

Management of First Trimester Miscarriage

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Abstract : Objective; analyse patient choices in management of first trimester miscarriage, rates of complications including repeat procedure. Design: all first trimester miscarriages from a tertiary institution on the Gold Coast in a 6 month time frame (July to December 2021) were reviewed, including choice of management, histopathology, any representations or admissions, and potential complications. Results: a total of 224 first trimester miscarriages were identified. Of these, 183 (81%) opted to have surgical management in the first instance. Of the remaining patients, 18 (8%) opted to have medical management, and 28 (12.5%) opted to have expectant management. In total, 33(15%) patients required a repeat treatment for retained products. 1 had medical management for a small volume PROC post suction curette. A significant number of these patients initially opted for medical management but then elected to have shorter follow up than usual and went on to have retained products noted. 5 women who had small volumes of RPOC post medical or surgical management had repeat suction curette, however, had very small volumes of products on scan and on curette and may have had a good result with repeated misoprostol administration. It is important to note that whilst a common procedure, suction curettes are not without risk. 2 women had significant blood loss of 1L and 1.5L. A third women had a uterine perforation, a rare but recognised complication, she went on to require a laparoscopy which identified a small serosal bowel injury which was closed by the colorectal team. Conclusion: Management of first trimester miscarriage should be guided by patient preference. It is important to be able to provide patients with their choice of management, however, it is also important to have a good understanding of the risks of each management choice, chances of repeated procedure, appropriate time frame for follow up. Women who choose to undertake medical or expectant management should be supported through this time, with appropriate time frame between taking misoprostol and repeat scan so that the true effects can be evaluated. Patients returning for scans within 2-3 days are more likely to be booked for further surgery, however, may reflect patients who did not have adequate counselling or simply changed their mind on their preferred management options.

Keywords : miscarriage, gynaecology, obstetrics, first trimester

Conference Title : ICOGRM 2022 : International Conference on Obstetrics, Gynecology and Reproductive Medicine

Conference Location : Istanbul, Türkiye

Conference Dates : May 05-06, 2022