Gynaecology

Medical Management of Miscarriage at Home

General Information

Medical management of miscarriage can be carried out at home if the pregnancy duration is less than 10 weeks. Treatment involves two different medications. Mifepristone (Mifegyne) prepares the uterus for emptying, and misoprostol (Cytotec), taken 1–3 days later, causes uterine contractions, leading to the emptying of the uterus with bleeding.
Medical management of miscarriage is usually not possible if you have coronary artery disease, severe asthma, a bleeding disorder, corticosteroid treatment, chronic kidney failure, an intrauterine device in place, suspected ectopic pregnancy, or hypersensitivity to the medications used.
Medical management of a miscarriage at home should be carried out in the presence of an adult support person.

Outpatient Clinic Visit

To confirm the pregnancy situation, you will undergo a gynecological examination and a transvaginal ultrasound. Necessary blood tests and samples will be taken. After the examinations, you will receive one Mifegyne tablet. This medication initiates miscarriage treatment and usually does not cause side effects. In some cases, bleeding begins after taking Mifegyne; mild pain and nausea are possible.

Treatment at Home

You will receive six (6) Cytotec tablets to take at home two days after taking Mifegyne, as follows:

- First, take the prescribed pain medication preventively (e.g., Panacod 500 mg, two tablets orally), and continue as instructed.
- Insert four (4) Cytotec tablets deep into the vagina. We recommend lying down for about one hour to allow absorption. Afterward you may move around, which helps the uterus empty.
- Four hours later, take two Cytotec tablets orally.
- If bleeding is already heavy before inserting the first Cytotec tablets, they should be placed under the tongue, as otherwise they may come out unabsorbed with the bleeding. In this case, take the tablets in two doses about 20 minutes apart. The next two Cytotec tablets four hours later should also be placed under the tongue.

After taking the medication, the uterus begins to contract, and bleeding starts. Miscarriage usually occurs within 4–6 hours of taking the tablets. If bleeding does not begin within 3–4 days of medical management, contact the gynecology outpatient clinic during office hours.
Common side effects include abdominal pain and nausea, and sometimes vomiting or diarrhea. Lower abdominal pain is caused by the opening of the cervix and usually eases once the miscarriage has occurred. Additional pain relief may include ibuprofen 400–800 mg 1–3 times daily (maximum 2400 mg/day) and paracetamol 500–1000 mg 1–3 times daily (maximum 4000 mg/day).
On the day of treatment, you must have an adult support person present to assist if needed. Very heavy bleeding occurs only rarely (about 1%).

Follow-Up Care

Sick leave may be given for 1–3 days if necessary.

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Post-treatment bleeding varies individually. It usually continues for 2–3 weeks, but in some cases may last over a month. To reduce the risk of infection, avoid going in the sauna, bathing, tampon use, and sexual intercourse during the bleeding period.
After medical management of miscarriage, menstruation usually resumes within 4–6 weeks. You may try for a new pregnancy after your first normal period.
If you develop signs of infection—fever, increasing lower abdominal pain, foul-smelling or very heavy bleeding—or have other questions, contact the gynecology outpatient clinic or emergency department.
If you need contraception, it is usually agreed upon with the referring doctor or during the hospital clinic visit.

Follow-Up Examination

A urine pregnancy test 4–5 weeks after medical management of miscarriage is usually sufficient. If the test is positive, contact the gynecology outpatient clinic.

Contact Information

If you develop signs of infection, such as fever, increasing lower abdominal pain, or foul-smelling discharge that you suspect is related to medical uterine emptying, contact:

- **Tays Central Hospital:** Gynecology Outpatient Clinic, tel. 03 311 66461, weekdays 8 am–2 pm
- **On-call hours**: Tays Central Hospital, Gynecology and Pregnancy Emergency, tel. 03 311 65942

If you would like counseling support after miscarriage, you may contact:

- **Parish Family Counseling Center** Hämeenkatu 28, 4th floor tel. 040 804 8100 (customer service Mon–Fri 9–11 am), tel. 040 804 8090
- **Tampere Crisis Center Osviitta** Sorinkatu 4 C, 2nd floor Appointment tel. 0400 734 793, Mon–Thu 10 am–12 pm
- **Mieli ry, national crisis helpline** tel. 09 2525 0116, MIELI Crisis Helpline is available in English on Mondays (4–8 pm) and Thursdays – Fridays (9 am–1 pm).