

Management of First Trimester Miscarriage

Dr Madeleine Cox, Gold Coast University Hospital

First trimester miscarriage

- First trimester miscarriage is common, approximately 1 in 5 pregnancies will result in miscarriage, most often within the first trimester
- Management options: expectant, medical, surgical
- No significant difference in rates of infection or future fertility
- Expectant management: more suitable for incomplete miscarriage, timeframe of bleeding unpredictable and may result in increased bleeding than surgical management, rates of surgery vary greatly
- Medical management: misoprostol 80-99% effective
- Surgical management: less follow up, risks of surgery and general anesthetic
- Important to present balanced information so that patients make the right decision for their circumstances
- Discuss expectations of pain and bleeding with miscarriage and provide adequate analgesia and return advice
- Early pregnancy clinics essential to providing safe and patient centered care in a time where patients are extremely vulnerable

6 month audit

- All first trimester miscarriages at a tertiary hospital over a 6 month time frame (July to December 2021) were reviewed including choice of management, histopathology, representations, and repeat procedures
- 224 first trimester miscarriages
 - Surgical management : 81%
 - Medical management : 8%
 - Expectant management : 11%
- 33 patients required repeat treatment – 1 patient opted for medical management after RPOC post suction curette
- 5 patients had suction curette for less than 1.5cm RPOC on ultrasound after expectant management who may have benefited from misoprostol
- A number of repeat procedure patients returned after medical management requesting surgical management within 2-3 days of initial presentation
- It is important to acknowledge that whilst suction curette is a common procedure it is not without risk – 2 women had significant blood loss or 1 and 1.5L at time of procedure for missed miscarriage. Another patient had a uterine perforation with a small serosal bowel injury
- Next step is a prospective survey of patients attending the early pregnancy clinic to identify any preexisting perceptions of management options prior to counselling in our clinic