

ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
21 February 2013

MISCARRIAGE – MEDICAL MANAGEMENT

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To offer women with early pregnancy loss an alternative to surgical or expectant management of miscarriage
- To complete a miscarriage by medical treatment

2. PATIENT

- Woman with incomplete miscarriage: sac or retained products of conception diameter <20ml
- Woman with an anembryonic pregnancy or early fetal demise at less than 9 weeks gestation: crown rump length of embryo <25 mm or mean sac diameter of <35ml

3. STAFF

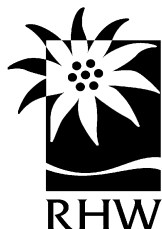
- Nursing staff
- Medical staff
- Sonographers

4. EQUIPMENT

- Nil

5. CLINICAL PRACTICE

- Discuss surgical, medical and expectant management of miscarriage
- Give woman information leaflet for the medical management of miscarriage where she indicates a preference for medical management
- Ensure she understands this will mean bleeding and pelvic pain, with probable passage of products of conception at home after a day stay admission in hospital
- Advise the woman that in up to 10% of women a surgical evacuation of retained products of conception will also be needed where medical management of the miscarriage is incomplete
- Advise the woman that the bleeding will be heavy for the first two days but she may then have ongoing bleeding for approximately two weeks
- Ensure woman has no contraindication to the use of Misoprostol and understands that the side-effects are likely to include nausea, vomiting, diarrhoea and mild fever
- Consent and prescribe Misoprostol 800mcg PV on in-patient Medication chart, then six hours later one oral dose of Misoprostol 400mcg
- Write outpatient prescription for two oral 400mcg doses four hourly and give to woman
- Document woman's Rhesus status
- Admit woman after discussion with the Bed Manager to Macquarie Ward between Monday and Friday at 8am in the morning, advise woman this will be dependent upon bed availability
- Take a set of observations before first dose and prior to discharge
- Administer 800mcg of vaginal Misoprostol (whether or not there is vaginal bleeding) by nursing staff or self administration: put lubricating gel on end of gloved finger with tablets and insert deep into the vagina, like inserting a tampon
- Keep woman in hospital for 4-6 hours for observation of adverse reaction and analgesia requirements. She does not have to remain upon bed rest unless there is heavy bleeding or severe pain.



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MISCARRIAGE – MEDICAL MANAGEMENT cont'd

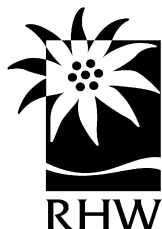
- Administer a 400mcg dose of Misoprostol orally 4-6 hours after vaginal dose and just before discharge
- Discharge woman home without medical review unless there are clinical concerns, in which case discuss woman with gynaecology team
- Provide Mefenamic acid and the two further 400 mcg doses of Misoprostol to be taken four hourly at home
- Inform the woman that she will bleed, have pelvic pain and is likely to miscarry overnight
- Advise Mefenamic Acid (Ponstan) 500mg eight hourly with food to be taken for the pain and Paracetamol 1g four hourly to be taken for fever
- Administer Anti-D if woman is Rh Negative prior to discharge
- Advise the woman to telephone 02 9382 6111 and ask for the Bed Manager if her bleeding is so heavy that she soaks through two large pads in an hour, for two hours in a row
- Advise the woman that there is a small risk of infection and that she should contact the Bed Manager as above for treatment if her loss becomes offensive smelling or if she has a fever that persists beyond the 24 hours of Misoprostol treatment
- Arrange a review appointment in approximately 2-3 weeks time in Early Pregnancy Assessment Service for a transvaginal ultrasound to ensure the miscarriage is complete
- Offer woman bereavement support via Social Work Department and miscarriage literature where appropriate (After Early Pregnancy Loss (1) Info for parents whose baby has miscarried and/or (2) After Early Pregnancy Loss – Social Work Department)

Consent and prescribe medication as per table below :

Medication Chart	Misoprostol 800mcg PV 08:00 Hrs
	Misoprostol 400mcg PO 14:00 Hrs
	Mefenamic acid 500mg prn PO eight (8) hourly
	Anti-D 250iu IM if woman is Rh Negative
Outpatient Script	Misoprostol 400mcg PO 2 doses four (4) hours apart
	Mefenamic Acid (Ponstan) 500mg PO eight (8) hourly
	Panadol 1gm PO Four hourly in case of fever

6. DOCUMENTATION

- Medication Chart
- Outpatient Script
- Integrated Clinical Notes



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MISCARRIAGE – MEDICAL MANAGEMENT cont'd

