

Video Companion Guide

Managing Early Pregnancy Loss: A Preference-Sensitive Decision

Learning Objectives:

By the end of the session, learners will be able to:

- Apply evidence-based principles to diagnose early pregnancy loss (EPL).
- Identify principles in shared-decision counseling for EPL management.
- Describe the four options of EPL management for the clinically stable patient and describe the advantages and disadvantages of each option.

Video Lectures: Managing Early Pregnancy Loss: A Preference-Sensitive Decision

Presented by Dr. Robin Wallace



- Part 1. EPL Evaluation and Diagnosis
- Part 2. EPL Management

Available for free viewing at:

www.innovating-education.org/abortion-quality-care-and-public-health-implications/#weeksix

Suggested Readings:

- Managing Early Pregnancy's Counseling Tool- Patient Treatment Priorities for Miscarriage <http://www.earlypregnancylossresources.org/resources/patient-education-materials/#2>
- Dalton VK, Liang A, Hutton DW, Zochowski M, Fendrick AM. Beyond usual care: The economic consequences of expanding treatment options in early pregnancy loss. *Am J Obstet Gynecol.* 2014 Aug 28. pii: S0002-9378(14)00908-9.
- Wallace RR, Goodman S, Freedman LR, Dalton VK, Harris LH. Counseling women with early pregnancy failure: Utilizing evidence, preserving preference. *Patient Education and Counseling.* 2010 Dec;81(3):454-61.
- Wallace, R, Dehlendorf, C, Vittinghoff, E, Gold, K, Dalton, V. Early pregnancy failure management among family physicians. *Family Medicine*, March 2013;45(3):173-9.

Teaching Points

- Early pregnancy loss (EPL) is extremely common.
 - EPL occurs in 15-20% of all clinically recognized pregnancies.
 - 1 in 4 women will experience EPL in her lifetime.
- Ultrasound diagnoses are required to confirm an anembryonic gestation (gestational sac without an embryonic pole) or an embryonic demise (an embryo with no cardiac activity).
 - Declining beta-hcg levels are useful to make an EPL diagnosis, particularly when intrauterine pregnancy is not seen on an ultrasound or when ultrasound is not available.
- The four options of EPL management for the clinically stable patient are:
 - Expectant management
 - Medication management
 - Aspiration with local/moderate sedation (in the office-based setting)
 - Aspiration with deep sedation (in the operating room)
- All EPL management options are effective, with equivalent safety and patient acceptability.
 - Therefore early pregnancy loss (EPL) management is a preference-sensitive decision and the best option should reflect the patient's values and preferences.

Suggested Discussion Question:

- Describe why a woman might prefer each management option (expectant management, aspiration in the operating room with deep sedation, aspiration in the office setting with local sedation).
- Describe the potential priorities and preferences that would cause a woman to not desire each EPL management option.

Lesson Plan: *Managing Early Pregnancy Loss: A Preference-Sensitive Decision*

Using a flipped classroom model, this lesson plan will use the video lecture and additional resources to provide learners with an engaging learning environment. Here's how to use this course in a "flipped-classroom" at your own institution.

What is a "Flipped Classroom" Learning Model?

A "flipped classroom" model provides learners with instructional content prior to class and facilitates in-class activities that focus on higher-level cognitive activities.^{1,2} This model differs from a traditional direct instruction approach and uses class time for learners to engage in hands-on learning, collaboration with their peers, and evaluation of their own progress. Learners are then able to practice applying key concepts while receiving guidance and feedback when it can help them most.^{1,2,3}

Time Required

Total Time of Video Lectures (Part 1 and 2): 36 minutes

[Recommended] Estimated Independent Prep Time Required by Learner: 1 hour

Total Estimated Time Required for In-Classroom Activity: 1 hour

Materials Required and Instructor Preparation

- Learners will need internet access with enough bandwidth to view streaming videos.
- The instructor should print copies of the quiz (double-side print pages 4-5) and small group activity handout (double-side print pages 9-10) included in this packet.

Activity

Independent Preparation (conducted by learner before in-classroom activity)

- Learners should independently view the two video lectures.
- Learners may be assigned any of the following relevant readings (determined by instructor's desired learner work-load) as outlined in the "Suggested Readings" section on page 1.

