

Miscarriage management with Misoprostol (Outpatient)

Emergency phone number

Acute Assessment – (04) 8060 740

Prior to leaving hospital

Please check with the nurse or midwife that you know your blood group and type as you will need to consider having anti-D immunoglobulin if you are Rh (D) negative.

A discharge letter will be sent to your referring general practitioner or midwife, usually within two weeks of your visit to the Acute Assessment.

What you can expect

It is normal for you to experience grief following the loss of your pregnancy. How much grief you have and how you experience that grief will differ from woman to woman. Crying and the need to talk about your miscarriage are common. The baby's father and/or other members of your family may have similar feelings.

Vaginal bleeding

- At the time of your miscarriage expect bleeding which is heavier than your normal period. Usually the more advanced the pregnancy the heavier your bleeding will be. This heavy bleeding is usually limited to a few days after the treatment. The bleeding may differ from your menstrual bleeding and you may pass clots as you miscarry and your pregnancy is passed
- If you are soaking more than one 'maternity pad' every ½ hour for 2 hours, or you start to feel unwell e.g. light headed or faint or you have any other concerns please call the

emergency phone numbers at the beginning of this information sheet

- To begin with you will have heavy vaginal bleeding after your miscarriage. However this should decrease and become similar to or less than your normal period within 14 days
- We recommend that you use sanitary pads not tampons until your bleeding stops and that you avoid public swimming pools to reduce the risk of infection
- Your regular periods will usually return within 4 to 6 weeks of your miscarriage

Lower Abdominal Pain

The physical pain you will have during your miscarriage is due to uterine (womb) contractions and the opening of your cervix to allow you to pass your pregnancy.

You will have been prescribed paracetamol and codeine phosphate for the pain. Take these as directed, however be aware that codeine phosphate can cause constipation.

A heat pack such as a hot water bottle or a heated wheat bag can help with the painful uterine cramps.

The miscarriage

What you will see when you miscarry depends on how far your pregnancy has progressed. A woman having a miscarriage at 6 weeks gestation will pass a very small embryo of approximately 1.2cm in length compared to a 12 week gestation fetus that is 9cm in length.

The pregnancy may be passed in the sac, or this sac could have burst and you will pass long stringy

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pieces of tissue. If the pregnancy is more advanced and the sac ruptures you may experience a gush of fluid from your vagina. You may be able to identify the embryo/fetus as it passes or it may pass in a blood clot and you might not see anything, it is important to prepare yourself for what you might see.

You can let this pregnancy pass into the toilet or you can collect it and bury it. No testing will be carried out on the pregnancy tissue unless you have been informed otherwise.

Milk production / Lactation

Some women produce milk following a miscarriage. It may help to wear a firm fitting bra and to avoid touching your breasts during this time. You can take Paracetamol if you have any breast tenderness or discomfort. This discomfort usually disappears within 24 to 48 hours.

When to seek help

Signs of infection – may include:

- generally feeling unwell
- flu like symptoms
- a high temperature
- smelly vaginal discharge
- increased bleeding and/or
- lower abdominal pain

If you have any of these signs you should contact your own doctor (G.P), an after-hours medical centre or Acute Assessment.

Post miscarriage advice

- It is usually recommended that you have at least one normal period before attempting to conceive again. This allows you time to grieve for your lost pregnancy and for more accurate dating of your next pregnancy

- Following a miscarriage it is possible to get pregnant again before having a period. It is important to consider whether you wish to use contraception
- We recommend that you see your midwife or your own doctor (G.P) 2 weeks after your miscarriage. This is a good time to discuss contraception and/or future pregnancies

Available support

Your family and friends are often able to offer support. Explain to them that you need to talk about your miscarriage. You may find that many of them have had a miscarriage themselves that you did not know about.

Your midwife and/or your own doctor (G.P) can also provide support.

You may also find it helpful to talk to a trained counsellor.

- Miscarriagesupport.org.nz is a good link for support and information / resources.

<https://www.miscarriagesupport.org.nz/>

- Sands Wellington - Hutt Valley provide support in the Wellington area and they also hold regular support group meetings. Phone: 022 398 3917

<http://www.sandswellingtonhutt.org.nz/>

Contact us

Acute Assessment

Phone: (04) 8060 740