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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Useful Contacts

Early Pregnancy Unit 01932 722662

The Miscarriage Association 01924 200799 (Helpline)
www.miscarriageassociation.org.uk

The Association of Early Pregnancy Units
www.earlypregnancy.org.uk

Royal college of Obstetrics and Gynaecology
www.rcog.org.uk

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Sources of Advice and Support

The Miscarriage Association, 01924 200799.

www.miscarriageassociation.org.uk

The Birth Trauma Association,

support@birthtraumaassociation.org.uk

www.birthtraumaassociation.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

Routine antenatal care for healthy pregnant women. NICE clinical guideline 62 (2017):

<https://www.nice.org.uk/guidance/cg62/ifp/chapter/About-this-information>

Ectopic pregnancy and miscarriage: diagnosis and initial management:

<https://www.nice.org.uk/guidance/cg154/ifp/chapter/About-this-information>

Outpatient Medical Management of Miscarriage (OMMM)

We are sorry that your scan has shown that your pregnancy has ended and a diagnosis of a miscarriage has been made. Sadly, about one in four women lose their baby in early pregnancy. It may be that you have had very few or no symptoms at all, such as bleeding or pain, but this is not unusual in some types of miscarriage and you will have been given verbal information on how this treatment works and what to expect. This written information is for you to take home, please keep it somewhere safe, as you may want to look at it over the next few weeks.

How does the treatment work?

The medication you will have is called Misoprostol. You will need to place four tablets as high as possible into the vagina.

To aid placement, you could use a tampon to push the tablets up in the vagina but remember to remove the tampon in four hours' time.

Misoprostol relaxes the neck of the womb and causes the muscles of the womb to contract. The pregnancy should come away in the bleeding that follows. If you do not wish to insert the tablets into the vagina, you can put them under your tongue or swallow them. This method is equally effective but you are more likely to have side effects.

Is the treatment safe?

Misoprostol has been extensively studied and is very commonly used for the treatment of miscarriage but the use of misoprostol for this indication is off-license (the drug company did not originally market it for this purpose). It has proved to have a very good safety record. Each type of treatment for a miscarriage has some risk or side effect. Up to 85% of women will successfully miscarry using this method, but a small number of women will have problems with heavy bleeding, incomplete miscarriage or infection. If this happens, then a surgical procedure may be necessary. The risk of developing an infection is approximately 2%. If you develop a fever or offensive smelling discharge, then please contact your GP, the Early Pregnancy Assessment Clinic (EPU) or attend A & E if you feel extremely unwell.

Common **side effects** of Misoprostol include fever, shivering, crampy abdominal pain, constipation, headache, nausea, vomiting and diarrhoea.

Length of time for treatment

The medical management treatment happens in two stages:

First stage of treatment

As we offer only outpatient management of miscarriage via the EPU, you will start your treatment at home. You will need to attend the hospital to collect your medication and be seen by one

feelings are more prolonged and may be difficult for you to cope with. If you want to talk to someone, please contact your GP to discuss counselling or contact the Miscarriage Association.

The optimal time to try for your next pregnancy is an individual decision. Waiting for at least one normal period will help accurate dating. If you conceive before your period, this isn't harmful and will not increase the risk of miscarriage. Please take folic acid, avoid smoking, alcohol, caffeinated drinks, eat a balanced healthy diet, exercise regularly and ensure any chronic medical conditions are well controlled. If you don't wish to conceive again, please ensure you get contraceptive advice.

For any other problems relating to the treatment or for further advice and support, please contact the Early Pregnancy Assessment Clinic on 01932 722662.

of the pregnancy remains for you according to the hospital's policy. If you would like more information about this, please speak to a nurse or request the sensitive disposal patient leaflet. You may choose to arrange a private funeral or cremation. Please discuss with your local undertaker. You may also bury the pregnancy remains in your private garden. If you plan to do this, please contact your health authority for specific requirements.

Following the treatment

You may bleed for up to three weeks after the treatment and you may have period type pains. You will have been given suitable painkillers by the hospital, take them as prescribed.

