

Multicentre Analysis of Management of Missed Miscarriages; An Inaugural Step

S Mukhtar¹, H Hadawai², N Okagbue², Y Irfan³, S Penicud⁴, S Al Asad⁵, G Awadzi², R Bajracharya³, M Islam⁴, A Shah⁵, P Angala¹, Z Woodward¹

¹ East Kent Hospitals University NHS Foundation Trust, QEQM Hospital, WHH⁵, Dartford and Gravesham NHS Trust, ² Maidstone and Tunbridge Wells NHS Trust, ³ Medway NHS Foundation Trust, ⁴

Introduction

- Early pregnancy unit (EPU) is an essential part of Women Health Services, playing a crucial part for the clinical and psychological management of early pregnancy issues.

Aims & Objectives

- A regional project including all five EPUs across Kent (Trust A-E) to compare the management of missed miscarriage in each department and to learn and to improve together.

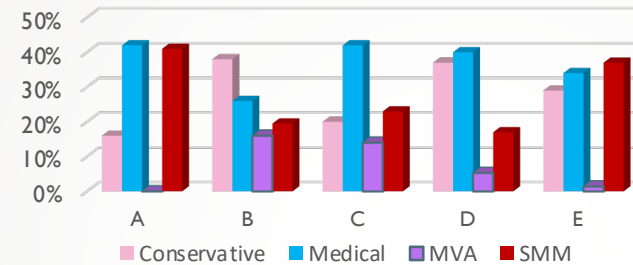
Design

- To our best knowledge, this is the first time of undertaking a collaborative project in this topic in our area. Permission taken from all trusts' EPU leads. A lead investigator was nominated in each unit and I shared a proforma for data collection.

Methods

- Retrospective data was collected for 200 pts. from four hospitals and 132 from one hospital by generating lists from Viewpoints/Soliton and using the electronic notes. Each unit will use data for its own audit process too.

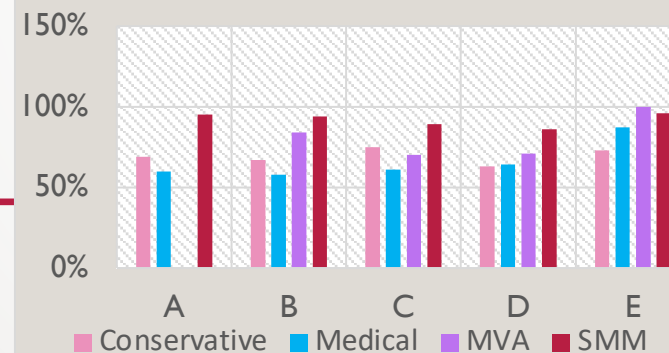
Methods of Mx



Results

- 80% of all cases dx with 1-2 scans
- Medical Mx of Trust E was 87% compared to all other trusts of 60-68%
- SMM success rate between 86-97%
- MVA is an underutilized option with the least in Trust E, only 1.4%, and although there is a success rate of 100%, it's not an accurate presentation.
- Trust B has the highest percentage of MVA 16% with higher success rate of 90% followed by Trust C with 14% patients opted for it and success rate of 89%
- Overall, 2/3rd of patients completed miscarriage with their first preferred option with highest of 89% in Trust E followed by Trust C 78%

Success Rate



Conclusions

- It's evident that trust E has significantly high success rates of MMM, mainly d/t Mife Miso regimen and other units need to take urgent consideration to adapt this protocol to improve success rate of MMM, patients experience and satisfaction with obvious evidence of cost effectiveness for the Trusts.
- The difficulty of extracting data due to lack of electronic database emphasizes the need for adapting an electronic system for patients follow up and data storage. It is the time to consider a national EPU database that will aid annual audits and evaluation of EPU services more effectively.
- This project also reflects the possibility of organising more multicentre QUIPP/Audits to improve patient safety and satisfaction and to Excel together!

References: 2021 exceptional surveillance of ectopic pregnancy and miscarriage: diagnosis and initial management (NICE guideline NG126)

• Mifepristone and misoprostol versus misoprostol alone for the management of missed miscarriage (MifeMiso): a randomised, double-blind, placebo-controlled trial (Lancet).

• Cost-effectiveness of mifepristone and misoprostol versus misoprostol alone for the management of missed miscarriage: an economic evaluation based on the MifeMiso trial (BJOG).