

AN AUDIT OF MEDICAL MANAGEMENT OF FIRST-TRIMESTER MISCARRIAGE USING MIFEPRISTONE AND MISOPROSTOL



The National Maternity Hospital
Vita Gloriosa Vita ~ Life Glorious Life



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OBJECTIVE

Miscarriage is a very common complication. The recent publication of the MifeMiso trial would potentially change the effectiveness of medical management of miscarriage, thus improving the patient experience at a very emotional time of their life.

The aim of this study was to evaluate the effectiveness of medical management of first-trimester miscarriage following introduction of a regime of mifepristone and misoprostol.

METHOD

NMH is a tertiary unit in Dublin with more than 9000 births/year. Early pregnancy care is provided by a dedicated Early Pregnancy Assessment Unit. The diagnosis of miscarriage is based on guidelines from the Institute of Obstetricians and Gynaecologists.



Women who chose to undergo medical management after Dec. 2020 were offered mifepristone and misoprostol; prior to this only misoprostol was offered.

This is a comparison of outcomes of medical management of miscarriage with misoprostol alone in October/November 2020 compared to mifepristone and misoprostol in October/November 2021.

RESULTS

In 2020, 50 women underwent medical management, compared to 54 women in 2021. Excluding those who did not attend follow-up [n=2 (2020); n=6 (2021)], and those who requested surgical management prior to follow up [n=1 (2020); n=2 (2021)], meant that 47 women in 2020 and 46 women in 2021 attended for follow-up ultrasound to confirm if the treatment had been successful (Table 1).

	Oct./Nov. 2020	Oct./Nov. 2021
Total women	50	54
% lost to follow-up	4% (n=2)	11% (n=6)
% underwent ERPC prior to follow-up	2% (n=1)	4% (n=2)
% complete at follow-up	72% (n=34)	87% (n=40)
% requiring further management	28% (n=13)	13% (n=6)

In 2020, 34 women (72%) were diagnosed with a complete miscarriage after medical management, compared to 40 women (87%) in 2021 (p=0.1) (Table 1).

Of women requiring further management, 7 women in 2020 underwent a second course of treatment, and 2 required and consented to a third course. 6 underwent surgical management. In 2021, 4 women underwent a second course of medical management, but none required a third course. 1 women underwent surgical, and 1 women conservative management (Table 2).

Table 1: Outcomes of Initial Medical Management in 2020 compared to 2021.

Table 2: Comparison of Further Management.

	2020	2021
ERPC	46% (n=6)	17% (n=1)
Second Course Medical	53% (n=7)	67% (n=4)
Third Course Medical	29% (n=2)	0%
Conservative	0%	17% (n=1)

CONCLUSION

While the difference in successful initial medical management is not statistically significant, there is a clinical difference in outcomes. The addition of mifepristone to the management of miscarriage supports women at a difficult time. We would recommend other units study outcomes so that they can provide hospital specific data when counselling patients.