

MEDICAL MANAGEMENT

Medical management means taking medication to help the removal of the pregnancy tissue from the body. For instance, if you don't want to wait for the miscarriage to occur naturally or want the miscarriage completed as soon as possible, you have the option of medical management to speed up the process.

WHAT TO EXPECT

You will be asked to take a course of misoprostol. The medication can either be inserted into your vagina or buccally (between your gums and inner lining of the mouth) and helps the neck of the womb (cervix) to open and lets the remaining pregnancy come away.



PAIN AND BLEEDING

For most women, the pregnancy tissue will begin to pass within 4-6 hours after the medication has been taken or inserted. The medication may not work for some women, and you may require a second dose in 24 to 48 hours. Like natural miscarriage, the first signs you notice are spotting and cramping, which will progress to heavy bleeding and painful cramping or contractions.

For most women, the pain will start to feel less severe after 24 to 48 hours, and the bleeding will also begin to reduce. It could take up to 2 weeks before the bleeding or spotting stops completely.



MEDICATION

You may need to take pain relief to manage the pain. Usually, you are provided medication and can manage your miscarriage at home. Some hospitals, however, offer overnight stays for medical management. Pain relief and anti-sickness medication can assist with the symptoms. In most cases, over-the-counter pain medications such as paracetamol ('Panadol') or Ibuprofen ("Nurofen" or "Rafen") will be enough to help manage the pain.



WHAT WILL I NEED?

It's good to have the following at home:

- Pads (not tampons) you may want to purchase a few packs as you may be changing your pad regularly.
- Pain relief medication such as paracetamol or ibuprofen.
- Time to rest
- Someone to support you if possible now can be emotionally and physically demanding for you. Having someone with you to help you with practical things such as cooking, going to the supermarket, or chemist can be helpful.

WHAT TO EXPECT

Your doctor will advise you on how to take care of yourself after your miscarriage. Generally, you'll be guided to:

- Avoid sex for 2 weeks until the bleeding stops.
- Avoid swimming or taking a bath until the bleeding stops.
- Use sanitary pads instead of tampons.

WHEN TO SEE YOUR DOCTOR

If you are still experiencing bleeding and pain after 2 weeks, go back and see your doctor or specialist. You should have a general follow-up appointment with your doctor or specialist 4-6 weeks after your miscarriage to check how you are going.

WHAT HAPPENS IF I HAVEN'T PASSED ALL THE PREGNANCY TISSUE?

Your doctor or specialist will order further tests to work out whether you may still have pregnancy tissue in your body causing the continued bleeding and/or pain. They will discuss with you the option of having surgical management. They may also suggest retaking medical management treatment.



If you are experiencing any of the following symptoms, please go to emergency or call 000 immediately

- You are soaking 1 to 2 pads in an hour
- You are passing large blood clots (golf ball size)
- You have severe abdominal pain
- You have a fever or chills
- You are feeling dizzy or fainting
- You have signs of infection e.g. a fever or a vaginal discharge that is smelly

WHERE CAN I FIND MORE INFORMATION AND SUPPORT SERVICES?



Visit our website by scanning the QR code or visit miscarriageaustralia.com.au

You can also find more information from your GP or the website of the hospital or clinic you will be attending

Miscarriage Australia strives to provide current and evidence-based information to everyone. In developing the website, we engaged an expert advisory committee to review the information to ensure our resources are evidence based and reflect current best-practice. The information provided in this factsheet is designed to support, not replace, the relationship that exists between a patient/user and their existing health care professional(s).

Last edited: 13th December 2022 | Scheduled review date: October 2024