

MANAGEMENT OF EARLY MISCARRIAGE IN UNIVERSITY HOSPITAL WISHAW DURING THE COVID-19 PANDEMIC

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BACKGROUND AND OBJECTIVES:

In April 2020 the RCOG released guidance on rationalising early pregnancy assessment services (EPAS) during COVID-19, with a focus on reducing inpatient admission¹. In our department, a new protocol for outpatient medical management (OPMM) regime was introduced for miscarriage at <12 weeks gestation and women between 9-11+6 weeks were offered inpatient management if this was their preference. The necessary sterile aspirator for manual vacuum aspiration was not available in our department at that time, however surgical management under general anaesthetic was offered if either conservative management or outpatient medical management was unsuccessful.

Our aim was to analyse the outcomes for women opting for OPMM vs conservative management, in order to improve the service within our department.

Protocol

CONSERVATIVE

- Follow up ultrasound scan in two weeks

MEDICAL MANAGEMENT <9 WEEKS

- Misoprostol 800mcg, followed by further misoprostol 400mcg after 4 hours

MEDICAL MANAGEMENT (9-11+6 WEEKS)

- Day 1
Mifepristone 200mg administered orally
- Day 3
48 hours later patient self-administers misoprostol in the recommended regime
Misoprostol 800mcg sub-lingual route
Followed by
Misoprostol 400 mcg sub-lingual route administered three hourly x four doses

Medical management not repeated more than twice

DESIGN AND METHODS:

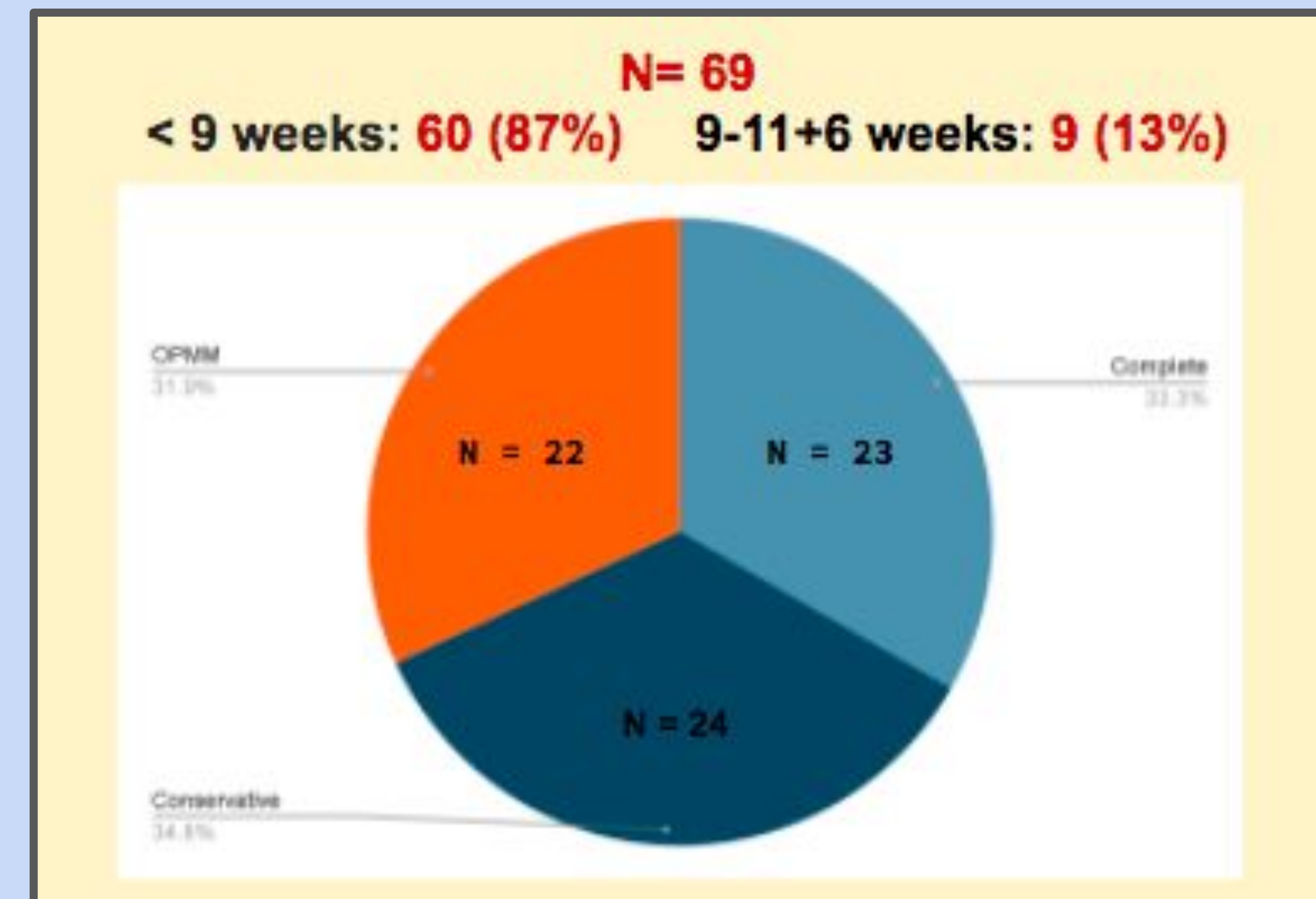
This was a retrospective cohort study. An observational design allowed us to analyse and compare the outcomes of the women included over time. Women who presented to EPAS with confirmed miscarriage at <12 weeks gestation during June and July 2020 were identified from our EPAS records and their electronic maternity notes analysed. Women presenting with a presumed miscarriage who subsequently had an alternative diagnosis were excluded. Those who had insufficient data in their records were also excluded.

