



# FERTILITY FACT SHEET

San Ramon / Orinda / San Jose

## Management options for a non-viable pregnancy in the uterus

While it is our hope that each patient who becomes pregnant can deliver a healthy child, we know that somewhere around 15-25% of all pregnancies end in a miscarriage or a non-viable pregnancy. A non-viable pregnancy is also known as a missed abortion or blighted ovum. If an ultrasound shows a non-viable pregnancy there are several management options available:

- 1. Expectant management.** This involves a hands-off approach and letting nature take its course allows the miscarriage to happen on its own at home. Many feel that this is the most natural approach and are willing to wait for spontaneous resolution in order to avoid surgery or medicines. If this option is chosen, we routinely see patients within three days following the miscarriage to check and make sure that the uterus is empty. Expulsion rate is approximately 66-91%. If two weeks have passed without the miscarriage occurring, we will see you back in the office to determine the appropriate next steps. With a miscarriage sometimes the menstrual cramps are very severe and bleeding can be heavy. In the event that this happens, call our office or the on-call doctor in order to determine whether you need to be seen. We can also give you a prescription for pain medicine to ease the process.
- 2. Cytotec.** Cytotec is a medicine that can induce uterine cramping that will cause the uterus to expel a non-viable pregnancy. It can be given 400 mcg (2 pills) vaginally at 5:00 and 9:00 PM one evening (total 800 mcg). Some patients will have severe cramping and heavy bleeding. Pain medicine can be given if desired. If nothing happens by 24-48 hours, another dose of Cytotec can be given. Patients should have an ultrasound within 3 days after the time they think they miscarried to ensure that the uterus is empty. Expulsion rate is approximately 70-93%. If you experience severe pain or menstrual cramps or heavy bleeding please call our office or the on-call doctor. Not everyone is a good candidate for this medicine.
- 3. D and C.** This option entails setting up a time to have a simple surgery in the operating room to remove the pregnancy from the uterus. The D&C takes about five minutes to do and has the advantage of quick resolution and highest success rates. We would need to see you before the surgery to go over the consent forms and perform a pre-operative exam. Rarely, women may get scarring or a pelvic infection after a D&C. This is exceedingly uncommon, however, and there is generally no harm from the procedure. A D&C also has the advantage of being able to send tissue for analysis to determine a potential genetic cause of the miscarriage.

All patients who are RH negative should receive a Rhogam shot, if indicated, during the time of bleeding (or right before) to prevent the formation of antibodies to RH positive blood cells.