In-Classroom Activity (Small Group and Individual Assignment)

- Distribute the quiz (pages 4-5). Instruct learners to spend approximately 20 minutes and work individually to answer each question on the quiz.
- At the end of this activity, convene the class. Present the questions from the quiz and have learners share their answers.
- Write the correct answers on the board for the class to see. Collect each handout from learners.
 - An answer sheet can be found on pages 6-8 with explanations for each question.
- Next, divide the classroom into small groups (of 2 or 3) and distribute the small group activity handout (pages 9-10). Instruct learners to spend 15 minutes and work together to answer the questions provided on the handout. Collect the handout and conclude the lesson.

Name _____

Managing Early Pregnancy Loss: A Preference-Sensitive Decision Individual Assignment: Quiz

Answer the following 10 multiple-choice questions referencing Part 1 and 2 of the video lecture: "Managing Early Pregnancy Loss: A Preference-Sensitive Decision". Be prepared to share your answers with the class and turn in this handout.

Questions

1. _____ of all clinically-recognized pregnancies will result in an early pregnancy loss.
 - Less than 5%
 - 5-10%
 - 15-20%
 - 40-60%
2. Which of the following can be clinically diagnosed and does not require an ultrasound confirmation?
 - Spontaneous abortion
 - Anembryonic gestation
 - Embryonic demise
 - All of the above
3. The first step in making an early pregnancy loss diagnosis (EPL) is with ultrasound confirmation. When an intrauterine pregnancy (IUP) is not seen on an ultrasound, one can use the patient's _____ to determine EPL.
 - beta-hcg levels
 - date of last menstrual period
 - size of embryonic sac
 - All of the above
4. The best option for early pregnancy loss management is:
 - Expectant management
 - Medication management
 - Office-based aspiration
 - Operating room aspiration
 - All of the above. The best choice should reflect the woman's values and preferences.

5. All of the following are consistent with shared-decision making counseling EXCEPT:
- Information Exchange
 - Deliberation
 - Negotiation and Agreement
 - Prioritizing clinician values over patient values
6. True/False: All methods of EPL management can be effective and have clinical equipoise (are equivalent in safety and patient acceptability).
- True.
 - False.
 - Information to answer this question was not provided in the lecture
7. The four options of EPL management for the clinically stable patient are: Aspiration with deep sedation (OR), Aspiration with local/moderate sedation (in office), expectant management, and _____.
- Medication management with misoprostol
 - Uterine massage
 - Hysterectomy
 - Folate and Iron supplements
 - None of the above
8. All of the following are potential advantages to providing aspiration management in an office-based setting compared to the operating room EXCEPT:
- Allows for improved patient accessibility and continuity of care
 - The patient may have better pain control options
 - Savings in costs and resources
 - Less patient and staff time required
9. Which of the following are advantages to using medication management in EPL compared to aspiration?
- Non-invasive procedure that allows for increased patient privacy
 - Less and shorter bleeding
 - Less likely to cause short-term gastrointestinal and other side effects
 - All of the above
10. Which of the following EPL management option has proven safety up to 8 weeks, and is highly acceptable to patients with realistic expectations about discomfort and the potential need for a D&C?
- Expectant Management
 - Medication Management
 - Aspiration Management with deep sedation
 - Aspiration Management with local/moderation sedation
 - None of the above

Abortion Disparities: A Public Health Approach Quiz Answers

1. _____ of all clinically-recognized pregnancies will result in an early pregnancy loss.
- Less than 5%
 - 5-10%
 - ✓ **15-20%**
 - 40-60%

Explanation: Early pregnancy loss (EPL) is extremely common. EPL occurs in 15-20% of all clinically recognized pregnancies. 1 in 4 women will experience EPL in her lifetime.

2. Which of the following can be clinically diagnosed and does not require an ultrasound confirmation?
- ✓ **Spontaneous abortion**
 - Anembryonic gestation
 - Embryonic demise
 - All of the above

Explanation: Spontaneous abortion can be clinically diagnosed without ultrasound confirmation. The clinical term for spontaneous abortion is defined as any intrauterine pregnancy with vaginal bleeding at less than 20 weeks gestation. Ultrasound diagnoses are required to confirm an anembryonic gestation (gestational sac without an embryonic pole) or an embryonic demise (an embryo with no cardiac activity).