You need to have a pregnancy test 3 weeks after the passage of products. We ask that you do confirm your pregnancy test results to us. This is also a good time to ask questions and get further support if needed.

If your **periods** are regular, you will usually expect your period within 4-8 weeks, although, you may find that it is heavier than usual. Your periods will then return to their normal pattern, but it may take a few cycles for this to happen.

Returning to work varies from person to person and the type of work that you do, as well as how you feel physically and emotionally. You may have feelings of anxiety, distress, sadness and loss. These are all common after a miscarriage and for many women these feelings can pass quite quickly, but for some, these

of our clinical nurse specialists or doctors. As this is an off- license indication, if you require a second dose of Misoprostol, you will also need to return to hospital to receive a further dose.

If you don't use this medicine, please don't offer it to someone else, flush it down the toilet or put it in the bin. Kindly either return any unused Misoprostol to EPU or your local chemist/pharmacist for disposal.

At this appointment a clinical nurse specialist or doctor will take a medical history from you and get your consent for the treatment.

Blood tests will be taken to determine your blood group and iron level. If you are Rhesus negative blood group, you may require **Anti-D**. You will be given more information about this if applicable.

In addition to the misoprostol tablets we will prescribe and give you, it is likely you may need additional pain relief such as paracetamol and ibuprofen which you can purchase over the counter. We will provide you with Codeine pain relief and anti-sickness medication. We hold a local stock of these medications in our unit.

On your day of treatment we would advise that you stay at home for the day and arrange for someone to be with you. It is advisable to commence the treatment in the morning or at a time that suits you.

You should commence the treatment by administering the Misoprostol tablets, as high as possible into the vagina. Some

women may find it easier to push the tablets higher into the vagina using a tampon.

We advise that you rest on the bed for 45 minutes following the insertion of the tablets, to allow time for them to be absorbed. After this time, you can move around as normal.

Please do not forget to remove the tampon after 4 hours' time.

You then need to wait for the bleeding and menstrual type or moderate contraction/labour like pains to occur. It is difficult to say when the pain will start and finish, or how much pain you will feel, as everyone's experience of pain is different. You know what is tolerable for you, **but if you have taken the pain relief that we provided and your pain is still not controlled, you can call the EPU for advice or attend A & E if you feel your pain is unmanageable.**

Most women miscarry within 48 hours of undergoing treatment; however it is important to understand that not everyone does.

The amount of bleeding also varies but it is likely that you will experience heavy bleeding. The bleeding might be more than a normal period and you may pass clots. These can be as big as the palm of your hand. We would advise that you use sanitary towels and **NOT** tampons as they can increase the risk of infection. If the bleeding becomes excessive and you are unable to leave the toilet or are soaking through four or more pads for an hour and this happens the following hour as well and the bleeding

doesn't appear to be settling, please contact the EPU or come into A & E.

Please contact the EPU clinic 24 hours after the first dose of misoprostol so we can find out how you are. We are open Monday to Friday (excluding bank holidays) from 0900-1600 hrs. During your treatment, if you have any queries or concerns, please do not hesitate to contact the EPU and speak to a member of our EPU team. If you feel you require emergency hospital treatment outside of the hours above, please attend A & E.

Second stage of treatment

The second stage of the treatment is a repeat pregnancy test, three weeks after your miscarriage. If the test is positive, you **must** contact the Early Pregnancy Unit to arrange a follow up scan to check the treatment has been effective. If the pregnancy test is negative, we still recommend you contact the unit but you will not need follow up.

What happens to the pregnancy tissue?

During the miscarriage you will pass pregnancy tissue that may not be recognisable; however, you may see a small sac or fetus. If you are at home you can use the toilet as you would with a heavy period. If you prefer, you can bring the pregnancy tissue into the EPU unit, in a clean dry container, which we can provide if you request it. The pregnancy tissue could then be sent to the pathology lab for examination and/or we can sensitively dispose