

Part 3: Overview of EPL Management Options





EPL Management: Patient-centered Care

Expectant

Medication

Office-based
aspiration

Operating room
aspiration

- ◀ All methods are effective, with equivalent safety and patient acceptability
- ◀ Shared decision-making framework for choosing treatment
- ◀ Comprehensive management options can be offered in a typical primary care or outpatient setting

Overall Success Rates of EPL Management



Expectant
(7 – 14 days)

Anembryonic and
Embryonic Demise

30% - 60%

Incomplete

75% - 85%



Medication
Management

Anembryonic and
Embryonic Demise

70% - 90%

88%

Incomplete

96%



Aspiration

97% - 100%



Expectant Management

- ◀ “Watchful waiting”
- ◀ Proven safety up to 8 weeks
- ◀ Type of EPL affects expected efficacy
- ◀ Highly acceptable to patients with realistic expectations about
 1. Duration
 2. Discomfort
 3. 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



Medication Management



- ◀ Use of medications for active management of EPL
- ◀ Combination of mifepristone pretreatment followed by misoprostol is most effective regimen
- ◀ Misoprostol
 - ◀ Prostaglandin analogue
 - ◀ Stimulates uterine contractions & softens cervix
- ◀ Mifepristone
 - ◀ Progesterone and glucocorticoid receptor antagonist
 - ◀ Primes myometrium and cervix for prostaglandin



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

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 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



EPL Management: Summary

- ◀ Four treatment approaches are safe and acceptable for EPL care

Expectant

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- ◀ Choice of EPL management is a preference-sensitive decision.
- ◀ Comprehensive and patient-centered EPL management is possible in the outpatient setting.