

Managing Early Pregnancy Loss: A Preference-sensitive Decision

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Part 2: EPL Management

Objectives

1. To describe and discuss the four evidence-based management options for early pregnancy loss (EPL)
2. To review guidelines for implementation of comprehensive EPL care in an office setting

EPL Management Options

- Four options for the clinically stable patient
 1. Aspiration w/ general/deep sedation (**operating room**)
 2. Aspiration w/ local/moderate sedation (**office-based**)
 3. Medication (misoprostol +/- mifepristone)
 4. Expectant care
- All methods are effective, with equivalent safety and patient acceptability = **clinical equipoise**

EPL Management: Patient-centered Care

Expectant

Medication

Office-based
aspiration

Operating
room
aspiration

- Choosing management is a **preference-sensitive decision**
- Comprehensive management options can be offered in a typical primary care or outpatient setting

Early Pregnancy Loss (EPL) Management Principles

- Clinical checklist for outpatient care options
 - Clear diagnosis
 - Patient is stable
 - Access to phone & emergency care
 - Pain control options available
 - Anticipatory guidance for bleeding, S/Sx infection
 - Reliable follow-up

Patient Case: Embryonic Demise

- Maya's sure LMP was 9 weeks ago
- She presented to ER with bleeding like a "light period" for the past 3 days
- This was a desired pregnancy
- TV ultrasound diagnosed an embryonic demise



CRL = 10.8mm, EGA = 7 weeks + 3 days

Patient Case: Management

How do we manage Maya?

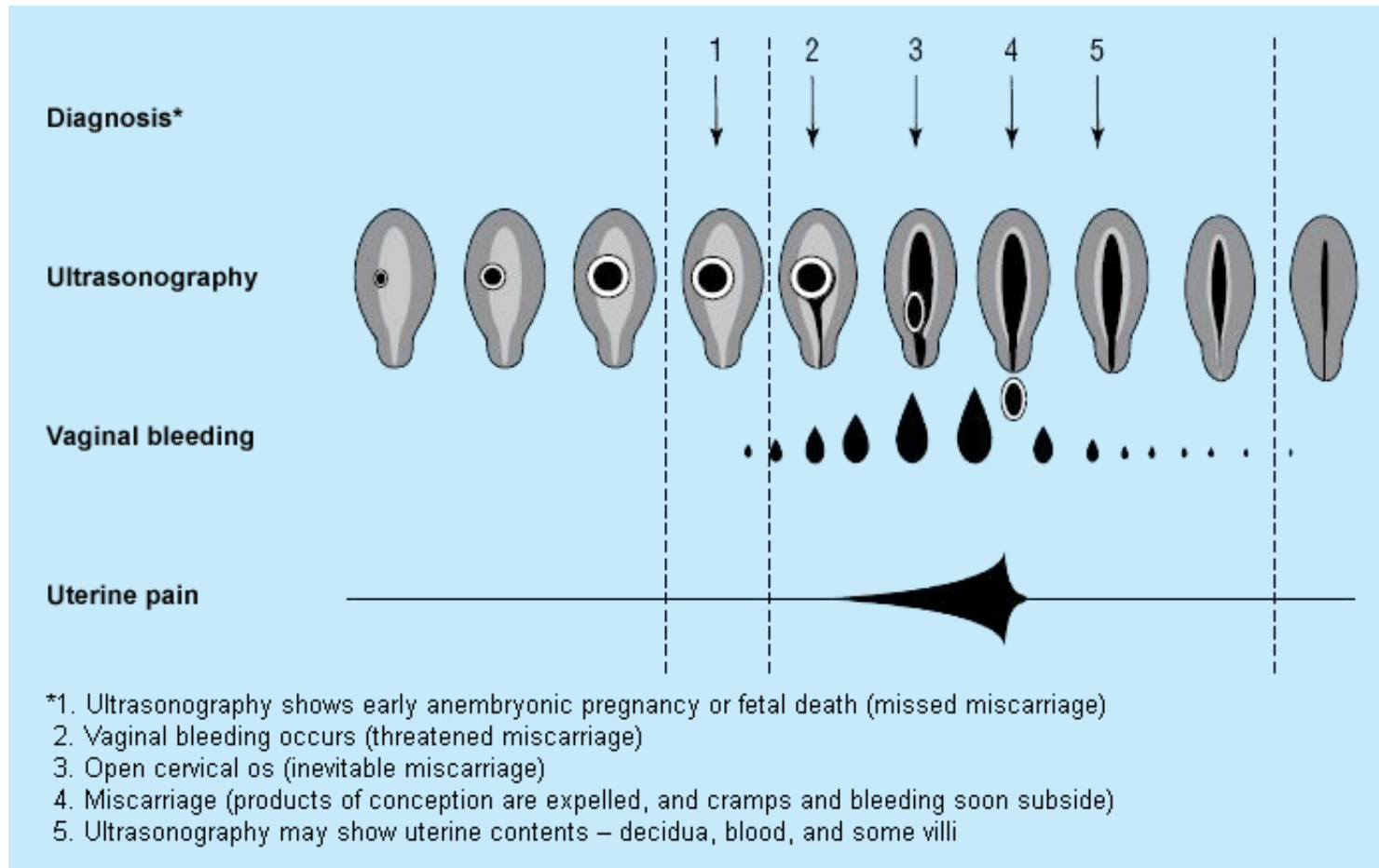
- Use shared decision-making approach to choose best management option that aligns with her priorities and preferences.
- Step 1: Provide information about each option.

