patient information

MEDICAL MANAGEMENT OF AN EARLY PREGNANCY LOSS

The medication (*misoprostol*) is used to encourage uterine cramping that will lead to the miscarriage. It is easily inserted into the vagina and is about 60% effective with one dose and up to 85% effective after a second dose.

Misoprostol should **not** be used:

- If you are allergic to this medication;
- with an ectopic pregnancy; or
- if an intrauterine contraceptive device (IUCD) is in place.

Misoprostol is used **with caution** if your medical history includes:

- Uterine infection;
- severe asthma;
- severe irritable bowel syndrome;
- bleeding disorders;
- uncontrolled epilepsy; or
- heart disease.

Possible side effects:

- Diarrhea;
- nausea;
- less commonly, headache, dizziness, chills, rash, and fever.

CONSIDERATIONS:

- Able to plan your miscarriage at a time that best meets your needs.
- Able to be in your own home, with support from family, friends, and Early Pregnancy Loss Program nurses.

PROCESS:

- Set aside 2 to 3 days for an appointment and the miscarriage. A support person will need to be with you during the miscarriage.
- You will receive a prescription for (notify your nurse if you are allergic to any of these medications):
    - *misoprostol* 200 mcg – 8 tablets (2 doses);
    - Tylenol #3 and ibuprofen for pain control; and
    - dimenhydrinate (Gravol) for nausea.
- The *misoprostol* can easily be self-inserted at home. Giving the *misoprostol* includes using your finger to gently push 4 tablets (800mcg) into your vagina and then laying down for 60 minutes to allow the medication to be absorbed. The cramps usually start within 3 to 12 hours. Repeat the second dose of *misoprostol* (4 tablets), as prescribed, after the first dose.

patient information

Bleeding and Cramping:

- At the peak of the miscarriage, the cramping will be the worst and the bleeding will probably be heavier than your normal period.
- Over 2 to 3 hours, you may have some gushes of blood into the toilet and intense cramping. You will likely pass some clots. They may vary from the size of a coin to the size of the palm of your hand.

Pain Control:

- Controlling the pain is important.
- Use comfort measures such as resting, changing positions, and applying heat for the cramping.
- You can take medication for your pain such as ibuprofen (Advil or Motrin) or acetaminophen (Tylenol). Follow the recommended amount listed on the package.
    - You may alternate between the above pain medications.

Nausea and Diarrhea:

- It should stop in 24 to 48 hours.
- You can take medication for your nausea such as dimenhydrinate (Gravol). Follow the recommended amount listed on the package.

If you are in the middle of a miscarriage and not sure what to do or feel afraid, please call the Early Pregnancy Loss Program (780-735-9712). The clinic is open Monday to Friday from 8:00 am until 4:00 pm (excluding stat holidays). Outside of these hours, you may call Health Link Alberta at 811.

Miscarriage:

- The miscarriage happens as the uterus contracts and the cervix opens.
- You may feel lower pelvic pressure and clots may come out. Clots appear all one color (dark red) and are usually flat and break apart easily.
- Tissue may come out and may appear red with whitish/grey parts and feel firm. You may see a small sac with fluid inside. The size of the tissue will vary with how far along your pregnancy is. The tissue may be as small as a coin or as large as the palm of your hand. It may come out all at once or a bit at a time.

Following the Miscarriage:

- Once most of the tissue has passed, the pain will decrease. You may have some mild cramping for 24 to 48 hours.
- The bleeding can vary from a moderate amount to spotting for a few days or a few weeks, and you may pass small clots for a few days.
- You may wonder if you should collect the pregnancy tissue. There is no right or wrong answer to this question. If you collect the remains, you may take care of them as you wish or call the Early Pregnancy Loss Program and arrange to bring the remains to the hospital.
    - Please collect remains in a plastic container with a lid and store them in a cool place (i.e. refrigerator) until you can bring them to the hospital.

Covenant Health Grey Nuns Community Hospital | EARLY PREGNANCY LOSS PROGRAM

patient information

- There is no testing of the remains that can determine the specific reason for the miscarriage.
- Hospital burial of the remains is available to all families at no cost. Please call the Early Pregnancy Loss Program to discuss burial options and to make arrangements.

PROCEED TO AN EMERGENCY DEPARTMENT IF YOU:

- Have very heavy vaginal bleeding (soaking through 4 maxi pads in 2 hours).
- Have dizziness (not relieved with resting) or fainting.
- Do not get better as expected or you cannot manage at home.

SEE A PRIMARY HEALTHCARE PROVIDER FOR ASSESSMENT IF YOU:

- Have signs of infection, such as:
  - New, increasing, or foul-smelling vaginal discharge.
  - Fever over 38°C; chills.
- Are not able to drink fluids.
- Have pain that does not get better after you take pain medication.
- Have prolonged bleeding and cramping (over 2 weeks).

FOLLOW-UP CARE:

- The nurses at the Early Pregnancy Loss Program will be in regular contact with you to monitor your symptoms and provide emotional support after your miscarriage. Follow-up care and tests will be arranged based on your symptoms.
- Self-care includes drinking water to stay hydrated, eating healthy meals, and increasing activities, as able. Avoid vigorous exercise until your bleeding has completely stopped for 2 weeks.
- While you are bleeding, use pads not tampons, shower rather than bathing, do not use hot tubs or swimming pools, and do not have sexual intercourse until your bleeding has completely stopped for 2 weeks.
- Emotional support and bereavement care are part of the healing process. You are encouraged to call the Early Pregnancy Loss Program for support or with questions.
- You will be asked to see your primary healthcare provider about 4 weeks after your miscarriage, or sooner, if you desire, for ongoing medical care.

Grief and loss is an individual journey and the path to healing is different for each person. The Early Pregnancy Loss Program nurses offer support for this journey.

Chen, B. A. & Creinin, M. D. (2007). Contemporary management of early pregnancy failure. *Clinical Obstetrics and Gynecology*, 50(1): 67-88.

Griebel, C. P., Halvorsen, J., Goleman, T. B., & Day, A. A. (2005). Management of spontaneous abortion. *American Family Physician*, 72(7): 1243-1248.

Healthwise Staff (2019). *Miscarriage*. Retrieved from myhealth.alberta.ca

Prine, L. W. & MacNaughton, H. (2011). Office management of early pregnancy loss. *American Family Physician*, 84(1): 75-82.

Updated June 2021