

Case Manager Name: _____ Phone: _____

Doctor's Name: _____

Next Appointment: _____

MEDICAL TREATMENT FOR MISCARRIAGE

Overview

Miscarriage is unfortunately a very common occurrence in obstetrics affecting 15-20% of all pregnancies. A woman with a miscarriage can take medications called misoprostol and mifepristone to miscarry at home. Misoprostol, also known by the trade name "Cytotec", stimulates the uterus to expel the pregnancy. Misoprostol is a synthetic prostaglandin that mimics the natural prostaglandins (hormones) produced in the body during a natural miscarriage. This medication is FDA approved for ulcer treatment. It has been well studied for treatment of miscarriage but is not FDA approved for this indication. The misoprostol tablets are most commonly placed in the vagina for absorption but can also be dissolved under the tongue or swallowed. Mifepristone blocks a natural substance (progesterone) that is needed for pregnancy to continue.

One of the medical terms for termination of pregnancy is "abortion". An "abortion" can be due to miscarriage or it can be elective for an unwanted pregnancy. The terms "abortion" and "miscarriage" are used interchangeably in medical terminology. Do not be alarmed if you see the term "abortion" on your medical records.

Benefits

Treatment with these medications allow a woman to have her miscarriage in a timely fashion in the privacy of her own home. A spontaneous (naturally occurring) miscarriage commonly takes 2-4 weeks to occur on its own. Some women find it very stressful to wait that length of time before completion of their miscarriage. The medication has minimal side effects. The success rate is 80-90%, the remaining patients may require a D and C if all the tissue does not pass.

Risks and Side Effects

Side effects are more common with oral than with vaginal dosing. Side effects tend to be mild but can include nausea, vomiting, diarrhea, fevers and chills. Serious complications such as infection or heavy bleeding are rare and occur in less than 1% of women. If bleeding is heavy or pain is severe, you may need to come to the ER to have a D and C performed.

What to Expect

You may be given oral tablets of mifepristone to take the day before your misoprostol. You will then be given tablets of misoprostol to place into the vagina, dissolve under your tongue or swallow. Your doctor will instruct you as to which route is best for your type of miscarriage. Vaginal administration of the tablets causes the least amount of side effects. They are easily placed in the back of the vagina. Lie down and place each tablet one at a time into the vagina. Push the tablet to the top of the vagina with your finger. The tablets will gradually absorb, they will usually not fall out. You can get up and move about. Within a few hours you will start to have cramping and light bleeding. This will progress until there is heavier bleeding then finally passage of tissue that appears whitish. After tissue is passed, your pain and bleeding should lessen. You may take pain medicine during this time.

You may be asked to repeat the dose as instructed by your doctor if the miscarriage does not occur. Most women will pass tissue within the first 24-48 hours. You can expect to have bleeding heavier than a period for 3-4 days then it should lighten. On average women will bleed about 10-14 days. You can expect to resume a normal period in about 6 weeks. You should contact your OB/GYN case manager or come to the emergency room if you are saturating a pad an hour for more than 2-3 hours or have severe abdominal pain. If you do not pass tissue after the first week, you can choose to have a D and C, repeat the misoprostol, or wait for a spontaneous miscarriage to occur. At any time during this process, we are always available via the emergency room or your OB/GYN case manager to perform a D and C if the bleeding or pain becomes too severe to handle at home.

You should come back for a follow up appointment 1-2 weeks after taking the misoprostol dose.