

# Treatment Options for Early Pregnancy Loss or Miscarriage

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## What are my treatment options?

You have several options to treat your early pregnancy loss or miscarriage. All of these options are safe and complications are rare. Some options are more likely than others to require more than one treatment. The treatment options differ in the length of time it takes to completely pass the pregnancy. Sometimes your provider will recommend or discourage treatments based on your medical or pregnancy history. However, most of the time, you may choose which option you most prefer.

## Can I wait for the pregnancy to pass on its own?

Often, you may wait (expectant management) for the pregnancy to pass on its own. Eventually, your uterus will begin to contract and will pass the pregnancy tissue. This can take several weeks or longer and is successful roughly 50% of the time. Heavy bleeding and painful cramping is normal with this process. Your provider will give you guidelines to watch your bleeding during this process. Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and infection.

## Is there medicine I can take to pass the pregnancy?

You may use a medicine called misoprostol (or a combination of medicines misoprostol and mifepristone) that will cause your uterus to contract and pass the pregnancy. Using both medications increases their effectiveness.

- If you take both, you need to take mifepristone 24 hours before using misoprostol.
  - In order to take mifepristone you have to come to a specific clinic or OB triage. You cannot pick mifepristone up at a pharmacy.
- Mifepristone and misoprostol together are successful 85% of the time (85 out of 100) within 1 week of taking them. Just taking misoprostol alone is successful about 75% of the time (75 out of 100) within 1 week of taking it.
- Heavy bleeding and painful cramping is normal with this process.
- If the pregnancy does not pass, additional doses of misoprostol or a surgical procedure may be needed.

- Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and possible infection. Neither of these risks is common.

### **Is there a surgical procedure that can pass the pregnancy?**

You may have a surgical procedure to pass the pregnancy from your uterus called uterine aspiration. Your cervix (entrance to the uterus) is slowly stretched open to allow a small plastic tube to enter. Suction is applied to the tube as it is moved inside the uterus for 2-3 minutes. You will feel cramping during and after this procedure. The doctor will check to make sure that the pregnancy tissue appears completely removed. This procedure can be done in the office or in the operating room. Your provider may recommend one location over the other because of your medical history, but most of the time you may choose.

#### **Uterine aspiration in the office**

You will be awake for the procedure. You can have either pills, or medications through an IV line to assist you with pain or nervous feelings. A support person can join you in the office for the procedure. This is typically a short visit (1 hour or less).

#### **Uterine aspiration in the operating room**

You can choose to be completely asleep for the procedure. A support person will not be able to join you in the operating room for the procedure. You will spend several hours at the hospital for this procedure.

Risks include infection (up to 3 out of 100 women), incomplete aspiration (up to 3 out of 100 women), serious bleeding (1 out of 1000 women), injury to uterus or cervix (1 out of 500 women) or injury to a nearby organ (very rare).

### **When should I call or return to my health care provider?**

#### **Call your provider if:**

- Bleeding becomes very heavy and soaks through more than 2 maxi pads per hour for 2 hours in a row
- You have a fever over 101 degrees Fahrenheit (38.3 degrees Celsius)
- You start to feel dizzy, weak, or otherwise very ill/unwell

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