

Early Pregnancy Loss: At-home Care Principles

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EPL Management: At-home Care

Expectant

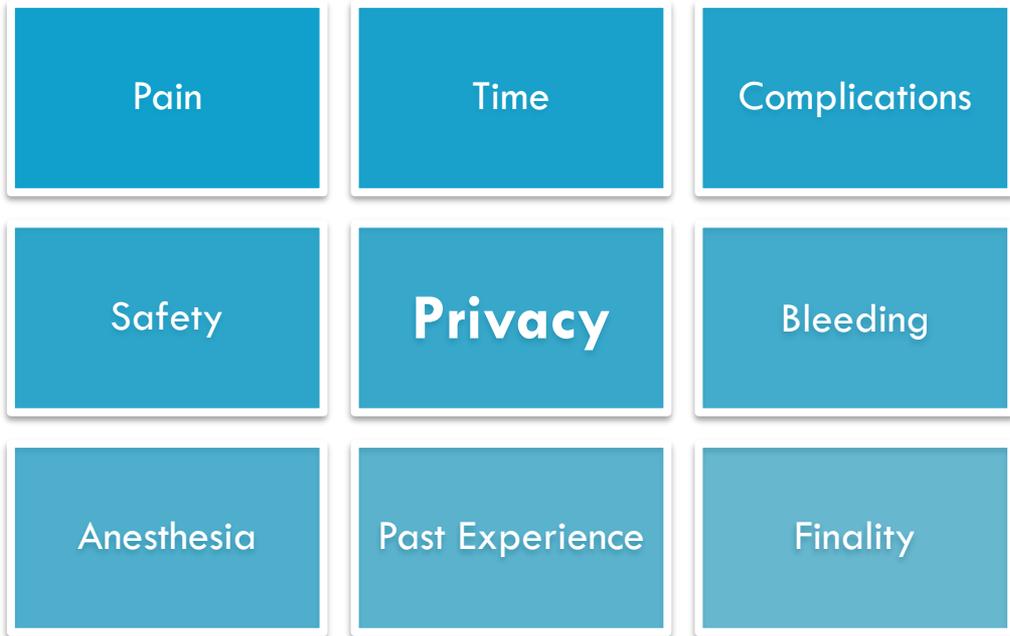
Medication

Office-based
aspiration

Operating room
aspiration

- ◀ Four options for the clinically stable patient
- ◀ Choosing management is a **preference-sensitive decision**
- ◀ Expectant and Medication management allow for the miscarriage process to occur **at home**

EPL Management: Patient Priorities





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, signs and symptoms of infection
 - ◀ Reliable follow-up



