

Home Medical Management of Miscarriage

We are sorry you are having a miscarriage. Following discussion you have opted for a home medical management, whereby medicines are used to initiate the miscarriage process. Below is a bit more information regarding this.

Preparing for a Home medical management?

- If you have children at home we recommend you organise childcare during the treatment if possible.
- It is recommended to have a responsible adult with you whilst you are miscarrying.
- Ensure you have a good supply of large sanitary pads.
- Ensure you have an adequate supply of pain medication – we would recommend having some paracetamol and codeine at home should you need it (unless you have been advised you shouldn't take either of these medications in the past).

First Appointment

You will be given a Mifepristone tablet to swallow. This works by blocking the action of the hormone progesterone, and this allows the pregnancy to separate from the lining of the womb. If you happen to vomit within two hours of leaving the hospital after taking this tablet please telephone EPAU, as the drug may not work.

The nurse will then give you the medications pack to take home and will show you how to administer the vaginal pessaries 48 hrs later by yourself.

What happens if I start to bleed?

If following this tablet, but before the next planned part of the procedure, you begin to experience heavy bleeding with or without pain, you may be beginning to pass the pregnancy. You are safe to manage this bleeding at home, but if bleeding becomes extremely heavy, whereby you are passing large blood clots (larger than 50p) for any length of time, filling more than a pad every 15 minutes, or begin to feel unwell, or are not coping with simple analgesia at home, you should ring Cley ward: **01603 287242 (24 hours)**

If you believe you may have passed the pregnancy, but are not immediately concerned about your symptoms please call EPAU (**01603 286250**) to discuss whether or not you still need to insert the pessaries/ arrange any follow up.

Two days later

Two days after you have taken the tablet you will be asked to self-administer some medications at home. You will have been given 4x small vaginal pessaries (Misoprostol), a sachet of lubricant, 2 rectal suppositories (1x Diclofenac (analgesia), 1x Metronidazole (antibiotic)) and a 7 day course of oral antibiotics to take twice a day (Doxycycline).

Vaginal Pessaries (Misoprostol)

Misoprostol causes the uterus (womb) to contract. We recommend you insert these in the morning at around 8am so you are able to access care and contact us throughout the day should you have any questions or concerns. To insert these tablets you need to first pass urine, then using a small amount of lubricant, push each tablet as far as you can up into your vagina. You can either insert the 4 pessaries at the same time, or individually, whichever you are more comfortable with. Then put on a sanitary pad and lie down for at least 15 minutes. This prevents the tablets from falling out and gives your body time to absorb them.

Misoprostol can cause some side effects, such as:

- Chills are a common side effect, but this should not last long. Fever is less common and does not mean you have an infection. If the fever or chills last longer than 24 hours after taking the misoprostol please contact Cley Ward.
- Nausea and vomiting may occur but should get better within two to six hours.
- Diarrhoea may occur but should get better within a day.
- Skin rash may occasionally occur.

Rectal Suppositories (Metronidazole and Diclofenac)

Metronidazole is an antibiotic. Once you have inserted the pessaries roll on to your left side and bring your knees up towards your stomach, then using a small amount of lubrication, gently insert this into your rectum.

Diclofenac is a Non-steroidal Anti Inflammatory pain killer, also for rectal insertion. We would advise you to insert this at the start of the procedure with the aim to control the pain as the miscarriage progresses, however if you prefer you can wait to insert this until later when you start experiencing more pain, however it can sometimes be quite difficult to manage the pain if you leave it until the cramping is very strong.

Oral tablets (Doxycycline)

This is another form of antibiotic. You should start taking these on the day you insert the other medications. Take one tablet twice a day for 7 days. These should help reduce the risk of any infection, however if you do begin to feel at all feverish or unwell, or develop a smelly discharge please call Cley Ward (01603 287242) or EPAU (01603 286250) for further advice.

What will happen now?

Pain and bleeding usually occur within one to two hours of inserting the misoprostol. Some women find that it may take a few hours for bleeding to begin, even if they are already experiencing pain. You should expect the bleeding to be heavy with clots. It is not unusual to soak four to six pads in the first hour. You may see the pregnancy sac, and depending on how far the pregnancy developed, you may pass a small but possibly recognisable baby. One of the nurses or doctors should have explained more specifically what you may see in relation to your personal miscarriage, but if you are unsure please do ask one of the nursing staff, or call EPAU to go through this.

Most women experience strong cramps and abdominal pains. These pains are usually strongest while the bleeding is heavy because the womb is contracting and pushing. This should ease off quite quickly once the pregnancy, or pregnancy tissues, have passed. We advise that you use pain relief medication such as paracetamol or codeine. If you are not able to manage the pain at home please call **Cley ward (01603 287242)** or **EPAU (01603 286250)**.

Miscarriage at home can seem scary but please do not feel alone, we would like to support you through this difficult time, so please do not hesitate to contact Cley ward or EPAU if you are concerned.

When should I contact the hospital?

- If you have very heavy bleeding whereby you are soaking through a pad more than every 15 minutes, or passing large clots (larger than 50p size) and it does not seem as though it is getting better
- If you feel light-headed or dizzy.
- If the pain medication you are taking is not working and you are still in significant pain.
- You have signs of infection, such as a raised temperature, flu-like symptoms or vaginal discharge that looks or smells offensive.

General advice

- We advise you to use sanitary pads and **not tampons** to lessen the chance of infection.
- We advise you to not have sex until your bleeding has stopped. This allows the neck of the womb (cervix) to close and reduces the risk of infection.
- You can shower as normal but we advise using plain water without scented products or antiseptics.
- Lying in a hot bath can make you feel faint, so it may be better to avoid this.

Follow up

Phone call

A nurse will give you a telephone call the morning after you are due to insert the pessaries to ensure that you have passed the pregnancy, however, if you are concerned please do not hesitate to contact them at any point. The majority of women will have miscarried after 12 hours, but if after 48 hours you have had no/minimal bleeding and do not believe anything has passed, please contact EPAU for further advice.

Urine pregnancy test

You need to perform a home urine pregnancy test after 3 weeks to ensure complete passage of the pregnancy or pregnancy tissues and call EPAU with the results. As long as your bleeding has fully settled and the pregnancy test is negative, no further follow up will be required. If the pregnancy test remains positive and/or you are continuing to bleed, one of the nursing team will discuss further with you what is required. This may involve repeating the pregnancy test again in another week, or attending the hospital for a scan to exclude retained tissues.

Recovering

Your next period:

After your bleeding from the miscarriage has stopped you should usually expect to receive your next period in 2-8 weeks' time. This period may be heavier or contain more clots than normal, and you shouldn't be concerned if this is the case.

Trying for another pregnancy

We would recommend waiting until you have had one **normal** period before trying for another pregnancy. This is to make sure all the pregnancy tissue has passed.

Contraception:

If you do not wish to become pregnant you must use contraception before you resume sexual activity. Your GP can discuss the options for this with you further if required.

Contact numbers

EPAU (Monday to Friday 08.30-17.00 hours, Saturday and Sunday 08.30-13.00 hours) **01603 286250**

Cley Ward (24 hours) **01603 287242**