Treating Miscarriage with Pills: What You Need to Know

This booklet is about general information you should know about before taking misoprostol to treat a miscarriage. When you feel ready and before taking misoprostol, take the time to read this pamphlet.

What is a miscarriage?

Miscarriage is when a pregnancy ends all of a sudden before a woman has been pregnant for 20 weeks. Another term for a miscarriage that occurs all of a sudden is spontaneous abortion.

Miscarriage is very common. More than 1 in every 5 pregnancies ends in miscarriage. Miscarriages are nature’s way of dealing with an abnormal pregnancy. In general, miscarriages are not caused by anything you have done.

You cannot stop a miscarriage that has already started. If you have had a miscarriage, the baby and the extra fluid in your uterus (also known as the womb) need to leave your body. Your doctor will talk to you about options to deal with a miscarriage. Your doctor might want you to wait and let everything exit through your vagina by itself. If this is not an option, your doctor might treat you with:

- Medicine to help your uterus push out what is inside it or
- Surgery to remove what is inside the uterus from pregnancy

The picture below (Figure 1) shows the three options that may be used to deal with a miscarriage. In some cases, if you and your doctor decide this option is right for you, medication can be used. This medication brings on the miscarriage faster. This medication is called misoprostol (also known as Cytotec™).

If the pregnancy is too far advanced, medication may not be a good choice for you and your doctor may recommend surgery.
What is this medication for?

Misoprostol is a medication that brings on a miscarriage more quickly. It works by causing the uterus to contract and push its contents outside the body. Misoprostol also causes the cervix (or neck of the womb) to soften. This is why this medication is used to treat miscarriage.

Misoprostol may be used sometimes when the miscarriage is not complete and there is still tissue left inside the uterus. The exact dose of misoprostol your doctor gives you may be different from someone else’s. Use misoprostol as ordered by your doctor.

How should I take Misoprostol?

You can put the pills in the vagina or take them by mouth. Take the pills with food if you take them by the mouth. This can cause less stomach upset, belly pain or diarrhea. Do not take misoprostol with antacids or calcium if you take it by mouth. Antacids are medications that are used to treat heartburn or sour stomach. There may be fewer side effects if you take the pills vaginally. If you take the pills vaginally, try to go to the bathroom before inserting the pills, then lie down for at least 30 minutes.

Follow the doctor’s orders when you take the misoprostol. Finish the treatment as the doctor ordered it.

Your doctor will explain this when they write you a prescription.
What happens?

You may start to bleed 1 hour after taking misoprostol. Wear a nighttime sanitary napkin before taking the pills. The bleeding usually looks like a menstrual period and lasts for 7-10 days. You may have spotting after the bleeding stops. You may spot until your next period. Usually, you should expect to have your next period 4-6 weeks after taking misoprostol, if your period was regular before the pregnancy.

You may also pass small clots and/or parts of the contents of the uterus. You may look at what has come away and see a pregnancy sac and/or the fetus or embryo. The doctor or clinic nurses will prepare you for what to expect. If you have any further questions, contact the early pregnancy assessment clinic nurses.

It is important to know that bleeding alone does not mean everything inside the uterus has passed. In a small number of women who use misoprostol, the medication is not enough to treat the miscarriage. In such cases, you may need to take misoprostol again or you may choose to have surgery. **It is very important to follow-up with your doctor, nurse or midwife after taking misoprostol.**

What side effects should I expect after taking Misoprostol?

**Belly pain/belly cramps**
You may start to have belly pain or belly cramps 30 minutes after taking misoprostol. This is because the uterus is tightly squeezing to push its contents outside the body. You may have cramps that are stronger than your usual menstrual cramps.

You can take pain killers such as Advil™ (ibuprofen) or Tylenol™ (acetaminophen). Follow the instruction on the Advil™ or Tylenol™ package for details on how often and how much of the medication you should take. Your doctor may give you a prescription for another type of painkiller. If so, use the painkiller as ordered by your doctor.
**Fever and/or chills**
You may have chills after taking misoprostol. This is a common side effect and does not last long. You may also have fever.

You can take Tylenol™ if you have fever. Follow the instruction on the Tylenol™ package for details on how often and how much of the medication you should take.

**Upset stomach or throwing up**
You may have an upset stomach or throw up after taking misoprostol. This side effect does not last long.

You can take Gravol™ to help with the upset stomach. Gravol™ is an over the counter medication. Follow the instruction on the Gravol™ package for details on how often and how much of the medication you should take.

If you throw up within an hour of taking misoprostol by mouth, you should take a dose of Gravol™ and take another full dose of misoprostol.