3. The first step in making an early pregnancy loss diagnosis (EPL) is with ultrasound confirmation. When an intrauterine pregnancy (IUP) is not seen on an ultrasound, one can use the patient's _____ to determine EPL.
- ✓ **beta-hcg levels**
 - date of last menstrual period
 - size of embryonic sac
 - All of the above

Explanation: Declining beta-hcg levels are useful to make an EPL diagnosis, particularly when intrauterine pregnancy is not seen on an ultrasound or when ultrasound is not available.

4. The best option for early pregnancy loss management is:
- Expectant management
 - Medication management
 - Office-based aspiration
 - Operating room aspiration
 - ✓ **All of the above. The best choice should reflect the woman's values and preferences.**

Explanation: Early pregnancy loss (EPL) is a preference-sensitive decision and the best option should reflect the patient's values and preferences.

5. All of the following are consistent with shared-decision making counseling EXCEPT:
- Information Exchange
 - Deliberation
 - Negotiation and Agreement
 - ✓ **Prioritizing clinician values over patient values**

Explanation: For preference-sensitive decisions, using a shared decision-making process can be helpful to not only inform patients what options are available, but to give her autonomy to make this personal decision. The first step is the information exchange when a provider presents all of the relevant medical information and the patient provides information about personal circumstances, values, and priorities. The next step is deliberation where the provider may (but not always) acknowledge personal values and biases. Finally a decision is reached through negotiation. While clinician disclosure of personal values is a component of deliberation, it is not always consistent with shared decision-making counseling.

6. True/False: All methods of EPL management can be effective and have clinical equipoise (are equivalent in safety and patient acceptability).
- ✓ **True**
 - False
 - Information to answer this question was not provided in the lecture.

Explanation: All EPL management options are effective, with equivalent safety and patient acceptability.

7. The four options of EPL management for the clinically stable patient are: Aspiration with deep sedation (OR), Aspiration with local/moderate sedation (in office), expectant management, and

✓ **Medication management with misoprostol**

- Uterine massage
- Hysterectomy
- Folate and Iron supplements
- None of the above

Explanation: *The 4 options for EPL management are: aspiration with sedation (operating room), aspiration with local sedation (office-based), medication, and expectant care (“watchful waiting”)*

8. All of the following are potential advantages to providing aspiration management in an office-based setting compared to the operating room EXCEPT:

- Allows for improved patient accessibility and continuity of care
- ✓ **The patient may have better pain control options**
- Savings in costs and resources
- Less patient and staff time required

Explanation: *Advantages to aspiration management in an office-based setting include improved patient access (patient can schedule the procedure with their primary care physician), cost savings, and less required patient/staff time. One advantage to aspiration in the OR is that this includes deep sedation where the patient can be asleep, and patients may have better pain control options.*

9. Which of the following are advantages to using medication management in EPL compared to aspiration?

- ✓ **Non-invasive procedure that allows for increased patient privacy**
- Less and shorter bleeding
- Less likely to cause short-term gastrointestinal and other side effects
- All of the above

Explanation: *Medication management is a non-invasive procedure that allows patients to complete their EPL management in the privacy of their own home. Disadvantages to medication management include heavier and longer bleeding or possible short-term gastrointestinal side effects.*

10. Which of the following EPL management option has proven safety up to 8 weeks, and is highly acceptable to patients with realistic expectations about discomfort and the potential need for a D&C?

- ✓ **Expectant Management**
- Medication Management
- Aspiration Management with deep sedation
- Aspiration Management with local/moderation sedation

Names _____

Abortion Disparities: A Public Health Approach Small Group Activity

As a group, answer the following questions. Use references from the video lectures, assigned readings, and the quiz. Be prepared to turn in this assignment at the end of class.

1. Describe 2-3 reasons why women prefer and don't prefer each of the following EPL management option- expectant management, medication management, aspiration in the operating room (with deep sedation), and aspiration in the office setting (with local sedation).

	Why Women Prefer	Why Women Don't Prefer
<u>Expectant Management:</u>		
<u>Medication Management:</u>		
<u>Aspiration in the operating room (with deep sedation):</u>		
<u>Aspiration in the office-based setting (with local sedation):</u>		

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2. In 1-2 paragraphs describe how healthcare provider preference around EPL management options can influence patient-centered counseling.