



## **Management of Early Pregnancy Loss (Miscarriage)**

Early pregnancy loss is, unfortunately, common affecting 10-15% of all clinically recognized pregnancies (positive pregnancy test). The majority of miscarriages occur because of chromosomal abnormalities (e.g. Down's Syndrome) so they increase as women age, affecting 20% of pregnant women between the ages of 35-40. Consequently, despite numerous clinical studies there are no consistently proven treatments to prevent miscarriage (including progesterone, aspirin, bed rest, or vitamins).

Proof of an inevitable miscarriage is usually accomplished using painless transvaginal ultrasound with or without HCG (pregnancy hormone) levels. This may require a series of these tests to decisively confirm the miscarriage.

Miscarriage treatment options at this point are usually up to what you prefer:

- **Expectant management** allows the spontaneous passage of uterine contents, which will usually occur in the majority of 1st-trimester women. The success rate decreases as the gestational age increases. This may require patience since the timing is unknown. You should expect heavy bleeding and strong cramps greater than what you experience during your menstrual period. It's fine to take pain medications like ibuprofen 600 mg (3 over-the-counter tablets) every 6 hours as needed for pain. If your bleeding exceeds soaking 2 large pads every hour for more than 2 hours then you should promptly go to the emergency department at the hospital.
- **Medical management** can increase the success rate to completely empty the uterus and significantly shorten the time to successfully accomplish this process. You will be prescribed the following medications. It's very important to take them exactly as you are instructed:
  1. **Mifepristone** 200 mg 1 tablet by mouth
  2. **Misoprostol** 200 mcg place 4 tablets deep into your vagina 24 hours after taking the mifepristone. You may repeat this step if the miscarriage does not occur after 3 days from first using this medication.
    - **Ibuprofen** as needed for pain (*as instructed above*)
    - **Promethazine** 12.5 mg take 1 tablet every 4 hours as needed for nausea
- **Surgical Management** is proven to result in the fastest and most successful clearance of uterine contents. It also results in the least amount of blood loss. Dilation & curettage is the formal name. It requires a brief visit to the outpatient surgery center. You can have it performed under general anesthesia or local anesthesia with moderate sedation. It takes less than 3 minutes to perform. You may return to your regular activities the next day. Depending on your health insurance plan it may be more expensive than the above methods. Finally, complications are exceedingly rare.



**After Miscarriage Care:**

- If your blood type is Rh negative you will need an injection to prevent sensitization that may harmfully affect future pregnancies.
- To reduce the chances of infection do not have vaginal intercourse until vaginal bleeding has completely stopped.
- If you desire to conceive a pregnancy then you should wait until you have experienced your first spontaneous menstrual period. Please continue taking daily prenatal vitamins.
- If you don't desire pregnancy, then you should immediately start using your choice of contraception when you have passed uterine pregnancy contents (vaginal bleeding has mostly tapered off).
  - IUDs (intrauterine devices) can be inserted at your follow-up appointment if you notify us in advance of this office visit to order you one.
  - Take daily prenatal vitamins for one month to replenish iron from blood loss.
- Follow-up is very important to confirm the complete expulsion of all uterine contents. This will be accomplished with a transvaginal ultrasound exam in our office 1-2 weeks afterward.

Please call us at 510.796.0510 should you have additional questions.