Miscarriage Management in Early Pregnancy Assessment Centre Care in a Specialist Women's Hospital 2017:

Benchmarking current practice and research readiness

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BACKGROUND

Early pregnancy loss is common with around 1 in 4 pregnancies miscarrying. Randomised controlled trials support expectant, medical and surgical management for miscarriage [1,2]. Practice in non-research settings may be different. Specialised Early Pregnancy Assessment Clinics (EPAC) potentially improve the woman's experience [3, 4]. EPAC staff are experienced, ultrasound-trained doctors and ED midwives.

OBJECTIVES

We aimed to audit miscarriage management in a specialist women's hospital where 1 in 3 women presenting to Emergency Department (ED) with threatened miscarriage have follow up Early Pregnancy Assessment Clinic (EPAC) consultation. Auditing current practices informs patient counseling and helps researchers plan future trials.

METHODS

We reviewed electronic and paper records of women attending EPAC in the first 3 months of 2017 with confirmed early miscarriage (crown-rump length < 30 mm or anembryonic pregnancy), documenting primary management type, complications and any additional treatments.

RESULTS

176 women attended 231 EPAC appointments. 98 (or 52%) of those attending EPAC were managed for acute and sub-acute problems associated with miscarriage; 92 women with acute and 6 with delayed treatment of miscarriage. 70 women had live pregnancies, 4 ectopic pregnancies, 4 other problems (Table 1). 85% or more of women having non-surgical management of miscarriage completed treatment with the first treatment. 16% of women choosing non-surgical management subsequently underwent surgery (Table 2). 4.1% were prescribed antibiotics and 3.0% misoprostol for incomplete response to first-line treatment. Haemorrhage and infection rates were < 1%

Table 1: Reason for EPAC appointment

Reason for EPAC appointment	Number of women	%
Miscarriage – acute care	92	(52%)
Miscarriage - sub acute care	6 < 6 weeks from miscarriage	(4%)
	1 > 6 weeks after miscarriage	(1%)
Confirm live intrauterine pregnancy	70	(40%)
Ectopic pregnancy	4	(2%)
Care after childbirth	2	(1%)
Care after elective abortion	2	(1%)
Total	176	(100%)

Table 2: Primary management of miscarriage: method and success rates

Primary Management		Success	Required surgery
Expectant	50 (51.0)	43 (85.0)	7 (15.0)
Medical	31 (31.6)	26 (87.1)	4 (12.9)
Surgical	17 (17.3)		

CONCLUSIONS

EPAC care is equivalent in safety and success to research settings. EPAC based trial recruitment could include up to 350 women/year for trials of alternate medical management, for example adding mifepristone or different misoprostol dose/frequency regimes. Extending recruitment to ED could increase eligible participants 3-fold.

REFERENCES

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