RESULTS:

69 women attended our EPAS with confirmed miscarriage during the study period, 87% (n=60) at <9 weeks and 13% (n=9) at 9-11+6 weeks. 33% (n=23) were diagnosed with complete miscarriage on initial ultrasound or passed products of conception during initial presentation. Of the remaining women, 35% (n=24) opted for conservative management and 32% (n=22) for OPMM.

In the conservative management cohort, 79% (n=19) required no further treatment, 13% (n=3) required surgical evacuation and 8% (n=2) required OPMM. 71% (n=17) had at least one follow-up ultrasound scan.

In the OPMM cohort, 63% (n=14) required no further treatment, 23% (n=5) required repeat OPMM and 14% (n=3) required surgical evacuation. 9% (n=2) presented as an emergency with heavy bleeding after OPMM and 36% (n=8) had at least one follow-up ultrasound scan



Outcomes

	Medical management (OPMM) n = 22	Conservative n = 24
No further treatment required	63% (n=14)	79% (n=19)
Further OPMM	23% (n= 5)	8% (n=2)
Surgical management	14% (n=3)	13% (n=3)
Admitted as emergency with heavy bleeding	9% (n=2)	0
At least 1 follow-up USS	36% (n=8)	71% (n=17)

CONCLUSION:

Conservative and medical management were almost equally chosen by our women and both methods had a similar overall success rate. The incidence of surgical management in both groups were almost the same. The conservative group was less likely to need further medical management, however had a higher rate of follow up ultrasound scan. With effective protocols, follow-up scan appointments could be minimised and our service further improved.

Health boards to consider offering non-surgical management of miscarriage as the first line and to offer surgical management of miscarriage when conservative management or outpatient medical management are unsuccessful.



Guidance for rationalising early pregnancy services in the evolving coronavirus (COVID-19) pandemic

Information for healthcare professionals

REFERENCES

- Royal College of Obstetricians and Gynaecologists. Guidance for rationalising early pregnancy services in the evolving coronavirus (COVID-19) pandemic. Information for Healthcare Professionals version 1.1. London: RCOG; 2020