

Treatment After Early Pregnancy Loss

Eastern Zone

Treatment After Early Pregnancy Loss

Early pregnancy loss means that:

- › your pregnancy has stopped growing.

OR

- › you have started to miscarry (when a pregnancy ends in its early weeks, usually before 12 weeks).

After early pregnancy loss, you may:

1. Wait for the tissue in your uterus (womb) to pass on its own. This is also called expectant management.
2. Take a medication called misoprostol (also called Cytotec®). This will make your uterus contract (squeeze) and push out the tissue. This is also called medical management.
3. Be scheduled for a surgery called a dilatation and curettage (D and C). This is an outpatient (you will not stay at the hospital overnight) surgery. You may have local anesthetic (freezing) or general anesthetic (medication to put you to sleep during surgery).

When you visit the Emergency Department, a member of your health care team will help you choose the option that is right for you based on your medical needs.

The main differences between these three options are:

- › How fast they work
- › Whether you are treated at home or in the hospital

The option you choose will not affect:

- › How you cope with your loss
- › Whether you can get pregnant in the future

**What are your questions?
Please ask a member of your health care
team. We are here to help you.**

1. If you choose to wait:

- It may take a few weeks for your body to know that your pregnancy has stopped. If you choose this option, you will have cramps (stronger than a usual period) and bleeding (heavier than a usual period).
- You may see clots or light-coloured solid tissue. This may start at any time, from right away to after many weeks.

What medications can I take for pain?

- Common pain medications include:
 - › Acetaminophen (Tylenol®)
 - › Non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen (Motrin®, Advil®) and naproxen (Aleve®)
- You can take acetaminophen and an NSAID together. Ask your health care provider (doctor, or nurse practitioner) or pharmacist how much to take.

Do not take ASA (Aspirin®). This may raise your risk of bleeding.

- You may be given a prescription for a stronger pain medication, if needed.
- If you have questions about pain medication, ask your health care provider or pharmacist. **Be sure to tell them if you have any medication allergies.**

What are the possible complications?

Call 911 or go to the nearest Emergency Department right away if you have:

- › Heavy bleeding (soaking a pad every hour or more often for at least 3 hours in a row)
- › Severe (very bad) abdominal (stomach area) pain that does not get better with medication. **This symptom needs to be looked at right away. Go to your nearest Emergency Department right away.**

Call your health care provider or 811 if:

- › You have a fever (temperature above 38 °C or 100.4 °F) for more than 4 hours after taking acetaminophen **and/or** vaginal discharge that smells bad. **These are signs of an infection.**
- › You do not have a miscarriage or your uterus does not fully empty.

If you have any of these complications, you may need medication or surgery (like a D and C).

2. If you choose to take medication:

- You will be prescribed misoprostol tablets. This medication is usually taken to treat and prevent stomach ulcers. It also causes the uterus to contract.
- Misoprostol taken for a miscarriage works for about 80% of people. If it does not work the 1st time, you may need to take it again.
- Take misoprostol as told by your health care provider or pharmacist. You will take it at home. **Plan to take it when you can stay home for 24 to 72 hours (1 to 3 days) and have someone that can stay with you.**

To take misoprostol:

- Put the tablets (as prescribed) into your vagina. You can push them in with your fingers.
- Lie down for 60 minutes (1 hour) so the tablets can be absorbed (taken in). After this, you may go back to doing your usual activities until the tablets start working.
 - › Misoprostol usually starts to work in about 2 to 6 hours.
- You can expect cramping in your uterus and bleeding while your uterus is emptying. The cramps may be very painful.
- Most of the cramping and bleeding will happen within 24 hours (1 day). **Plan to be at home during this time. It is important to have someone with you.**
- Use the pain medication prescribed to you by your health care provider or pharmacist. You can also take acetaminophen (Tylenol®), ibuprofen, (Motrin®, Advil®), or naproxen (Aleve®). Ask your health care provider or pharmacist or how much to take.

Do not take ASA (Aspirin®). This may raise your risk of bleeding.

- You may then have lighter cramping and bleeding for a number of days. This will be more like the discomfort and bleeding of a heavy period.
- In some cases, a 2nd dose of misoprostol may be needed 24 hours after the 1st dose. Please follow your health care provider's instructions if you are told to take a 2nd dose.
- Your health care provider will talk with you about any follow-up you may need.

Do not use misoprostol if you:

- › are allergic to misoprostol or medications like it (**like carboprost**).
- › are allergic to other prostaglandin medications (**like carboprost**).
- › have an ectopic pregnancy (pregnancy outside of the uterus).
- › have a pregnancy that is still growing normally.

What are the possible side effects?

Common side effects are:

- Cramping
- Mild fever
 - › **Call your health care provider or 811 if you have a fever (temperature above 38 °C or 100.4 °F) for more than 4 hours after taking acetaminophen.**
- Diarrhea (loose, watery poop)
- Nausea (feeling sick to your stomach)
- Vomiting (throwing up) (rare).

What are the possible complications?

