

Patient Information

Gynaecology

Mid-trimester pregnancy loss

For staff use only
(Use hospital ID label)

Surname:
First names:
Address:

Date of birth:
Hospital number:

First visit (Mifepristone tablets)

Date: Time:

Location:

Second Visit (Misoprostol treatment)

Date: Time:

Location:



Patient Information

The process of pregnancy loss can be extremely difficult. We are here to try to make your experience easier to cope with.

In this leaflet, you will find important contact numbers and useful information about your treatment and care.

If you have any questions not answered in this information, please contact us for advice/support or ask a senior member of staff on the ward.

Contact information

Ward 23, Gynaecology Ward Tel. 024 7696 7000

Chaplaincy: 024 7696 7515
or via the hospital switchboard 024 7696 4000

About your first appointment

The first phase of your treatment will involve coming into hospital for about two hours. We always try to minimise the time you are with us on the first visit. But occasionally visit times are prolonged.

You will be welcomed to the Unit by a member of the nursing team. Your nurse for this visit will introduce herself and sit with you. They will take your medical history and any relevant details that may influence your treatment and care.

The nurse will also record your blood pressure, pulse, temperature, respiration rate and weight at this time and take blood tests. This is so we have a baseline set of observations and blood results for your second visit.

The nurse will talk to you about the second visit and discuss your needs. You may also be seen by a doctor depending on your history, as well as being offered to meet with a member of the chaplaincy team.

Things to avoid during the treatment process

Do not smoke or drink any alcohol after you have taken your first treatment and until two days after you are discharged on your second visit.

Avoid taking non-steroidal anti-inflammatory painkillers, such as aspirin, ibuprofen, or diclofenac (Voltarol).

About the first treatment

The first treatment is a tablet you will take orally (by mouth). It's called mifepristone. This works by blocking the effects of progesterone (the hormone needed for pregnancy to continue).

How will I feel after taking the tablet?

Occasionally you will feel a little unwell, sick, or faint during the first few hours. You should feel better after a few hours. There is also a chance that you may start to bleed. If this happens, contact the Emergency Gynae Unit for advice.

If you feel unwell and are not managing at home, you are welcome to contact the Emergency Gynae Unit. They can arrange for you to come into hospital sooner if necessary. But the administration of the second phase of the treatment may not start until the planned time.

About your second visit

You will be asked to return to the hospital approximately 36-48 hours after your first treatment for the second phase to begin. You should attend Ward 23, where you will remain for the rest of your stay.

The nurses on the ward will show you to your bed space and make you familiar with your surroundings. You will be introduced to your named nurse and given the opportunity to ask any questions and discuss any fears or anxieties.

The nurse responsible for your care will talk to you about your care after

Patient Information

the delivery. You may want to discuss ways in which you can remember your baby. Emotions differ with each individual and you must do what you feel is right for you.

You may feel you would like to:

- See or hold your baby
- Have your baby blessed by the hospital chaplain
- Have photographs of your baby
- Have footprints & handprints as a memento
- Have a ward-issued birth certificate

You may choose not to accept any of these options. Your decision will be respected either way.

Sometimes women or couples change their minds after delivery. If this happens, please let the nurse caring for you know.

Premature labour

If a woman is in premature labour or is having her labour induced whilst the baby is still alive, occasionally baby can show signs of life. Signs of life still present at 1 minute of age can include a heartbeat, limb movements or breathing/gasping.

You will then need to register the birth and death. It is not possible to attempt any form of resuscitation at this gestation as the baby will not survive.

Involuntary movements before 1 minute of age are not considered signs of life.

If you feel that you would like to hold your baby or spend time with your baby immediately at delivery or wish to do this at a later time, please do not hesitate to let the nurses caring for you know.

Patient Information

Many women or couples ask to know the sex of their baby. It's difficult to determine the sex before 20 weeks, as the genitalia can look similar. If you are told the sex, it's important that you are aware that this is the opinion of the person looking and not definite. If you opt for a post-mortem examination, the sex will be determined in the report.

All women from 16 weeks of pregnancy are cared for by a Bereavement Midwife as well as the nursing and medical staff. You can ask them questions about the process, post-mortem examination, what to expect and any follow up you may have. They will also help to provide emotional support for you during this difficult time.

The second phase of treatment

This is called misoprostol. It's another type of hormone called a prostaglandin which will cause your uterus to contract resulting in the delivery of your baby.

The misoprostol is in the form of tablets inserted into your vagina by a trained professional. This treatment will be repeated at 3 hourly intervals (to a maximum of 4 further doses in any 24-hour period), where the medication will be given either orally or vaginally.

In most cases, the baby is delivered within this time. But occasionally, the cycle will need to be repeated in 24 hours.

During this time, you will remain in hospital so can monitor your condition.

Pain relief

There are various methods of pain relief available. This can depend on any allergies you have, or relevant medical conditions. The medical staff will discuss your options with you.

These could include:

- Entonox (or gas & air)

Patient Information

- Codeine and paracetamol (tablets given orally)
- Pethidine (an opiate analgesic given in the form of an injection)
- PCA (patient controlled analgesic device). This device contains Morphine and is controlled by you when you need it. The device is attached to a cannula or drip line by tubing which runs through a bracelet attached to your wrist. This bracelet has a button for you to press which delivers a metered dose of the pain killer. **It is important that you only operate this device when you are in pain. Relatives are not allowed to operate this device for you.**

If you find your painkillers are not effective, please inform the nursing staff so another method can be decided on.

Your feelings after the delivery

You may feel tired and drained after the delivery; this is normal and will improve with time.

You may continue to bleed for several days, possibly longer. As long as this is not heavy, there is no need for you to worry. If you find the bleeding is very heavy or offensive smelling after you go home, you must contact the hospital or your GP for advice.

It is normal for you to feel very sad and tearful. These feelings get easier with time and vary in intensity from one woman to another. If these feelings are prolonged, you may need to seek further support from your GP.

If you need more support, the Bereavement midwives can offer telephone support.

If you feel you need further support in the form of counselling, please contact either your GP or the chaplaincy team at the hospital for details on where you can be referred. Some GP practices have a counsellor attached to their surgery.

Patient Information

The Miscarriage Association

Telephone: 01924 200799

Email: info@miscarriageassociation.org.uk Website:
www.miscarriageassociation.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Gynaecology
Contact:	27000
Updated:	August 2023
Review:	August 2025
Version:	8
Reference:	HIC/LFT/533/07