st stage

We will give you the Mifegyne tablet to take in hospital. You can go home straight afterwards and we will give you an appointment to return to hospital 2 days after taking the tablet.

You can spend the 2 days between your visits to hospital in the normal way – at home or work. During this time you may experience increased nausea (feel sick), start to bleed vaginally or have period-like pains. You may take paracetamol or codeine to ease the pain, but not aspirin or ibuprofen (see below). There is a small chance that the miscarriage will occur (1 in 100 women). If you do have vaginal bleeding you should use sanitary pads not tampons.

Painkillers and other medicines: Some medicines can interfere with the treatment and should not be taken after you have taken the Mifegyne tablets. This includes painkillers such as aspirin and ibuprofen. Please tell the hospital doctor about any medicines that you take.

Smoking and alcohol: You should not drink alcohol or smoke for at least 4 days after taking the Mifegyne tablets.

2nd stage

At your second visit to hospital the prostaglandin tablets are inserted into your vagina. You can either do this yourself, or it can be done by the nurse. This causes contractions which are usually felt as strong period-like pains. We will give you a suppository for pain relief to begin with. Later you can have oral painkillers if you need them.

Bleeding will usually start after about 1 hour. You may feel sick and have diarrhoea during this time. You can have anti-sickness medicines if you need them. Most women miscarry within 4-6 hours of the prostaglandin being given.

You will notice largish clots of blood and tissue coming from the vagina, like a very heavy period. The tissue will be disposed of by incineration, in accordance with hospital policy. If you have any questions about this, please ask one of the nurses.

It is not necessary to go to bed or lie down – you may feel more comfortable walking about. You are very welcome to bring someone to stay with you while you are here.

If your blood group is Rhesus Negative we will offer you an injection called anti-D. This is to prevent your body from producing antibodies against a future pregnancy. (A separate leaflet is available about this.)

Once the miscarriage or bleeding has settled you may be re-examined. **If all is well you can go home providing someone can collect you and that there is someone to stay with you overnight.**

A small number of women do not miscarry in hospital but do so after they have gone home. In this case you will be asked to come to the urgent gynaecology clinic for a scan after 10 days to check that you have miscarried.

What happens afterwards

You may bleed for up to two weeks and some women will have a slight blood loss until their next period starts. This is quite normal. You should use sanitary towels instead of tampons until your next regular period to avoid the risk of infection. Do not have sexual intercourse until the bleeding has stopped.

If you have a lot of bleeding you must see a doctor as soon as possible as you may need to have an ERPC (see p. 3).

If you have a discoloured or smelly vaginal discharge, lasting pain or a temperature you need to contact your GP as you may have developed an infection.

We advise you to see your GP after 1-2 weeks to check that everything is back to normal. We will discuss this with you. We recommend that you have one normal period before you try for another baby.

Emotional recovery

You may feel low for a short time after the miscarriage, but as your body returns to normal this should settle. Look after yourself and give yourself time to recover. If you feel it would help to talk to someone about it, you may like to talk to our Counsellor (see telephone number below) or one of the doctors or nurses at your GP practice.

Remembrance book

We recognize that this is a difficult time for you and you may find it helpful to write about your thoughts and feelings in our Remembrance Book. A member of staff will give you more information about this.

How to contact us

If you have any concerns immediately after your treatment (the same evening or overnight), if you are worried about the amount you are bleeding, or if you don't feel well, you can contact us as follows:

Gynaecology Ward: **Telephone (01865) 222001**

Gynaecology Day Unit: **Telephone (01865) 222014**

After 8am the next morning you should contact your GP if you have any concerns.

To contact the Counsellor: **Telephone: (01865) 221235**

Family planning advice: **Telephone (01865) 456666**
Alec Turnbull Family Planning Centre

or contact your GP

Name

Arrangements have been made for you to be given the
Mifegyne tablet in the:

Gynaecology Outpatients Department /
Gynaecology Ward *

Day Date

Time

and for the Prostaglandin treatment on the:

Gynaecology Outpatients Department /
Gynaecology Ward / Day Surgery Unit *

Day Date

Time

*delete as necessary

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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