MISOPROSTOL MANAGEMENT OF MISCARRIAGE: SAFETY FOR OUTPATIENT CARE

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BACKGROUND

- The incidence of miscarriage is estimated at 10-20% of confirmed pregnancies[1]
- Misoprostol, a synthetic form of prostaglandin E1 is commonly used in the medical management of miscarriage, as a method of softening the cervix and inducing uterine activity[2]
- Pain and bleeding are expected outcomes however the risk of significant haemorrhage exists
- Many units therefore recommend administration of misoprostol be performed on an inpatient basis

AIM

To investigate current practices around misoprostol management of miscarriage in a tertiary centre, in order to assess success of treatment and safety for administration via an outpatient model of care

METHODS

A retrospective case-note review of patients admitted for medical management of first trimester miscarriage over a 10-month period was undertaken.

Data was collected regarding treatment success, requirement for urgent medical review and length-of-stay. Additional data relating to ED presentation or readmission within 30 days was also noted.

Treatment success was defined as discharge without need for surgical intervention

CONCLUSION

- Medical management of miscarriage is likely safe for the outpatient setting, noting the small sample size in this study
- This change in management would offer women further choice in the management of a condition that confers significant psychological morbidity
- Such a change would reduce inpatient load without compromising patient safety
- Further research could be undertaken on patient acceptability of this care option

References:
1. Saraswat L et al. Medical management of miscarriage. The Obstetrician and Gynaecologist 2014; 16:79-85
2. Tang O et al. Misoprostol: pharmacokinetic profiles, effects on the uterus and side-effects. International Journal of Obstetrics and Gynaecology 2007;99(Suppl 2):S160e7

Sample size: n=52 Average length-of stay: 28hrs		
Successful management	69% (n=36)	
Unscheduled medical review	36% (n=19)	For confirmation of passage of products of conception n=10
Unexpected adverse outcome	3.8% (n=2)	Emergency surgical intervention n=1 Suspected allergic reaction n=1
Representation within 30 days	7.6% (n=4)	Readmission within 30 days n=1

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