

Alliance OB GYN

Information For Patients on Choices for Management of Early Pregnancy Loss

Please accept our sympathy on your recent miscarriage. We are here to support you through this process. Essentially there are three options; watchful waiting, taking medications or having a procedure. We will discuss what options are medically safe for you and help you decide what method feels right to you.

This decision is not an emergency. Take your time, ask questions, wait until you feel good about your choice. Once the miscarriage has passed it is okay to either start trying for pregnancy or start birth control.

Watchful Waiting - Expectant Management

- We will wait until your body starts to pass the miscarriage on its own which can take up to 8 weeks. You will begin to have bleeding and cramping. We will have a plan for pain control to help with cramping. The bleeding can be heavy and will include passing clots and tissue. If you are soaking 1 pad every half-hour for 2 hours, you would need to go to the emergency room.
- Once the miscarriage has passed, we will repeat an ultrasound to make sure the uterus is empty. After the ultrasound we will start weekly blood draws to follow the beta HCG pregnancy hormone down to less than 5. Once the miscarriage has passed, it is okay to start trying immediately for pregnancy or we can start you on birth control.
- Pros: most natural and usually successful (80%)
- Cons: uncertainty about "when it will happen" and chance of incomplete emptying and needing to have a procedure or take medication

Taking a Medication - Medical Management

- You will take medications at home to start the miscarriage process. You will begin to have bleeding and cramping. We will have a plan for pain control to help with cramping. The bleeding can be heavy and will include passing clots and tissue. If you are soaking 1 pad every half-hour for 2 hours, you would need to go to the emergency room.

- American College of Obstetrics and Gynecology recommends based on evidence based medicine to use Mifeprex with Cyotec. These 2 medications together make medical management more successful.
- Once the miscarriage has passed, we will repeat an ultrasound to make sure the uterus is empty. After the ultrasound we will start weekly blood draws to follow the beta HCG pregnancy hormone down to less than 5. Once the miscarriage has passed, it is okay to start trying immediately for pregnancy or we can start you on birth control.
- Pros: can have some control over timing. When Cyotec alone is used it is successful (71-84%). If Cyotec and Mifeprex are used together it is more effective.
- Con: small chance of incomplete emptying and needing to have a procedure

Procedure - Surgical Management

- There are two different procedures which involve the cervix being dilated, a tube passed into the uterus and suction used to empty the uterus. We will decide together which procedure is best for you.
 - A “Suction D+C” will be done in the Main Operating room at the hospital with anesthesia. After the procedure you will go home with a plan for pain control. You can expect some minor cramping and light bleeding.
 - “MVA” in the office with either nitrous oxide (laughing gas) or sedation with an anesthesiologist. After the procedure you will go home with a plan for pain control. You can expect some minor cramping and light bleeding.
- Pros: "gets it over with" at a scheduled time, less worry about what will happen at home, is 99% successful
- Cons: it is a more invasive. Risks are low but include perforation of the uterus, damage to other organs, scar tissue in uterus, chance for incomplete removal of miscarriage.

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