Information
Exchange

Deliberation

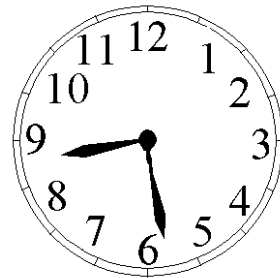
Negotiation &
Agreement

EPL – Natural History



Expectant Management

- “Watchful waiting”
- Proven safety up to 8 weeks
- Type of EPL affects expected efficacy
- Highly acceptable to patients with realistic expectations about:
 - Duration
 - Discomfort
 - Potential “D&C”
(uterine aspiration)



EPL Management: Candid Counseling & Realistic Expectations

“The doctor said that a natural miscarriage will come when you least expect it, at the wrong place, at the wrong time, and that's exactly what happened to me...**[she] told me things that an actual person that went through it would tell you.**”

Expectant Management

Advantages

- Non-invasive
- Body naturally expels non-viable pregnancy
- Avoids anesthesia and surgery risks
- Allows for patient privacy and continuity of care

Disadvantages

- Unpredictable outcome and timescale
- Process can last days to weeks
- Can have prolonged bleeding and cramping
- Despite waiting, may still need uterine aspiration

Expectant Management

Contraindications

- Uncertain diagnosis
- Suspected gestational trophoblastic disease
- Indicated karyotyping
- Severe hemorrhage or pain
- Infection
- IUD in place

Same contraindications
for medication
management

Medication Management

- Use of medications for active management of EPL
- Misoprostol
 - Stimulates uterine contractions & softens cervix
 - Inexpensive, easy storage
- Mifepristone
 - Anti-progestin used for pregnancy termination
 - Current research does not support routine use in non-viable pregnancies



Medication Management

Advantages

- More predictable and higher success rates than expectant care
- Highly cost-effective
- Non-invasive
- Avoids anesthesia and surgery risks
- Allows for patient privacy and continuity of care

Disadvantages

- Increased need for analgesics and pain control
- May cause heavier or longer bleeding
- May cause short-term gastrointestinal and other side effects
- May still need uterine aspiration

Misoprostol for EPL

Incomplete miscarriage

400 mcg sublingually (SL)
- or - 600 mcg orally (PO)

All other types of EPL

800 mcg vaginally (PV) with
optional repeat dose 24-48
hours later if no initial
response



Out-of-office EPL Management: Anticipated Success Rates

	Expectant Management			Medication Management	
	Day 7 (%)	Day 14 (%)	Day 46 (%)	After single dose (%)	After second dose (%)
Incomplete miscarriage	50	70-85	90	96	---
Other EPL: embryonic demise, anembryonic gestation	25-30	35-60	65-75	71	84

Medications for Symptoms and Side Effects

Cramping	Ibuprofen 600 mg Q6 hrs <u>or</u> 800 mg Q8 hrs (or other NSAID)
Severe cramping pain not relieved by ibuprofen	Hydrocodone/APAP 5/500 <u>or</u> 5/325 Q 4-6 hrs prn
Nausea/vomiting	Promethazine 25 mg Q 4-6 hrs prn <u>or</u> other anti-emetic

Medication Management: Practice Integration

- Evaluation
 - Exam, lab, or sono?
- Medications
 - Dispensed in clinic or Rx?
- 24 hour call service
- Back-up plan for aspiration
 - Emergent vs. non-urgent
- Follow-up plan

Typical Follow-Up

- Phone contact
 - Call patient 1-2 days after first misoprostol dose to assess need for second dose
- In-person visit
 - 1-2 weeks after choosing expectant or medication management:
 - Confirm completion – sono or lab work
 - If not complete – alternate treatments or watchful waiting?