Call 911 or go to the nearest Emergency Department right away if you have:

- › Heavy bleeding (soaking a pad every hour or more often for at least 3 hours in a row)
- › Severe abdominal pain that does not get better with medication. **This symptom needs to be looked at right away. Go to your nearest Emergency Department right away.**

Call your health care provider or 811 if:

- › You have a fever (temperature above 38 °C or 100.4 °F) for more than 4 hours after taking acetaminophen **and/or** vaginal discharge that smells bad. **These are signs of an infection.**
- › You do not have a miscarriage or your uterus does not fully empty.

If you have any of these complications, you may need medication or surgery (like a D and C).

3. If you choose to have surgery:

- During this procedure, you may be awake or you could be put to sleep using general anesthetic.
 - › If you are awake, you will be given medications through an (I.V.) tube inserted (put) into a vein. These medications (also called conscious sedation) will help to lower your pain and relax you.
- This surgery is done using a speculum (a device shaped like a duck bill that is used to look inside the vagina and at the cervix [opening of the uterus]).
- We will clean your cervix and vagina with an antiseptic solution to prevent infection. Your doctor may use a needle to inject (put) local anesthetic (freezing) around your cervix.
- Your doctor will dilate (make bigger) your cervix by putting in small rods. They will start with a very small rod and increase the size of each rod until your cervix is open.
- They will then place a plastic suction tube in your uterus. The tube is attached to an aspirator (suction machine). Gentle suction (sucking) is used to remove the pregnancy tissue from the uterus. Suctioning often needs to be done more than once to remove all of the tissue.
- Your doctor will then use a curette (device shaped like a spoon) to gently scrape your uterus to remove any leftover tissue. Your doctor will send all of the tissue they removed to the lab for tests.
- The surgery usually takes 10 to 15 minutes.
- After your surgery, your doctor may do a pelvic (internal) exam to make sure your uterus is no longer dilated (has gotten smaller).
- You will stay in the recovery room for about 1 hour after your surgery, to make sure your cramping and bleeding are getting better.

What are the possible complications?

- › Allergic reaction to medications
- › A tear in the cervix
- › Perforation (a hole) in the wall of the uterus
- › Leftover tissue in the uterus

Call 911 or go to the nearest Emergency Department right away if you have:

- › Heavy bleeding (soaking a pad every hour or more often for at least 3 hours in a row)
- › Severe abdominal pain that does not get better with medication. **This symptom needs to be looked at right away. Go to your nearest Emergency Department right away.**

Call your health care provider or 811 if:

- › You have a fever (temperature above 38 °C or 100.4 °F) for more than 4 hours after taking acetaminophen (Tylenol®) **and/or** vaginal discharge that smells bad. **These are signs of an infection.**

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

Discharge instructions (for all treatments)

If you are Rh negative, you will get an antibody infusion called RhoD Immune Globulin (WinRho SDF). This is given using an I.V. Ask your health care team if you are not sure if you have received this.

- Get plenty of rest over the next few days.
- Use pads for any bleeding. Wait until your next period to use tampons.
- **Do not use douche.**
- **Do not have sex until the bleeding has stopped.**

It may take time for your periods to go back to normal. Ovulation (release of an egg) can happen within 2 to 6 weeks after a miscarriage. **It is possible to get pregnant again within 4 weeks (1 month). Wait until you have had a normal period before trying to get pregnant. During this time, use birth control.** Talk about birth control options with your health care provider.

- Your breasts may be tender or swollen. You may also have drainage from your nipples. This may last for up to 7 days (1 week).
- You may go back to most of your usual activities:
 - › **Do not** play sports for 24 hours.
 - › **Do not** swim for 14 days (2 weeks).

Call your primary health care provider or urgent treatment centre if you have:

- › Bleeding for more than 2 weeks
- › Cramping that gets worse and lasts for more than 2 days
- › Fever or chills
- › Vaginal discharge that smells bad
- › Pain or cramping that is not helped by over-the-counter or prescribed medications

If it is an emergency, go to the nearest Emergency Department right away.

Resources

Visit your primary health care provider or go to a walk-in clinic or an urgent treatment centre.

If you do not have a primary health care provider, you can join the waitlist by:

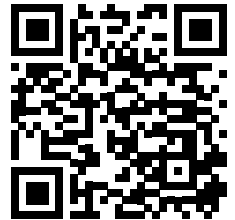
- Calling 811
 - › You can call 811 to talk with a registered nurse about your health care questions 24 hours a day, 7 days a week.

OR

- Visiting:
 - › <https://needafamilypractice.nshealth.ca/>

OR

- Scanning the QR code on your smartphone (open the camera on your smartphone, point the camera at the code, and tap the banner or border that appears).



YourHealthNS

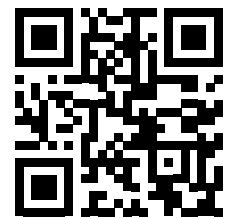
Find health information, book services, and discover care options, from your phone or computer.

Visit:

- › www.yourhealthns.ca

OR

- › Scan the QR code.



This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.

