

# Outpatient Medical Management of Miscarriage under 9 weeks / Retained Products of Conception



Name:

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Who to contact and how:

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Notes:

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# Information for patients

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## Introduction

Some women prefer not to stay in hospital and prefer the privacy of their own home with a support network of family and friends when managing their miscarriage. This leaflet is to give you information about the outpatient medical management procedure and attempt to answer any questions you may have.

## What will happen at the hospital appointment?

You will need to have blood taken, as we need to check that you are not anaemic and we also need to know what your blood group is.

You will be seen by a doctor who will discuss the procedure with you and then ask you to sign a consent form.

Once the blood results are back, we can commence treatment by inserting some tablets, called Misoprostol, into your vagina, near to your cervix and an antibiotic given orally, to help prevent any infection occurring. The risk of infection is 1-4 women in every 100.

You will be asked to stay on the ward for thirty minutes after the start of treatment, to ensure that you have no adverse reactions.

You will then be able to go home and will be given contact details for the ward should you have any concerns / worries when at home.

**Please note that Misoprostol is unlicensed by the manufacturer but recommended by the Royal College of Obstetricians and Gynaecologists (RCOG 2004), for safe use in this procedure.**

**European Community regulations permit doctors to prescribe unlicensed regimens and permit nurses to administer medicines prescribed outside of a product licence (RCOG 2004).**

## What happens at home?

You will have vaginal bleeding that is likely to be heavier than your normal period. You will also get cramping type pain which is the womb (uterus) tightly squeezing to push its contents out. Both of these symptoms should ease once the pregnancy tissue has passed. You will pass blood clots, and in some cases, may see a recognisable foetus. Taking paracetamol and / or ibuprofen should be enough to ease the pain, although it may not take the pain away completely.

You may want to lie down and rest, but many women feel comfortable walking around. We have found that walking about helps to encourage the process along. You can use the toilet as often as you like. You may want to look at what you have passed and see a pregnancy sac and / or foetus, or you may just want to flush the toilet without looking, which many people prefer. If you wish, you can remove / save the pregnancy tissue in order to have it cremated / buried and if you wish to do this, we will give you a special container to put the tissue into, before you go home. We will need you to sign a consent form stating whether you would like a burial or a

## Information for patients

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cremation and an information booklet will be provided to help you make this choice. A chaplain service is also available to speak to if needed or you may wish to contact the Miscarriage Association helpline for support on 01924 200799.

Some people feel sick, vomit, feel dizzy, suffer hot flushes / chills / headache or have diarrhoea. These are all common side effects of the medication, and will pass.

### How long will I bleed for?

The amount of bleeding varies but most women describe it as “heavier than my normal period”. You may pass some large clots along with the pregnancy tissue.

We advise against the use of tampons as there is a small risk of introducing infection. Please use sanitary towels until the bleeding stops. You can expect to bleed for about two weeks, although this could continue for up to a month. If you are still bleeding and have pain after 2 weeks then please contact the Early Pregnancy Unit (EPU). If you experience continuous heavy bleeding (soaking more than 2 pads in an hour for more than 2 hours in a row) please attend an emergency care centre urgently. The risk of haemorrhage is approximately 2 in every 100 women.

### How do I know if the treatment has worked?

A staff member from EPU or the ward will contact you after 48 hours to see how you are and if you have had any bleeding or pain. If you have not had any bleeding, you will be asked to attend the hospital for a second dose of the treatment that is given orally in the form of two tablets. If you have bled, you will be given a date to attend for a further ultrasound scan to confirm that the treatment is complete. This will usually be two weeks later, dependent on the wishes of the consultant.

Although this treatment is very effective, there is a very small chance that it may not work (around 1 in 100 treatments fail). If that is the case, you will be offered further options including further medical management, an operation to remove the pregnancy tissue whilst you are asleep in theatre or a manual vacuum aspiration done under local anaesthetic. All of these procedures are performed as a day case.

### Reference Section

Miscarriage Association (Management of a Miscarriage 2015).

NICE(Clinical Guidance 154).

RCOG (Good Medical Practice 7 2011).

Human Tissue Authority (Guidance on the Disposal of Pregnancy Remains Following Pregnancy Loss or Termination 2015).

# Information for patients

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## Contact Details for Further Information

Ward 19 – Gynaecology Ward SGH 03033 302015

Early Pregnancy Unit – SGH 03033 302052

Laurel Ward – Gynaecology Ward DPOW 03033 304390

## Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

As a Trust we value equality of access to our information and services, therefore alternative formats available on request at [nlg-tr.interpreters@nhs.net](mailto:nlg-tr.interpreters@nhs.net)

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