

Management of Miscarriage in the Early Pregnancy Unit

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Objective

To audit the ultrasound diagnosis and management of first trimester miscarriage identified in the Early Pregnancy Unit (EPU) at a District General Hospital

Background

- In 2011, the National Institute of Clinical Excellence (NICE) released guidance on the diagnosis and management of first trimester miscarriage
- Although comprehensive, there was no detail on diagnosis of miscarriage identified at nuchal scan

Design

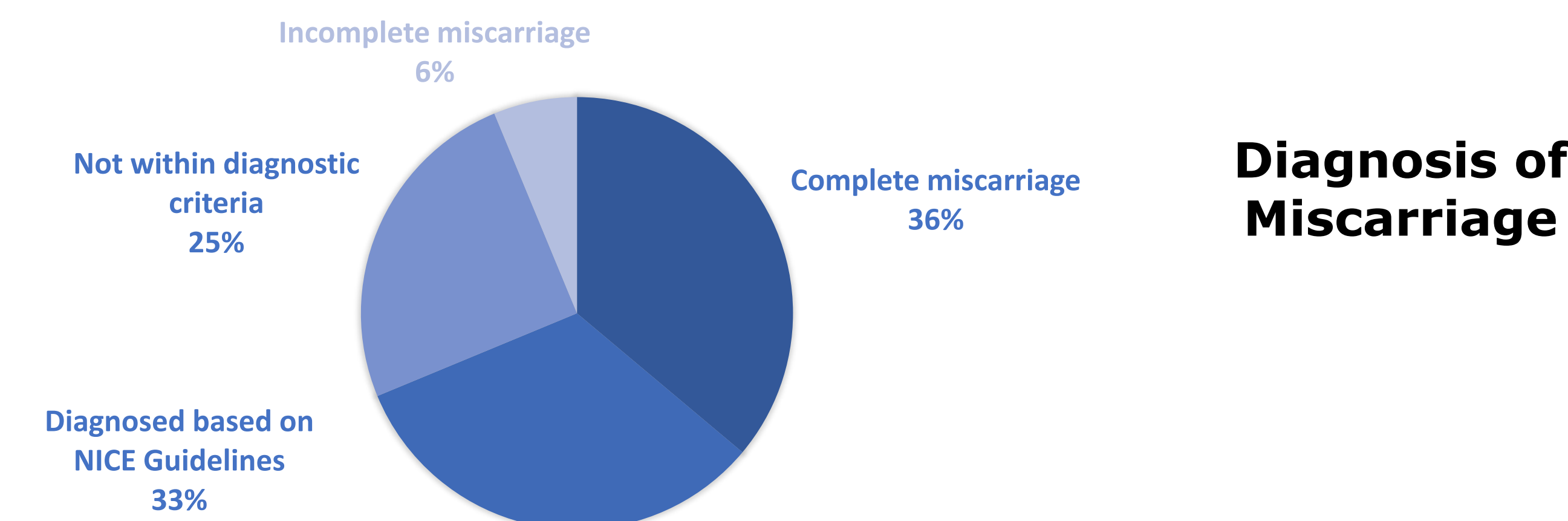
A retrospective case note review was undertaken spanning an 8-month period, from the 1st January 2022 to the 31st August 2022

Method

- All cases of miscarriage diagnosed in St Helier Hospital EPU during the study period were assessed for compliance with national guidance parameters for ultrasound diagnosis.
- The waiting time for surgical management of miscarriage (SMM) or manual vacuum aspiration (MVA), including the number of unintended miscarriages whilst awaiting treatment was also assessed.

