

What are the risks to you if you wait for a natural miscarriage or have your miscarriage induced with the tablets?

- You may experience bleeding and pain as you miscarry, which are worse than a normal period. Occasionally this may be very heavy and you may require assessment in hospital and possibly an emergency ERPOC as described under the section headed surgical management.
- If you opt for the tablets sometimes diarrhoea and vomiting occurs due to the drugs, however this is unusual.

Note: all women experience some bleeding/pain as they miscarry, however if you bleed heavily i.e. more than a heavy period, for more than an hour we would suggest you ring the hospital on the numbers below or come to the admissions department.

There will be a number of women who will not miscarry either naturally or after receiving the tablets. Occasionally the medical treatment may have to be repeated. They will be recommended to have an ERPOC if the miscarriage is not complete at 4 weeks, if a “wait and see” policy is chosen or 1 week after the tablets. If you still do not want this, we will see you on a weekly basis.

Whom to contact if you have any problems

Contact the **Neely Ward** at the Ulster Hospital on **(028) 9055 0453**.

Possible Problems

Excessive bleeding - It is likely you will experience a heavy, period like bleed. If you find that you need to change towels every hour, seek advice from Neely Ward at the Ulster Hospital on **(028) 9055 0453**.

Excessive pain - The experience of pain is a very personal one. You know what is tolerable. If the medication given does not help, seek advice as above.

Signs of infection - This may include an offensive, smelly vaginal discharge and/or feeling feverish. Seek advice as above.

Information about Misoprostol

Cytotec tablets contain 200 micrograms of misoprostol. The tablets are hexagonal and are marked SEARLE 1461 on one side. Cytotec tablets are normally used to heal and prevent ulcers in the stomach. In the Ulster Hospital, the tablets are used to soften the neck of the womb before surgically removing the pregnancy in the case of miscarriage and also in the medical management of miscarriage. Using the tablets in this way is safe and clinically acceptable.



Management or Treatment for patients following miscarriage

The surgical and non-surgical management of miscarriage

We are sorry your miscarriage has been confirmed today.

We hope you find this information about possible treatments helpful. This leaflet should help you in making a decision about the treatment option you would prefer. It is important to consider each option and discuss with the medical/nursing staff.

There are three different types of miscarriage:

1. If the embryo or baby dies very early on in its development but you haven't yet miscarried, this is called 'early fetal demise' or a 'missed miscarriage'.
2. Occasionally the baby never develops and only the pregnancy sac appears, this is called a 'blighted ovum' or anembryonic pregnancy.
3. Sometimes you have already started to miscarry but not all of the pregnancy has been miscarried, this is known as an incomplete miscarriage.

Currently there are three treatment options:

1. **Expectant management:** "wait and see". This method involves no surgery or tablets, but may take several weeks. We let nature take its own course and review you weekly. We know that the majority of women will miscarry within 4 weeks.
2. **Medical management:** This is suitable if you are less than 9 weeks pregnant or you have an incomplete miscarriage:

- **You take one tablet (mifepristone).** This lowers the levels of pregnancy hormones. **You can then go home.** You may have light bleeding and cramps. If you need pain relief you can take paracetamol (2 tablets 6 hourly).
- If you have any concerns, please telephone us on the contact numbers listed overleaf. You may feel sickly or have diarrhoea.
- **You will need to return to Neely Ward 36 to 48 hours later. The time of admission will be given to you before you go home although you may arrive at any time if you are experiencing significant bleeding or pain as described in the 'Possible Problems' section of this leaflet.**
- **You will then be given a course of tablets (misoprostol): 3 doses, 3 hours apart.** You will need to remain in hospital while you have the treatment and for several hours after, so that we can observe you and monitor the amount of bleeding you are having. You may have moderate to heavy bleeding. These tablets cause your womb to contract and give you period-like pain, but you can have tablets for pain relief. This allows you to pass the pregnancy sac. If you are well you can go home the same day.
- 3. **Surgical management:** This is likely to be required if you are more than 9 weeks pregnant.

- You will undergo a surgical procedure to remove the contents of the womb (ERPOC), under general anaesthetic. On the day of your operation you will have nothing to eat or drink. You may be given some tablets prior to theatre to make sure the neck of your womb (cervix) is soft. This is a safe procedure, and you will go home a few hours after the operation.
- Complications are uncommon but include infection (2%), needing to repeat the procedure if the womb is not completely cleaned (2%) and damage to the womb (perforation 1:300) and which may rarely require further surgery to be performed.

Please feel able to take your time over making a decision.

If you have any questions about the treatments, please ask the nursing/medical staff at any time. Our telephone numbers are listed overleaf.

Benefits to you from non-surgical management

Many women prefer not to have surgery, an anaesthetic or to be admitted to hospital and either opt to wait and see or have a medical miscarriage using tablets as described. Choosing these forms of management should not harm you or affect your chances of having another baby in the future.