

Miscarriage Options

No Intervention: Awaiting natural passage of the pregnancy

Advantages:

- Possible avoidance of surgery
- Natural, privacy of your own home
- Safe option for most

Risks or side effects:

- Unpredictable amount of time until resolution
- Less likely to have tissue for evaluation
- Could need surgery on an emergent level if heavy bleeding persists

Success rates:

- By 1 week: 25-50% of women have passed the pregnancy
- By 2 weeks: 50-80% of women have passed the pregnancy
- Your provider may want to follow your pregnancy hormone for several weeks

Medical management: Misoprostol/mifepristone to speed the passage of the pregnancy

Advantages:

- Same as no intervention option above

Risks or side effects:

- Possibly have nausea, vomiting, diarrhea, and uterine cramping
- Could need surgery on an emergent level if heavy bleeding persists

Success rates:

- Likely more than 80% of women will pass the pregnancy in a few days
- If ineffective may try repeat dose

Surgical Management: Dilation and curettage or office procedure

Advantages:

- Predictable start and finish
- Not likely to need to have your pregnancy hormone followed

Risks or side effects:

- Surgery/procedure will likely need to be scheduled
- Standard surgical and anesthesia risks

Success rates:

>99% successful at removing all of the tissue

TREATMENT FOR MISCARRIAGE

OVERVIEW

Unfortunately, miscarriage is a common problem in early pregnancy. Approximately 15 to 20% (1 in 5) pregnancies will end in miscarriage. There are 3 ways to treat miscarriage in early pregnancy: watching and waiting, medication, and a procedure called a “D and C”.

WATCHING AND WAITING

This is when you wait for your body to miscarry or pass the pregnancy on its own. As your body miscarries, you may pass both blood and tissue and have cramping that may be painful. After the pregnancy passes, the cramps and bleeding should start to lessen. You can expect to have bleeding heavier than a menses for 3 to 4 days then it should lighten. On average women will bleed about 10 to 14 days. Your provider may provide pain medication. You will also receive instructions for when to call if you are having problems or symptoms of infection. You will need follow up with your provider, and you may need more than one visit.

It is not easy to predict when your body will pass the pregnancy. It could take 2 to 4 weeks. Although miscarrying on your own is safe, you may still need treatment with medication or a “D and C” procedure if your body does not successfully miscarry by itself. For women less than 13 weeks gestation, about 70 to 80% of women can miscarry at home without needing medication or a “D and C” procedure.

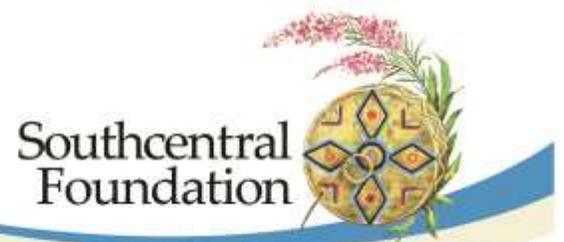
MEDICATION

A woman with a miscarriage can take a medication called misoprostol to miscarry at home. A spontaneous miscarriage (watching and waiting) commonly takes 2 to 4 weeks to occur on its own. Some women find it very stressful to wait that length of time before completion of their miscarriage. Treatment with medication allows a woman to have her miscarriage more quickly and allows her to do so in the privacy of her own home. The medication is low cost and has minimal side effects. The success rate is 80-90%, but the remaining patients may require a “D and C” procedure if all the tissue does not pass.

The medications used for treatment are called misoprostol and mifepristone. Misoprostol helps your body to miscarry the pregnancy tissue. 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 the pregnancy to continue. When mifepristone is used with misoprostol to treat a miscarriage, it allows the medical management to be more successful.

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 or pain is too severe, you may need to come to the clinic or hospital for medical treatment or a “D and C” procedure.

Most women will pass tissue within the first 24 to 48 hours after using the medication. After taking the medication, the miscarriage occurs as it would naturally. The medication may need to be repeated if it does not cause your body to miscarry after the first dose. You can expect to have bleeding heavier than menses for 3 to 4 days then it should lighten. On average women will bleed about 10 to 14 days. We will make a follow up plan with you within two weeks of taking misoprostol.



“D AND C” PROCEDURE

A dilation and curettage, “D and C”, is a procedure that empties the womb or uterus of the pregnancy tissue. The cervix is first gently opened or “dilated”. The term “curettage” refers to the removal of tissue from the womb using a soft plastic tube with suction. This procedure is either done in the operating room with anesthesia or in the clinic with medications for discomfort.

The biggest benefit of a “D and C” is to complete the miscarriage experience quickly. Some women do not want to wait the days or weeks for their body to miscarry on its own. The “D and C” procedure takes about 15 minutes and you can go home the same day. Although the actual procedure is short, you may have to spend most or part of your day at the clinic or hospital. You will also need a ride home after the procedure.

The risk of “D and C” is very small (much less than 1%) and includes: injury to the uterus, infection, or formation of scar tissue in the uterus. Injury to the uterus usually only requires further observation and does not cause long term complications. Infection can occur after surgery. Most of the time, you will receive antibiotics before and sometimes after the procedure to prevent or treat infection. Scar tissue formation is very rare and sometimes can prevent normal menstruation or normal pregnancies.

RISKS AND BENEFITS OF TREATMENTS

Each treatment option is a safe and effective choice for treatment of miscarriage. Risk of infection is about the same with all three kinds of treatment and chances of other complications are low. You and your provider will discuss your treatment preference along with any special recommendations he or she has depending on your condition.

WHAT TO EXPECT AFTER A MISCARRIAGE

You can choose to wait and watch for your body to miscarry, use the medication, or have a “D and C” procedure. At any time during this process, we are always available via the emergency room to perform a “D and C” if the bleeding or pain becomes too severe to handle at home. You should avoid intercourse and tampons for 2 weeks after you miscarry even when you receive medication or a “D and C” procedure. You can expect to resume a normal menstrual period in about 4 to 6 weeks. Your provider will discuss your future plans for pregnancy or birth control with you during this process.

WHEN TO CALL YOUR PROVIDER OR GO TO THE EMERGENCY ROOM

- Severe pain
- Bleeding that soaks a pad an hour for more than 2-3 hours
- Fever > 100.5
- Vaginal discharge that has a bad odor

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