

## Misoprostol for Treatment of Early Pregnancy Loss

A miscarriage or missed abortion refers to a fetus that is no longer living but has not come out from the uterus. This happens in 15 to 20% of all pregnancies. It happens more often in pregnancies that are 13 weeks or less. The reasons for it are unclear.

Treatment includes:

- Waiting for fetal tissue and uterine lining to pass on its own
- Surgery to remove tissue from inside the uterus
- Treatment with the drug misoprostol

You have chosen treatment with a medicine called Misoprostol. This process is effective about 95% of the time. Misoprostol will loosen fetal tissue and the uterine lining. The uterus will contract, and the cervix will dilate within a few hours. It will involve bleeding and cramping while your body is passing the tissue.

Fill all prescriptions your doctor ordered. You should have the following: Phenergan, Misoprostol, Ibuprofen, and Vicodin.

- Take Phenergan 25 mg by mouth to decrease nausea, and ibuprofen 800 mg by mouth, then wait 30 minutes.
- Place Misoprostol 800 mcg (4 tablets, 200mcg each) in your mouth between your cheek and gum. Leave the tablets there for 30 minutes. Once 30 minutes has passed, swallow the remainder of the tablets.
- If directed to take place Misoprostol in the vagina, place four tablets in the vagina.

- It will take about 4-16 hours to pass the tissue. Sometimes, a second dose is needed if the tissue is not passed within 24 hours.
- You may repeat the ibuprofen dose every 8 hours to control pain, if pain becomes very strong you can also take Vicodin 5/500mg 1-2 tablets, every 6 hours. Do not drive while taking Vicodin.

Do not take Misoprostol at night. You may have bleeding and cramping that starts within a few hours of misoprostol administration. You can expect to pass tissue and blood clots, and experience strong cramping.

- Make sure that you have your support person with you to assist you while going through this process.
- Eat lightly for the first 12 to 24 hours.
- Misoprostol may cause side effects of nausea, vomiting, and diarrhea. It can also cause shivering, fevers or chills.
- You will have 3-7 days of vaginal bleeding heavier than a period after your treatment. Bleeding may vary from heavy with some clots to only slight spotting. After the process is complete, bleeding like a normal period may persist for 2 weeks or more.

You may have severe cramping for up to a week after the tissue has passed. A heating pad and pain medicine (Advil<sup>®</sup>, Aleve<sup>®</sup>, Motrin<sup>®</sup>) can be used to help. If cramping is so severe that you can't do your daily routine, please call your midwife or doctor.

- Your next period should be 4 to 6 weeks after the miscarriage. If you do not get your period, please call.
- No intercourse or use of tampons for 2 weeks. **You can still get pregnant shortly after miscarriage. Severe infection may occur from intercourse.**
- You should feel well enough to go back to your normal routine within 48 to 72 hours. Intense activities such as horseback riding, jogging, and heavy exercise may increase bleeding and cramping.
- Symptoms of pregnancy (i.e. breast tenderness, nausea) should go away within a week. If breasts become full or leak, wear a tight bra night and day. Less breast stimulation will also help.

- Feelings after miscarriage can range from the blues to depression. The milder forms are more common. If you need support, there is help.
- Please call your midwife or doctor. We have trained staff we can refer you to. Seeking help is the best thing you can do if you are having trouble handling these feelings on your own.

#### When to call

- If you do not experience bleeding within 24 hours. **Remember to return for you laboratory testing and follow up visits.**
- Temp over 100.4° F
- Chills
- Prolonged heavy bleeding (soaking more than one pad per hour for greater than 2 hours)
- Lightheadedness, dizziness or fainting
- Severe pain that is not managed with the pain medicine ordered.
- Foul vaginal discharge

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#6077