7. EDUCATIONAL NOTES

- Medical management of miscarriage is effective in completing miscarriage in up to 96% of women
- Medical management is only suitable for women willing to have a miscarriage at home
- The use of vaginal high dose Misoprostol is more effective at successful completion of miscarriage than oral or low dose regimes alone
- Misoprostol is not approved for use in pregnancy by the Australian TGA. Use is “off label” in obstetrics and gynaecology, although it has been used extensively both within Australia and worldwide for this purpose. The woman should be informed of this
- The subsequent menstrual cycle usually recommence 4 – 8 weeks following the miscarriage
- Most women can attempt another pregnancy following one normal menstrual cycle and ensuring the miscarriage is complete.
- Women should be advised re the benefit of pre-conception folate and be advised to continue, or start this supplement if they are planning to try and conceive in the next few months.
- Surgical evacuation of retained products of conception is more likely the more advanced the gestation
- Blood loss increases with more advanced gestation
- Medical management is contra-indicated in the following conditions :
 - Gestational Trophoblastic disease
 - Significant haemorrhage
 - Contra-indication to the use of prostaglandins
 - No support at home
 - Bleeding diatheses
- Side effects of Misoprostol include¹ :
 - Nausea 53%
 - Vomiting 20%
 - Diarrhoea 24%
 - Fever 79%

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Vaginal pessaries and cream administration
- Patient information leaflets: After Early Pregnancy Loss (1) Info for parents whose baby has miscarried and/or (2) After Early Pregnancy Loss – Social Work Department

9. REFERENCES

- 1 Which approach for first trimester miscarriage? British National Formulary DOI:101136/dtb 2009
- 2 Neilson JP, Hickey M, Vazquez JC. Medical treatment for early fetal death (less than 24 weeks). *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD002253. DOI: 10.1002/14651858.CD002253.pub3
- 3 Miscarriage : Management Royal Women’s Hospital, Melbourne, 2010

REVISION & APPROVAL HISTORY

Obstetric Guidelines Group 16/8/11
Approved Quality & Patient Safety Committee 18/8/11
Amendment to attachment February 2013

MISCARRIAGE – TREATMENT WITH MISOPROSTOL**YOUR APPOINTMENT**

For your miscarriage treatment you are booked to attend the hospital on :

DATE : _____ **TIME:** _____ **WARD :** _____

You do not need to fast. It is ok to eat and drink on the day of your treatment.

When you arrive

Go to the Admissions desk first. You will be directed to a ward where the nurse who is caring for you will meet you. If you wish, you may ask a friend or relative to come with you. You need to arrange for someone to take you home afterwards.

Before your appointment

Sometimes the pregnancy will pass before your appointment. If your bleeding becomes very heavy or you have bad pain you can contact the hospital. See the list below for more information about when to contact the hospital.

What to expect in hospital

A nurse will be available to support you throughout the procedure.

- Misoprostol tablets will be put inside your vagina and you will be asked to rest for an hour either sitting or lying down.
- Four to six hours after the vaginal dose of Misoprostol and prior to discharge you will be given an oral dose of Misoprostol.
- You will be given two further doses of Misoprostol to take four hours apart at home.
- For some women bleeding will commence within four hours of taking Misoprostol. For some women it will take longer and the miscarriage may not be complete during your time in hospital.
- Up to half of the women who take Misoprostol will have some side effects from it, including diarrhoea, nausea and vomiting.
- Rarer side-effects are shivering, hot flushes or chills.
- The pain can be quite strong. You can have strong pain killers if you need them to manage the pain. Your nurse will talk with you about pain relief.
- When the pregnancy is about to pass, you may feel pressure in your vagina which is usually followed by heavier bleeding, often with clots and tissue. Some women can be quite distressed when the pregnancy passes.
- There is no identifiable fetal tissue within the blood clots.
- If you have a negative blood group, you will be advised to have an Anti-D injection prior to discharge.
- You need someone else to drive you home & be available to look after you at home.
- For a lot of women the miscarriage will occur at home.
- Please give the staff your GP details so we can contact them about your care.

Going home after treatment

To avoid getting an infection, we suggest: use a shower rather than a bath; avoid swimming, sexual intercourse or inserting anything into your vagina for at least a week. Resume your usual physical activities when you feel able to.

Pain : A small amount of cramping is normal for a few days. Pain relief, such as Mefenamic Acid or Paracetamol will help as will hot packs on your tummy and rest.

Bleeding : This is not much heavier than a period and can last for two weeks or more. Sanitary pads not tampons are recommended to avoid any possible risk of infection.

If bleeding becomes **so heavy you are soaking more than two large pads in an hour for two hours in a row**, contact the Bed Manager at RHW via Switchboard on 02 9382 6111.