**Loose stools (diarrhea)**
You may have loose stools after taking misoprostol. This is a common side effect. You should drink plenty of fluids if you have diarrhea.
Go to the nearest emergency or call your doctor right away if you have any of the following after taking misoprostol:

- Heavy bleeding that soaks more than 2 pads per hour for 2 hours in a row
- Bleeding that continues for more than 2 weeks
- Heavy bleeding that comes back 2 weeks after taking misoprostol
- Feeling dizzy, lightheaded or weak
- Little or no bleeding has taken place after you have finished the pills the doctor ordered
- Very bad cramps that don’t go away after taking pain killers such as Tylenol™ or Advil™
- Smelly discharge from the vagina
- A fever (temperature higher than 38° C) and/or chills that last more than 24 hours

Do not drive yourself to the emergency room if you need to go back. Plan for someone to drive you, or call a taxi.

What should I do while waiting for the miscarriage to happen?

- You can try to rest or relax at home.
- You can continue your usual day-to-day activities.
- Avoid strenuous activities.

After a Miscarriage

Will misoprostol affect my chances of having a normal pregnancy in the future? Misoprostol does not affect your chances of getting pregnant in the future.

Will I be able to have a normal pregnancy after a miscarriage? Most women who have miscarriages go on to have healthy pregnancies. Women who have had a miscarriage are more likely to have another miscarriage than women who have not ever had a miscarriage.
**When can I try to get pregnant again?** You should wait until you have a normal period before you try to get pregnant again. Continue taking your prenatal vitamins if you want to get pregnant again. If you get pregnant again, call your midwife, doctor or gynecologist for prenatal care. If you do not wish to get pregnant, you should use a method of birth control such as the pill or condoms. If you have questions about birth control, you should speak to your doctor.

**When can I start having sex again?** You should not have vaginal sex or put anything in the vagina (including a douche or tampon) for 2 weeks. After this, you can start having sex whenever you and your partner feel ready physically and emotionally.

**Why did this happen to me?** There is a lot we don’t know about what causes miscarriage, and you may never find out why it happened to you. This can be hard to accept. If this is your first or second miscarriage, your doctor probably won’t order any tests. That’s because most women go on to have a normal pregnancy next time. If you have 3 or more miscarriages, your doctor might run some tests to figure out the reason or refer you to a specialist.

It’s unlikely that you caused your miscarriage. About half of all miscarriages are caused by genetic abnormalities. Other causes of miscarriage are much less common and may be related to: hormonal causes, blood-clotting problems, some infections that cause very high fevers, anatomical problems (problems with the cervix or uterus for example), personal factors such as age (yours or your partner’s) fertility problems, weight, smoking, drugs or some medications) …etc.
Emotional Health
Women may feel a wide range of emotions after a miscarriage. There is no right or wrong way to feel. Some women recover quickly, while others take a long time.

You have lost your baby, so you may feel sad or anxious and may need time to grieve. You may think of it as an embryo or a potential life and that is okay too. Everyone’s feelings are different, but many women may experience some of the following symptoms:

Physical: muscle tension, decreased appetite, change in sexual desire, lack of energy and fatigue, and sleep disturbance.

Emotional: sadness, depression, guilt, anxiety, fear, memory loss, slowed thinking, inability to concentrate, forgetfulness, impaired judgment and understanding, confusion, preoccupation with thoughts of the baby, feelings of helplessness, emptiness, yearning, searching, numbness, shock, denial, feeling loss of control, powerless and sense of vulnerability.

Spiritual: loss of faith/return of faith, questioning “Why?”, “Why me/us?”, anger and blame directed at God, self, spouse, etc., looking for meaning of the loss itself, shame and looking for meaning and purpose of life, death and suffering

Some women become very depressed after a miscarriage. If you find yourself feeling depressed, contact your doctor, midwife, nurse or social worker.

Your partner may also feel strong emotions of loss, sadness, helplessness, frustration, guilt or worry about you and the loss of the baby. Your partner may not grieve the same way as you and may not understand your reactions. It is very important to keep communication open between you and your partner after a miscarriage. You may be able to help each other and even feel closer as a result.
What else should I know? If you have an Rh negative blood group, you will need an injection after a miscarriage. This prevents any problems with the Rh factor in future pregnancies. Your doctor will discuss this with you further.

Who should I contact for help?

Nurse clinicians at the Jewish General Hospital Early Pregnancy Assessment Clinic: (514) 340 8222 ext. 5076 or ext. 6506.
Clinical Nurse Specialist the Jewish General Hospital Early Pregnancy Assessment Clinic: (514) 340 8222 ext. 4203
Your local CLSC or Local walk-in clinics
Info santé: dial 811
Centre for Reproductive Loss: (514) 486 6708 (private – fee for service)
Healing Together, West Island Women’s Centre: (514) 695 2566.
Patient & Family Resource Centre by going to the following website: www.jgh.ca/pfrc

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Notes/Questions:

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