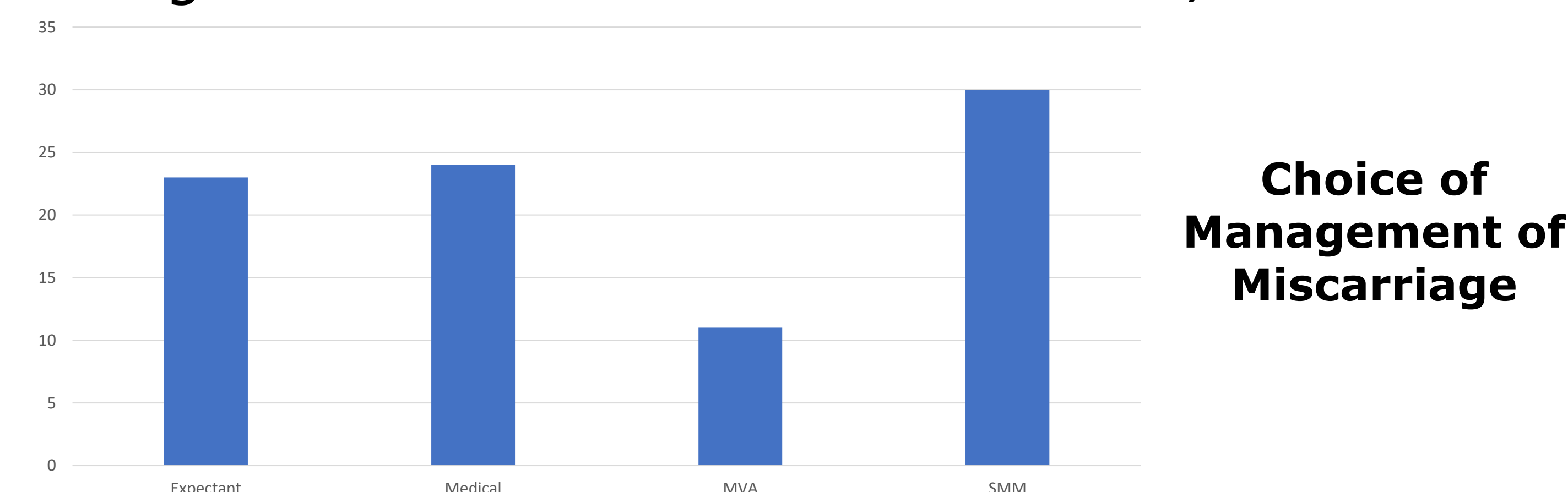
Results

A total of 144 women had a diagnosis of miscarriage during the study period

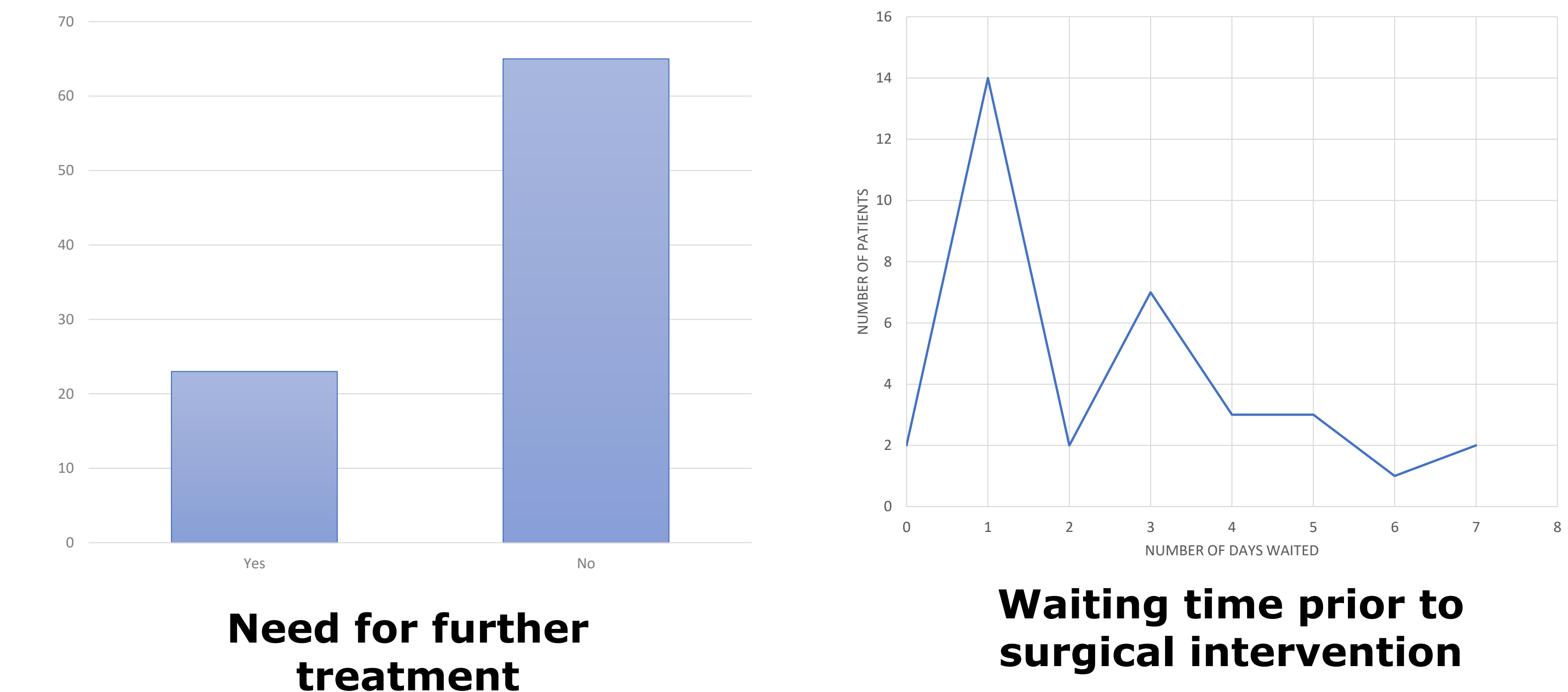


19.4% (n=28) had a diagnosis of miscarriage that deviated from guidance:

- 15.3% (n=22) had a single, transabdominal scan with 2 operators, but without a two-weekly follow-up scan to confirm the diagnosis
- 4.2% (n=6) either lacked confirmation from a second operator at the time of a TVUS or reported the diagnosis based on abnormal sac size/location



Of the 88 patients who had not completed miscarriage, 12% opted for MVA and 34% for SMM with mean waits of 3.6 days and 2.0 days, respectively. An unintended 9.8% of patients completed their miscarriage physiologically whilst awaiting surgical treatment.



No patients undergoing either MVA or SMM required further management. In contrast, 43% of patients who opted for expectant, and 46% of patients who opted for medical management required further treatment.

Conclusion

A minimum of 14 days is required between transabdominal ultrasound scans when confirming the diagnosis of miscarriage in early pregnancy, however there is a lack of clarity for those cases identified at the time of nuchal scan. When counselling women regarding treatment options for miscarriage, NICE recommends that expectant management is offered first-line, as 'most women do not require further treatment'. This is in direct contrast to this study's findings however; therefore care must be taken when counselling women who opt for expectant management, with regards to the likelihood of an unsuccessful outcome.