



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery

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Medication Management for Miscarriage

Medication Information:

- A combination of two kinds of medicine (Misoprostol and Mifepristone) can speed the completion of a miscarriage in a safe non-surgical way. Misoprostol is FDA approved for the treatment of gastric ulcer disease but is commonly used in many settings to induce labor, stop postpartum bleeding and aid in the completion of a miscarriage.
- Misoprostol works by mimicking the action of a naturally occurring substance (prostaglandin) that causes uterine contractions. Mifepristone works by blocking the progesterone in the placenta and also helps soften and dilate the cervix. In failed pregnancies less than 12 weeks gestational age, about 93-98% of the time, misoprostol with mifepristone will bring on a complete miscarriage within 24 hours. Frequently, the process occurs within 4 hours after taking the misoprostol, with cramping starting within an hour of vaginal application.
- Misoprostol should not be used if you have severe asthma, heart conditions, glaucoma, or sickle cell disease. If there is any question that your pregnancy is viable or is outside the uterus (ectopic), then medication management should not be considered.
- Mifepristone should not be used if you have porphyrias, chronic adrenal failure, or on long term corticosteroid therapy.
- Side effects of the medication include nausea, vomiting, diarrhea, chills, headache and low grade fever.

Risks of Misoprostol and Mifepristone for miscarriage:

- The risks of misoprostol and mifepristone use for treatment of early failed intrauterine pregnancy are minimal.
- Excessive bleeding may occur. If you have prolonged heavy vaginal bleeding > 72 hours, you need to call the provider.
- Uterine rupture has been reported with misoprostol use, usually in patients late in pregnancy who have had previous uterine surgery. If you have had previous uterine surgery, including cesarean sections, please discuss this with your provider.
- Misoprostol and mifepristone may not successfully act to complete your miscarriage. In that case, to reduce the risk of further bleeding or infection, your provider may recommend surgical evacuation of the uterus, either in the office or the operating room. Alternately, you may elect to repeat the dose of misoprostol 24 hours after the first dose.

What to expect:

- Take the 200 mg mifepristone by mouth with food and water about 24-48 hours before you plan to take the misoprostol. You likely will not experience bleeding and cramping with the mifepristone alone, but it is possible.
- We recommend that you take the misoprostol tablets early in the day, with someone close by in the event that you have a complication that requires medical attention. Place the tablets (800 micrograms total dose or four 200 microgram tablets) in your cheeks. The medication will dissolve in your mouth and you can swallow the pills after 30 minutes. Generally, you can expect to start feeling cramping and contractions within 4-6 hours of taking the tablets and the medicine remains in your system for 8 hours.
- The cramps and vaginal bleeding that are induced are sometimes quite heavy. A warm shower, bath or heating pad may also help with the discomfort.
- Once you place the misoprostol, you should take over the counter pain medications in anticipation of the strong cramping. You can take these medications together:
 - 650 mg of Tylenol every 4 hours **or** 1,000 mg extra strength Tylenol every 8 hours **with either**;
 - 600 mg of Ibuprofen every 6 hours **or** 800 mg Ibuprofen every 8 hours.
- The vaginal bleeding typically becomes heavy for a short period of time. If the flow is greater than soaking through two pads per hour for 4 hours, or the pain is prolonged and severe, you need to be seen in the clinic or in the hospital.
- After medication treatment, we will confirm that your pregnancy has passed completely– either by ultrasound or by bloodwork.
- We recommend wearing a pad as to not risk introduction of bacteria near the opened cervix and to get a better judgement of how heavy your bleeding is.
- We also want you to avoid intercourse, hot tubs and swimming pools for one week. Do not douche or use vaginal sprays.
- If you wish to be pregnant it is ok to try again after your next regular menstrual period. We strongly advise using condoms for contraception (birth control) until you have this period.
- If you don't wish to be pregnant, please talk to us about contraception options at your follow up visit.

When to call:

- If you are having prolonged (>72 hours) heavy vaginal bleeding
- If the vaginal bleeding is greater than soaking through 2 pads per hour for 2 hours
- Prolonged or severe pain not controlled with pain medications
- Low grade fever (up to 100 degrees) is a common effect of misoprostol. If the temperature persists for 12 hours or more after you placed the misoprostol, you need to call the provider.
- If no miscarriage has occurred within 24-48 hours of placing misoprostol
- Once your vaginal bleeding has tapered down so we can set up your follow up visit