

Miscarriage, medical treatment

Once it has been determined that the normal progression of the pregnancy has stopped, either medical or surgical treatment can be used to empty the uterus. Sometimes it is also possible to wait for the pregnancy to pass on its own. For more information, you can read the [Information about miscarriage leaflet at Hoito-ohjeet.fi](#).

The advantages of medical management are that there is no need for anesthesia or invasive procedures on the uterus. However, medical management might not be a suitable option for individuals with severe chronic diseases, severe hypertension, severe asthma, or allergy to the medication used to carry out the treatment.

Medical exam prior to miscarriage management

During your appointment, a doctor will confirm the miscarriage by performing a pelvic exam and an ultrasound. In addition, the doctor will discuss the treatment options with you, and, if necessary, we will perform a blood test to determine your blood type, and you will be tested for chlamydia and gonorrhea. The doctor will write you a prescription for pain medication and a medical certificate for **sick leave**, which is usually two days starting from the first day of bleeding. **Make sure you have pain medication at home beforehand!**

Medical treatment can be offered at home or in hospital. If the treatment is done at home, you must have an **adult support person at home to help you on the day you take the Cytotec® medication**. After your appointment, a nurse will provide you with the medications and instruct you on how to carry out the treatment.

Starting the medical treatment

The medical management of miscarriage is performed using misoprostol (Cytotec®) medication, and in addition a medication called mifepristone (Mifegyne®) can also be used.

If necessary, you will receive the first Mifegyne® medication under a nurse's supervision. This prepares your body for the emptying of the uterus, which takes place one to three days later. If you vomit within 2 hours of taking the medication, some of the medication can fail to absorb. If this happens, call the hospital responsible for your care to receive another dose. The medication can cause bloody discharge and discomfort in your lower abdomen. You can take pain medication at home if needed.

Carrying out the medical management at home/in hospital

If the treatment is carried out at the gynaecological inpatient ward, you will receive the medications at the hospital.

To be filled: **The treatment is carried out on** _____

Take **the first pain medication**, for example ibuprofen 600–800 milligrams and/or paracetamol 1 gram, in the morning with your breakfast to make sure it will be in effect before the contractions start.

About an hour after taking the pain medication, place **4 Cytotec® tablets** in your vagina. **After 3 hours, place 2 more Cytotec® tablets**. If you are already experiencing heavy bleeding, take the tablets by mouth by sucking on / chewing them. If there is already bleeding, the tablets can exit the vagina with the bleeding without having been absorbed.

The medication causes the uterus to contract, and the pregnancy tissue will leave the body in the form of bloody discharge. The heaviness of the bleeding will depend on how far along the pregnancy has progressed.

Pain management

In most cases, uterine contractions cause pain in the lower abdomen, lower back, and sometimes in the thighs. The pain can vary from mild painful sensation similar to menstrual pain to intense pain. Other symptoms can also include nausea, and sometimes vomiting, diarrhea, dizziness and headache. The symptoms will ease after the pregnancy tissue has passed.

Take additional pain medication according to your needs, for example:

- ibuprofen 600–800 milligrams 1 to 3 times a day
- paracetamol 1 gram 1 to 3 times a day

You can take the pain medication both **at the same time or take them in turns**. **Do not exceed the maximum daily dosage!** You can also manage pain by moving around, relaxing, using a heating pad, or taking a warm shower.

After treatment

It is possible to continue having **pain** similar to menstrual pain for a few days: take pain medication if you need to. The bleeding varies from person to person and lasts for 1 to 5 weeks. At first, the bleeding can be heavier than menstrual bleeding for a few days, but it will start to decrease gradually. **During the bleeding, avoid** swimming, bathing in a bathtub, using tampons / menstrual cups and having intercourse **due to a risk of infection**.

There is no need for a routine follow-up appointment after an early miscarriage. You can try for another pregnancy as soon as the bleeding stops or after the next menstrual period. **A daily 0.4**

milligram folic acid supplement is recommended for all women who are trying to get pregnant.

Possible complications

Contact the hospital responsible for your care if the bleeding continues to be extremely heavy and does not start to decrease, develops a foul smell, or you develop lower abdominal pain or fever.

Support

It is possible to receive **support from our crisis team**. You can talk with the hospital chaplain or the nurse experienced in crisis support. Receiving counseling from the hospital chaplain does not require you to be a member of any religion. The support our crisis team provides is always focused on your needs.