Aspiration for EPL

- Historically done in operating room under general anesthesia
- Terminology:
 - Surgical “D&C”
 - Suction curettage with MUA or EVA
- 97-100% success



Operating Room Aspiration

Advantages

- Can be asleep
- Predictable
- Offers fastest resolution of miscarriage
- Reduced duration of bleeding
- Low risk (<5%) of needing further treatment

Disadvantages

- Rare risks associated with invasive procedure and general anesthesia
- More cost than office-based procedures
- More time and physical exams than office-based procedures
- May be more bleeding complications under general anesthesia than in office-based procedures

Office-based Aspiration

Advantages

- Pain control with local plus oral or IV meds
- Predictable
- Offers fastest resolution of miscarriage
- Reduced duration of bleeding
- Low risk (<5%) of needing further treatment



Disadvantages

- Rare risks of invasive procedure
- Less pain control options in some settings

Compared to OR management:

- May allow improved patient access and continuity of care
- Improved privacy
- Less patient and staff time
- Resource and cost savings

Patient Case: Information Exchange

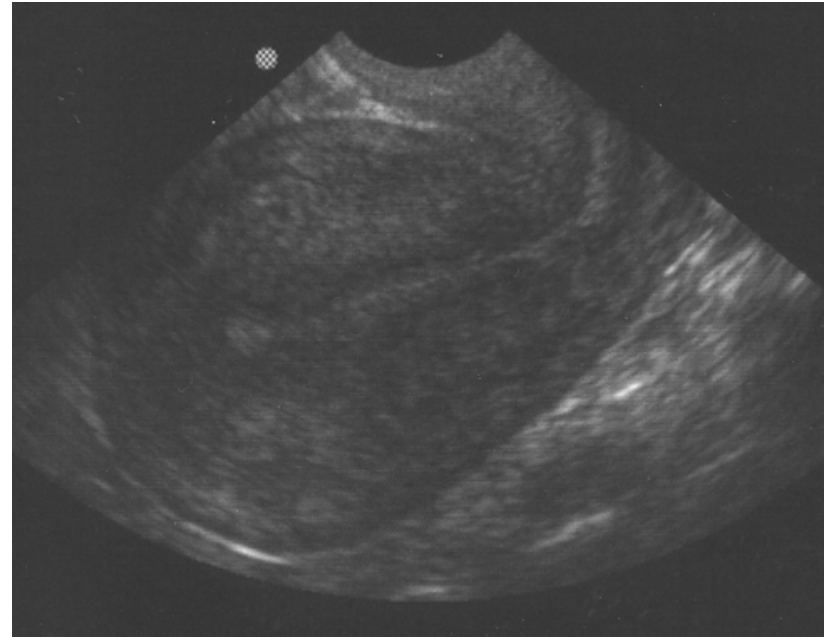
- Chance of success for embryonic demise:
 - Expectant: 1 week (30%)
2 weeks (60%)
6 weeks (75%)
 - Misoprostol: 1 week (84%)
 - Aspiration (office or OR): 97-100%
- Maya prioritizes a quick resolution to her miscarriage but would like to avoid having a procedure

Patient Case: Management

- Maya chose to use misoprostol at home
- She placed the pills vaginally and began having cramping and bleeding 2 hours later
- Her heavy bleeding lasted 4 hours, and she noticed one particularly large clot, that may have had tissue in it
- She still has some light bleeding at her follow-up appointment, 7 days later

How do we confirm success of treatment?

Vaginal Ultrasound



“Treat the patient, not the ultrasound...”

EPL Management: Follow-up

- Use both history and exam to confirm completion
 - B-hCG drop >50% or negative UPT
 - Vaginal ultrasound (absence of gestational sac)
 - Tissue confirmation after aspiration
- Address fertility
 - Contraception vs prenatal vitamins
- Offer grief counseling follow-up or referrals

EPL Management: Summary

- Four treatment approaches are safe and acceptable for EPL care: expectant, medication, and uterine aspiration in an office or operating room setting.
- Choice of EPL management is a preference-sensitive decision.
- Primary care providers are capable of comprehensive in-office EPL management.



managing early pregnancy loss

Managing Early Pregnancy Loss

Welcome: innovating education
Logout



Managing Early Pregnancy Loss is an educational initiative incorporating a video-based curriculum with online resources to support an evidence-based and patient-centered approach to miscarriage management.



Welcome to Managing Early Pregnancy Loss

Text Document



Read more here about the curriculum before you begin. Items marked with an * are required for CME credit.



Evaluation and Diagnosis of Early Pregnancy Loss*

Video



The first chapter reviews a methodical approach to evaluate patients who present with symptoms of or concerns for EPL. Diagnostic guidelines for use of ultrasound and laboratory markers are reviewed.



Clinical Scenario #1: Patient-centered Counseling in EPL Evaluation

Video



During a visit with a patient who has been experiencing bleeding, the exam is concerning for possible early pregnancy loss. This video first demonstrates common mistakes in provider communication, followed by recommendations for a patient-centered counseling approach. With shared decision-making techniques this patient chooses expectant management.



Evaluation and Diagnosis Quiz

Quiz



feedback



The course was created by:
innovating education in reproductive health

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- 6 Practice Integration of EPL Services*



managing early pregnancy loss

Explore the EPL resource page and link to
an online learning module:

www.earlypregnancylossresources.org