

Medical treatment of miscarriage at home

Medical treatment of miscarriage can be done at home if pregnancy is less than 9 weeks. The treatment is done by taking two different medicines. Mifegyne® (mifepristone) prepares the uterus for emptying, and Cytotec® (misoprostol), taken 1–3 days later, causes the uterus to contract and start emptying by bloody bleed.

The medical treatment method of miscarriage cannot be used if you have coronary heart disease, severe asthma, coagulation disorder, cortisone therapy, chronic renal failure, intrauterine coil, suspected ectopic pregnancy or allergy to medications used to treat abortion.

Medication treatment of miscarriage can be performed at home in the presence of an adult support person.

Visit at the outpatient clinic

To confirm the state of your pregnancy, you will have a gynecological examination and an ultrasound scan via the vagina. The necessary blood tests and samples will be taken. After the examinations and tests, you will receive one tablet of Mifegyne. This medication initiates treatment for miscarriage and usually does not cause any side effects. Some women start to bleed after taking the Mifegyne® tablet, and mild pain and nausea may occur.

Treatment at home

You will bring home six (6) Cytotec® tablets, which will be used two days after taking Mifegyne as follows:

First, take the painkillers prescribed by your doctor (eg Panacod® 500 mg two tablets orally) and then as directed.

Insert four (4) Cytotec® tablets deep into the vagina. We recommend that you lie down for about an hour after taking the tablets to allow the medicine to be absorbed. After that, you can be on the move, which contributes to the emptying of the uterus.

After four hours, take two Cytotec® tablets orally.

If bleeding is abundant before the first four Cytotec® tablets are inserted, they should be taken orally, otherwise the tablets may become out unabsorbed with the bleeding. The next two Cytotec® tablets are also taken orally after four hours.

After the medication is applied, the uterus begins to contract and the bleeding starts. Miscarriage usually resolves within 4–6 hours after taking the tablets. If the bleeding does not start within three to four days after the medical treatment of miscarriage, contact the gynecological outpatient clinic during office hours.

The most common side effects of these medications are stomach pain and nausea, and sometimes vomiting and diarrhea. Lower abdominal pains are due to the opening of the uterus and the pain is relieved when miscarriage occurs. You can take your painkiller (eg Panacod®) as directed by your doctor.

On the day of your miscarriage, you must have an adult support person available to assist you when needed. Very few women (1%) have abundant bleeding.

Post-treatment

You can get sick leave for 1-3 days if needed.

The post-bleeding varies individually. It usually lasts for two to three weeks, but in some cases, it can take up to a month. Because of the risk of inflammation during post-bleeding, avoid sauna, bathing, using tampons, and sexual intercourse.

After medical treatment of miscarriage, menstruation usually begins after 4–6 weeks. You can try new pregnancy after your first normal menstrual bleeding.

If you get symptoms of inflammation; fever, increasing lower abdominal pain, post-bleeding becoming bad smelling or extremely abundant, or if you have any other questions, contact the gynecological outpatient clinic or an emergency room.

If you need contraception, it is usually arranged already by your referring doctor or at the outpatient clinic.

Follow-up check

For follow-up a pregnancy test is usually sufficient after four weeks, or, if prescribed by the physician, the pregnancy hormone level (P-hCG) in the blood. The post-examination site will be agreed upon during your outpatient clinic visit.

Contact information

If you develop symptoms of inflammation such as fever, increased lower abdominal pain, or bad smelling bleeding that you suspect is associated with the medicinal treatment of miscarriage, please contact:

Tays Central Hospital, gynaecology outpatient clinic, tel. +358 3 311 66461 or +358 3 311 66655 on weekdays 8 am to 2.45 pm

Tays Valkeakoski, gynaecology outpatient clinic, tel. +358 3 311 67398 on weekdays 8 am to 2.30 pm

Tays Sastamala, gynaecology outpatient clinic, tel. +358 3 311 62218 on weekdays 8 am to 3 pm

Tays Hatanpää, gynaecology outpatient clinic, tel. +358 3 311 58778 on weekdays 9 am to 3 pm

Outside office hours:

Tays gynaecology and pregnancy emergency room, tel. +358 3 311 65942.

If you need conversational help after your miscarriage, you can also contact

Seurakunnan perheasiain neuvottelukeskus (Evangelical Lutheran Church Counselling)

Gynaecology

Hämeenkatu 28, 4th Floor. Tel. +358 40 804 800 on Monday to Friday 9 am to 11 am or on Wednesday 1 pm to 3 pm.

Tampereen kriisikeskus Osviitta (Tampere Crisis Centre)
Sorinkatu 4 C, 2nd floor
Tel. +358 400 734 793