

Outpatient Medical Management of Miscarriage Changed Practice since Covid Audit

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Background	Aim and Objectives	Audit Standard
<ul style="list-style-type: none">▶ All units should have a record of uptake rates for medical/surgical and conservative management of miscarriage▶ We started doing outpatient medical management of miscarriages from January 2020(since COVID) and then we continued to do it▶ So we wanted to know the outcome▶ This audit would help us in appropriate counselling of patients regarding the uptake of outpatient medical management	<ul style="list-style-type: none">▶ We aimed in calculating the uptake rate of conservative, medical and surgical management of miscarriages from January 2020 till December 2021 (2 years).▶ Main focus was on how many women opted for outpatient medical management, number of cycles they had, success rate, failure rate including switch over to other treatment option.▶ We compared our rates with previous audit results to know if the outcome is better or what needs to be done in form of action plan.	<ul style="list-style-type: none">▶ RCOG Green top guideline 25;management of early pregnancy loss▶ NICE Clinical Guideline 154:Ectopic pregnancy and miscarriage

Nice Guideline Conservative/Expectant Management	Nice Guideline Medical Management	Nice Guideline Surgical Management
<ul style="list-style-type: none">▶ Use expectant management for 7-14 days as first line management strategy for women with confirmed diagnosis of miscarriage▶ Explain most of women need no further treatment▶ Information given regarding the process/access/advice on pain relief▶ If passed POC, do UPT in 3 weeks▶ If not passed, scan followed by other treatment options discussion	<ul style="list-style-type: none">▶ Do not offer Mifepristone as a treatment▶ Offer Vaginal Misoprostol for missed or incomplete miscarriage. Oral administration is acceptable alternative if woman's choice▶ Missed miscarriage -single dose of 800micrograms of misoprostol▶ With incomplete miscarriage - single dose of 600micrograms of misoprostol. Offer pain relief and anti-emetics as needed▶ If no bleeding in 24 hours, individualize care▶ If POCs passed, do UPT in 3 weeks	<ul style="list-style-type: none">▶ Should be done in a theatre under GA or MVA under Local anesthesia▶ Provide detailed information regarding the procedure, complications and what to expect after procedure▶ Offer anti - D if Rh Negative

Audit Standards(NICE)	Methodology
<ul style="list-style-type: none">▶ All patients should have been given all three choices, expectant/medical/ surgical including the details of the process (RCOG) -100%▶ All patients should be given 24/7 open access to ward/unit (RCOG)-100%▶ Success rate with Expectant - 65%(NICE) further intervention<35%▶ Success rate with Medical management >70%(NICE)▶ Complications of surgical management 2-8%(NICE)	<ul style="list-style-type: none">▶ Data was collected retrospectively from January 2020 till December 2021 (2years), all patients diagnosed with confirmed diagnosis of missed miscarriage were included.(complete miscarriage and incomplete miscarriages were excluded)▶ 52 patients presented with missed miscarriage, data collected from EPAU diary and Audit book.▶ Women age 20 – 45 were included, all the patients were given 03 Options i.e. Conservative, Medical & Surgical on their first visit to Doctor with confirmed diagnosis of missed miscarriage

Data Collection	Results
<ul style="list-style-type: none">▶ Out of 52 patients 16 patients opted for conservative management, 30 patients opted for medical management & 06 patients opted for surgical management, at first instance.▶ 24 x 07 Access to hospital was given to all of them as per NICE Guideline.▶ Out of 30 patients who opted for medical management 25 chose outpatient medical management (because of COVID it was a new initiative, never done before in this hospital.▶ 05 out of 30 Chose inpatient medical management▶ Outpatient medical pack including Misoprostol 800 micro gram and analgesia and anti sickness medicine was given to all of them.▶ They were told to ring us if nothing happens within 24 hours of medication.	<ul style="list-style-type: none">▶ 22 out of 25 patients who had outpatient medical management were successful after first medication- rest of the 03 chose surgical management hence success rate was 88%. (as per NICE guideline should be more than 70%). However 05 patients who had inpatient medical management completely miscarried making overall success rate of medical management 90%.▶ No patient was admitted because of serious complication, heavy bleeding or infection.▶ All of them were advised to do urine pregnancy test at three weeks time and it was negative in all cases.

Comparison to previous Audit / Quality Improving Step
<ul style="list-style-type: none">▶ This Audit was a re-audit to see improvement in patient care. Results were overwhelmingly encouraging.▶ In the last Audit medical management was successful in 52% of the patients and all of them were inpatient whereas this time success rate was overall 90% and majority of the patients were outpatients.▶ This was definitely a big move in terms of saving hospital resources, preventing outbreak of infections, cross infections, staff burden and was proved to be cost effective.▶ This gave us encouragement to continue giving outpatient medical management to patients and now we have data with us that can encourage patients to opt for it because of high success rate and safety. From patients point of view they could have their treatment at the comfort of their home.

Thank You