



Treatment Options for Early Pregnancy Loss or Miscarriage

You have several options to treat your early pregnancy loss or miscarriage. All of these options are safe and complications are rare, but some options are more likely than others to require more than one treatment. The treatment options differ in length of time it takes to completely pass the pregnancy. Sometimes your provider will recommend or discourage treatments based on your medical or pregnancy history. However, most of the time, you may choose which option you most prefer.

Waiting (“Expectant Management”):

Often, you may wait for the pregnancy to pass on its own. Eventually, your uterus will begin to contract and will pass the pregnancy tissue. This can take several weeks or longer and is successful roughly 50% of the time. Heavy bleeding and painful cramping is normal with this process. Your provider will give you guidelines to watch your bleeding during this process. Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and infection.

Pills (treatment with medication “Misoprostol/Cytotec”)

You may use a medicine called Misoprostol or Cytotec that will cause your cervix to soften and open and your uterus to contract and pass the pregnancy. This is successful about 85% of the time within 1 week of taking it. Heavy bleeding and painful cramping is normal. If the pregnancy doesn't pass, additional doses of the medication or a surgical procedure may be needed. Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and possible infection. Neither of these risks are common.

Surgical procedure (uterine aspiration, either in the operating room or in the office)

You may have a surgical procedure to remove the pregnancy from your uterus. Your cervix (entrance to the uterus) is slowly stretched (dilated) open to allow a small plastic tube to enter. Suction is applied to the tube as it is moved inside the uterus for 2-3 mins. You will feel cramping during and after this procedure. The doctor will check to make sure that the pregnancy tissue appears completely removed. This procedure can be done in the office or in the operating room. Your provider may recommend one location over the other because of your medical history, but most of the time you may choose. Risks include infection (up to 3 out of 100 women), incomplete aspiration/retained pregnancy tissue (up to 3 out of the 100), serious bleeding (1 out of 1000), injury to the uterus or cervix (1 out of 500) or injury to a nearby organ (very rare)

- **Uterine aspiration in the office**

You will be awake for the procedure. You will be given pills to assist you with pain or nervous feelings. A support person can join you in the office for the procedure. This visit usually takes about an hour.

- **Uterine aspiration in the operating room**

You can choose to be completely asleep for the procedure. A support person will wait for you in the OR waiting room for the procedure. You will spend several hours at the hospital.