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Choices Surrounding Miscarriage

We are so sorry to hear about your pregnancy loss. Because it can be hard to take in information during a time of surprise and grief, we have put together this guide to help in your decision regarding “what comes next”. There are several options that you may choose to help your body complete this process.

Watchful Waiting:

If your pregnancy is known to be in the correct spot (intrauterine) but no longer growing, you may elect to wait for your body to miscarry naturally. Some benefits include that some women perceive this to be more natural or prefer to receive less intervention and/or medicine. Some drawbacks include that there is no way to predict when miscarriage may actually occur. Any type of miscarriage is associated with potentially heavy bleeding and so it helps to know to expect this at home. Miscarriage also has the potential to have extreme cramping (to the extent that some women end up coming to the ED) and it helps to know to expect this pain. We can give you a prescription for pain medication to help you through this.

Medication Management:

This is a combination of 2 medications to help speed up the process to expel the contents of the pregnancy. Misoprostol is a prostaglandin medication that can be used to help your uterus contract and expel the contents of the uterus. Mifepristone works by blocking the progesterone in the placenta and also helps soften and dilate the cervix. These medications are used in the case of a non-viable pregnancy and you can take the tablets yourself at home. It has the advantage of avoiding a procedure (such as D&C) while having some control over the timing of the process. It has the same disadvantages as natural miscarriage (pain and bleeding) and can also be associated with side effects from the medication such as diarrhea, nausea, chills, and low fever. Generally, you can expect to start feeling cramping and contractions within 4-6 hours of taking the misoprostol tablets and the medicine remains in your system for 8 hours.

Early Uterine Evacuation (EUE):

This is a uterine aspiration or evacuation procedure that we do in the office. We numb your cervix and empty your uterus using a sterile straw and suction from a syringe. In general, this is the most appropriate for a pregnancy where the embryo measures less than 7 weeks in size. It can be intensely uncomfortable for a few minutes but we provide you with medication to help manage this discomfort. Some advantages include “getting it over with” quickly, dependable timing and high success rates, and avoiding the time and expense of a hospital visit for a procedure in the operating room. Disadvantages include some discomfort, and the usual risks of excessive bleeding, infection and uterine perforation.

Dilation and Curettage (D&C):

This is a procedure done in the operating room at UVM Medical Center, generally while you are asleep under anesthesia. This procedure involves opening your cervix with sterile dilators and emptying your uterus using a sterile suction system. It is most appropriate when your pregnancy is 9 weeks or further along. This is because the risks of bleeding and pain become larger after a 7-8 week size pregnancy and generally making home management more difficult. General anesthesia in this case could be considered an advantage or disadvantage depending on how you feel about physical comfort vs. risk. Risks of the procedure include bleeding, infection, and uterine perforation. Benefits of a D&C include that it is the safest way (less pain and bleeding) to conclude a pregnancy after 8-9 weeks.