EPL At-home Management

Contraindications

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

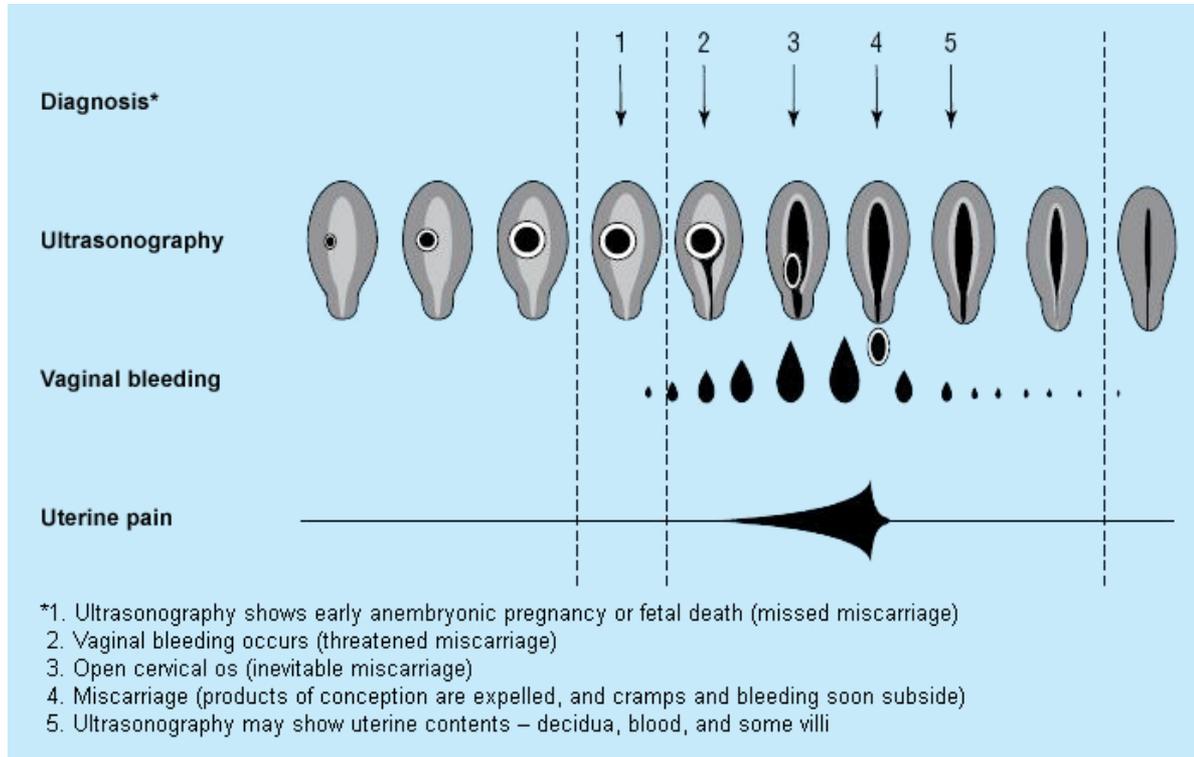
Mifepristone Only

- ◀ Porphyrias
- ◀ Chronic steroid therapy

Relative Contraindication

- ◀ Anemia (Hgb < 9.0)

EPL: Natural History





EPL: Anticipatory Guidance

- ◀ After misoprostol, the heaviest bleeding and pregnancy expulsion is usually 4-6 hours later
- ◀ Call for bleeding soaking 2 maxi pads in an hour for 2 hours
- ◀ Counsel about expected visible fetal tissue for later gestations – over 9 weeks

Medications for Symptoms and Side Effects

Side Effect/ Symptom	Management
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



Typical Follow-Up

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



Evaluating for EPL completion

History*

- ◀ More predictable and higher
- ◀ Decreased bleeding
- ◀ Minimal cramping
- ◀ Believes pregnancy tissue passed

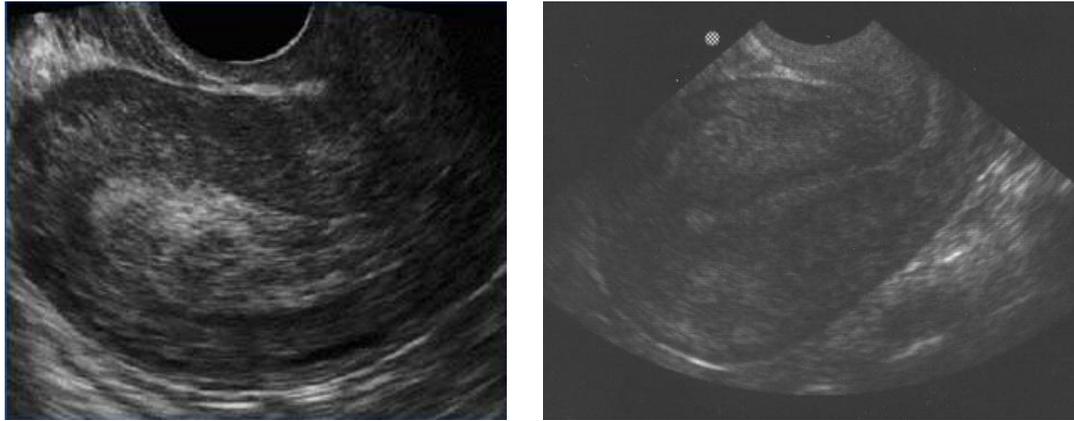
Exam

- ◀ Serum hCG drop >50%
- ◀ Negative UPT*
- ◀ (may take 4 weeks to result as negative)
- ◀ Vaginal ultrasound (absence of gestational sac)

*Telehealth compatible

Vaginal Ultrasound

Both of these images represent completed miscarriages...



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



EPL Management: Follow-up

- ◀ Address future pregnancy goals:

“Is this an okay time to talk about whether or when you might want to become pregnant again?”

“Would you like any information at this time about planning for future pregnancies or about birth control?”

- ◀ Pregnancy intention is a spectrum and not predictive of post-miscarriage preferences



EPL Management: Follow-up

- ◀ No medical reason to delay attempts at conception
 - ◀ Shorter interpregnancy interval is protective against repeat miscarriage
- ◀ Identify local resources for grief counseling or support groups