

A REVIEW OF THE SUCCESS OF OUTPATIENT MEDICAL MANAGEMENT OF MISCARRIAGE AT AYRSHIRE MATERNITY UNIT, APRIL 2014 - APRIL 2015

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Introduction

Ayrshire Maternity Unit (AMU) follow the NICE guidelines for women undergoing management for medical miscarriage (MMM). Women with a non-continuing pregnancy of less than 9 weeks gestation or crown rump length (CRL) <22mm are given misoprostol 800 micrograms, analgesia then discharged home with the relevant leaflets and contact details for EPAS¹. Midwives telephoned the women within 3 days of MMM offering further management if they have had no symptoms of miscarriage. The further management offered is conservative, repeat medical or surgical. For the initial MMM to be successful the pregnancy test has to be negative after 3 weeks. In 2013 an AMU audit showed that 14 of 28 women had complications after MMM resulting in a complication rate of 50%². Since the audit in 2013 the only significant changes to MMM were that prophylactic antibiotics had been stopped and telephone consultations were introduced².

This audit aimed to determine the current success of MMM and whether the new changes in management made an impact on complication rates.

Methods

From April 2014-April 2015 the electronic records of 63 women who attended Early Pregnancy Assessment services (EPAS) at AMU for MMM for a non-continuing pregnancy were examined. The women were included if their gestation was <9weeks or CRL<22mm. If the woman's pregnancy test was negative after 3 weeks MMM was deemed successful.

Results

75% had a successful outcome, although 11% of these women experienced complications such as blood loss (>700ml) or were readmitted to EPAS.

25% were unsuccessful (figure 1), and of these 37.5% had a positive pregnancy test after 3 weeks and 62.5% had retained products of conception (RPOC). The cases of RPOC were identified before the 3 week pregnancy test and therefore the MMM was considered an unsuccessful.

Of the 25% of women who had an unsuccessful outcome 61% chose to have surgical management, 13% conservative, 13% repeated MMM and 13% had repeat MMM and surgical management (figure 2). 35% of the women,

regardless of outcome, had complications which resulted in readmission to EPAS or A&E.

Figure 1:

Outcome of 63 women
undergoing MMM in AMU April
2014-April 2015

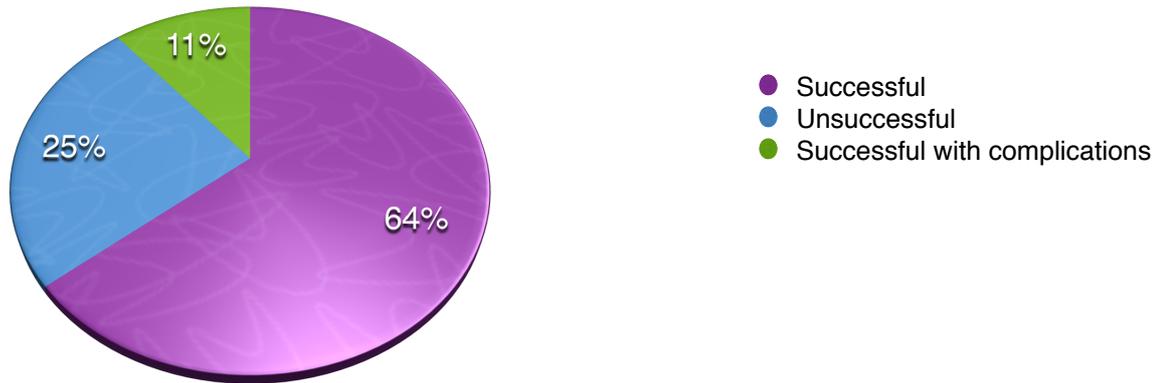
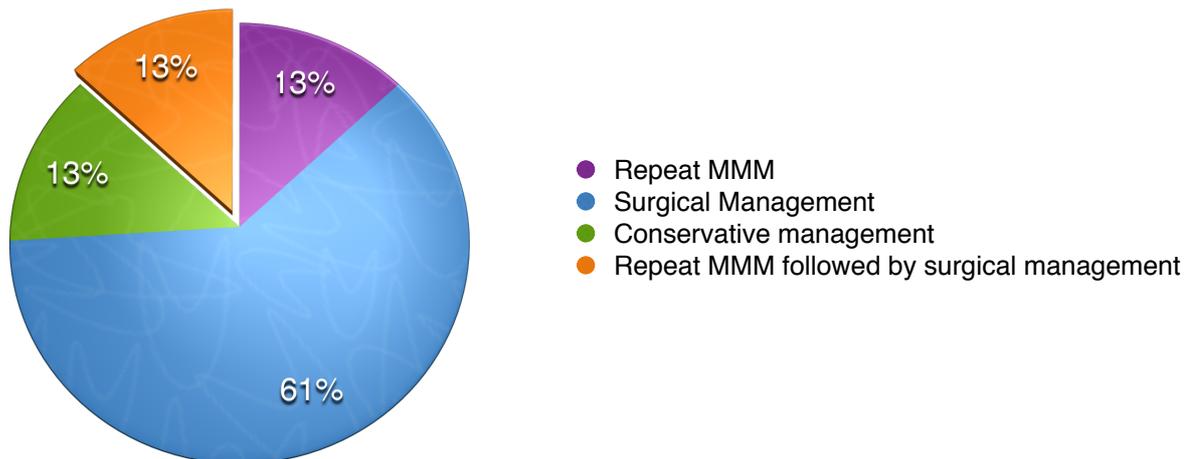


Figure 2:

The subsequent treatment of
unsuccessful MMM



Conclusion

75% of women who chose outpatient MMM had successful outcomes, 5% higher than the rates stated by the MMM guideline at AMU³. The high success rates suggest that stopping prophylactic antibiotics has not had a negative effect on outcome.

Overall 35% of the women needed further assistance from EPAS, 15% lower than the previous audit, perhaps suggesting that complication rates may be decreasing². Additional management by Midwife telephone consultation may have contributed to the decreased complication rates as several women were offered additional management before the pregnancy test was taken at the end of the three week period.

The figures from additional management of women with an unsuccessful outcome showed that 13% went on to have a second unsuccessful MMM and consequently needed surgical management. 50% of those who opted for a second medical management had an unsuccessful outcome, which may suggest that if one MMM fails there is a higher likelihood that it will fail again.

Overall a single course of MMM was successful in 75% and the complication rates were improved by 15% since the previous audit in 2013.

References

1. NICE. *Ectopic pregnancy and miscarriage*. CG154. London; NICE 2012
2. Ayrshire Maternity Unit. *Audit: A review of outpatient medical management of miscarriage at Ayrshire Maternity Unit*. 2013
3. MacLean M, Lyon M, Pirrie E. Guideline for medical management of women with a non- continuing pregnancy up to 13+6 weeks. EPAS guideline 4a. NHS Ayrshire and Arran. March 2015