

Management of Miscarriage: A Retrospective Audit of Patient Preference and Complication Rates After Diagnosis

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Background

Miscarriage affects 1 in 4 pregnancies. Management options vary in invasiveness and risk. NICE recommends Expectant, Medical, and Surgical options, but patient choice and outcomes remain under-studied.

Objective

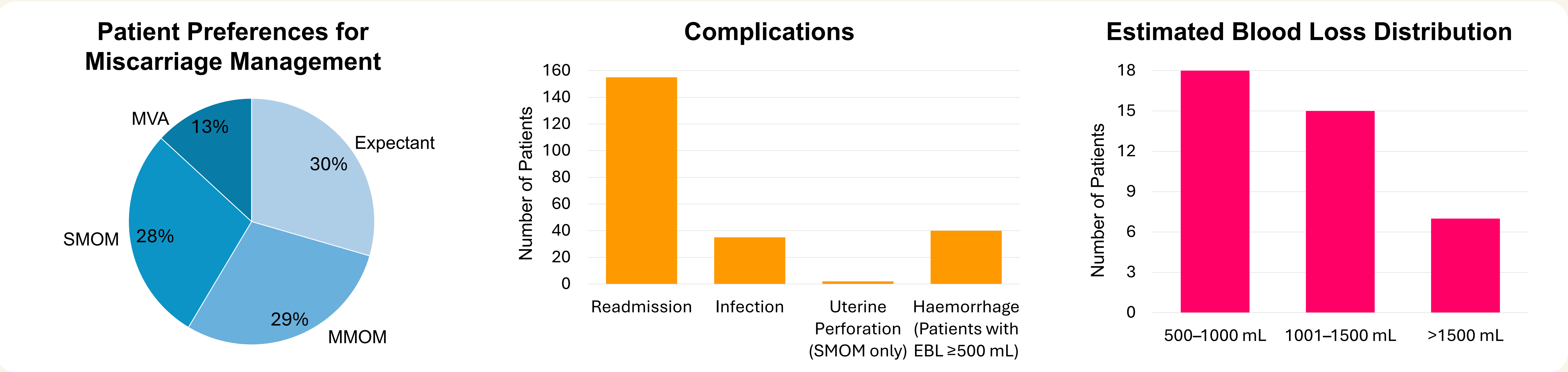
To assess patient preferences for miscarriage management and evaluate associated complication rates at RHCH between 2016–2023.

Methods

- Retrospective audit at RHCH EPAU & Gynaecology Ward
- Period: 1 Jan 2016 – 31 Dec 2023
- Excluded: Medical terminations
- N = 1,224 patients - Delayed miscarriage: 717 (58.6%)
 - Complete miscarriage: 268 (21.9%)
 - Incomplete (<24w): 160 (13.1%)
 - RPOC (>24w): 79 (6.5%)ts:
- Management Options: SMOM, MMOM, Expectant, MVA
- Outcomes: Readmission, Infection, Haemorrhage, Uterine Perforation

Results

A total of 1,224 patients were included in the audit. Patient preferences were relatively evenly distributed across management options: Expectant Management (29.5%), Medical Management of Miscarriage (MMOM) (29.1%), Surgical Management of Miscarriage under general anaesthesia (SMOM) (28.3%), and Manual Vacuum Aspiration (MVA) (13.2%). Readmission was required in 12.7% of cases (n=155), while 2.9% developed infections. Two cases of uterine perforation occurred, both following SMOM. Estimated blood loss (EBL ≥500mL) was documented in 40 patients (3.3%), with the majority (80%) occurring after SMOM. The distribution of EBL was as follows: 500–1000mL (n=18), 1001–1500mL (n=15), and >1500mL (n=7), with six of the latter from the SMOM group



Discussion

- SMOM had highest complication rates (PPH, uterine perforation)
- MMOM and MVA had lower complications
- Patient preferences were evenly distributed except MVA
- Emphasis on informed, individualised care and counselling

Conclusion

SMOM carries highest complication risk. MMOM and MVA are safe alternatives. Individualised, informed decision-making is essential.

Implications for Practice

- Improve shared decision-making tools
- Introduce risk-based counselling protocols
- Consider future audits on patient satisfaction

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Audit registered with RHCH Clinical Governance
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