



Early Pregnancy Assessment Clinic (EPAC)

Medical Management of Miscarriage after 12 weeks (hospital admission)

Introduction

If you have been given this leaflet, it is likely that you have had a scan that has confirmed a late miscarriage. You may have experienced some warning, for example bleeding or discharge from your vagina and/or pain, or you may have stopped feeling pregnant. Sometimes there are no signs at all that things may be wrong, and the news can be shocking. This will be a devastating time, and you, your partner and your family may feel a range of emotions.

With some miscarriages, the uterus (womb) empties itself completely. In other cases, the scan shows that the baby has died or not developed but has not yet been physically miscarried. This leaflet will help you to understand what to expect if you have not miscarried spontaneously and need medical intervention.

What happens

Due to the stage of your pregnancy, it is recommended that you are admitted to a ward for medical management of your miscarriage.

The treatment involves taking oral/vaginal tablets to speed up the process of a confirmed miscarriage. This will be done on the ward, in hospital and can take a few days. You will initially be seen by a midwife/nurse or doctor and assessed as to whether this method is suitable for you. Before taking the tablets, we will need to do a simple blood test to check if you are anaemic.

The procedure will be explained to you, and you will be asked to sign a consent form before beginning the treatment. The treatment is in two parts:

- You will firstly be given some oral tablets called Mifepristone and will be able to go home after 2 hours.
- You will then be asked to return in 48 hours for the second part of your treatment. This consists of vaginal tablets called Misoprostol which will be administered by a nurse or doctor. They will be inserted high into your vagina digitally (with a finger). You will need to stay on the ward until the procedure is complete.

Misoprostol is not licensed at present for the induction of labour; however it has been endorsed by NICE (National Institute for Health and Care Excellence) and the RCOG (Royal College of Obstetricians and Gynaecologists) to use for this procedure.

We encourage you to have someone with you for support on the day of the treatment as it can be painful, and the bleeding may be very heavy with clots. The staff will provide you with regular painkillers which we advise you to take regularly, and you will need to use sanitary pads, not tampons. Once the procedure is complete and you feel well enough, you can go home.

Some women prefer to be fully aware of the process of miscarriage and may want to see the pregnancy tissue and perhaps the fetus. Some feel this helps them to say goodbye and guidance will be given on what to do with the remains of your baby.

If you have had several pregnancy losses, we may recommend sending the pregnancy for genetic testing to see if we can find a possible reason for the miscarriage.

What to expect at home

Recovery time varies from woman to woman. Some women experience light bleeding and abdominal cramps for a few days afterwards, although it may be for a little longer. Your menstrual cycle usually returns after approximately four weeks but may take longer to return.

Are there any risks?

The risk of infection after medical management is low, at around 1 in 100. Signs of infection are a raised temperature and flu-like symptoms, a vaginal discharge that looks or smells offensive and/or pelvic pain that gets worse rather than better. Treatment is usually with antibiotics. However, in some cases it may be advisable to be readmitted for surgical management of miscarriage.

There is a small risk of haemorrhage. A recent study reported that 1 in 100 women had bleeding severe enough to need a blood transfusion. In the unlikely event of having heavy bleeding or feeling unwell at home, please get someone to take you to the nearest Emergency Department. It is very important that you have support during this time and that you can rely on a family member or close friend to be at hand if you need any help.

Some women may have mild diarrhoea and nausea as a side effect of the Misoprostol. Some women feel anxious about how they might cope with the pain and bleeding. They may also be worried about seeing the fetus and find the process frightening. Good information about what to expect can help.

Follow-up

Bleeding can continue for up to 2-3 weeks, although usually it can be less than this, after which we will ask you to perform a pregnancy test. If this is negative and the bleeding has settled, this means that the miscarriage is complete, and no further action is required. If the test is still positive, or if there is still bleeding and/or pain, we may need to arrange a rescan or to take a blood sample.

Contacts

We hope that you have found the above information helpful, but further information and support may be obtained by contacting:

Forget-Me-Not, Dorset Baby Loss Support Group
07795 318318

The Miscarriage Association
01924 200799
www.miscarriageassociation.org.uk

Hospital Chaplain, Dorset County Hospital
01305 255198

Early Pregnancy Clinic, Dorset County Hospital
01305 255760 (24-hour contact number)

Your GP may also be able to offer support. Your physical recovery may not take very long. However, emotionally, it may take some time, and it is possible that feelings of loss will always be with you.

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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