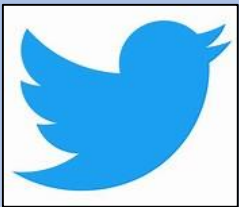


Miscarriage (Failed IUP)

For the reluctant obstetrician...



@Obcast



Miscarriage (Failed IUP)

- 1 in 5 pregnancies end in miscarriage
- 1 in 4 women will have experienced a miscarriage by age 40
- Presents as:
 - PV bleeding and/or abdominal pain
 - Incidental finding on US (usually dating scan)



Miscarriage – Classic Definitions

Type	Cervix Open/Closed	Products Passed?	US Findings
Threatened Miscarriage	Closed	No	Live IUP
Incomplete Miscarriage	Open	Yes	Retained Products of Conception
Complete Miscarriage	Closed	Yes	Empty Uterus
Missed Miscarriage	Closed	No	Failed IUP

Others to discuss: Inevitable miscarriage, Septic abortion



Assessment

- Hx
- Exam
 - Vitals
 - Abdominal exam
 - PV/speculum:
 - Cervical changes
 - Evidence of infection
 - Removal of cervical products
- Ix
 - Bloods: Hb / Group & Hold / BhCG
 - TV Ultrasound
 - PoCUS suggestive, but formal TV required to diagnose failed pregnancy

Failed IUP Criteria

- Mean SAC diameter $\geq 25\text{mm}$ with no fetal pole
- Fetal pole with CRL $\geq 7\text{mm}$ with no cardiac activity
 - Check for at least 30sec

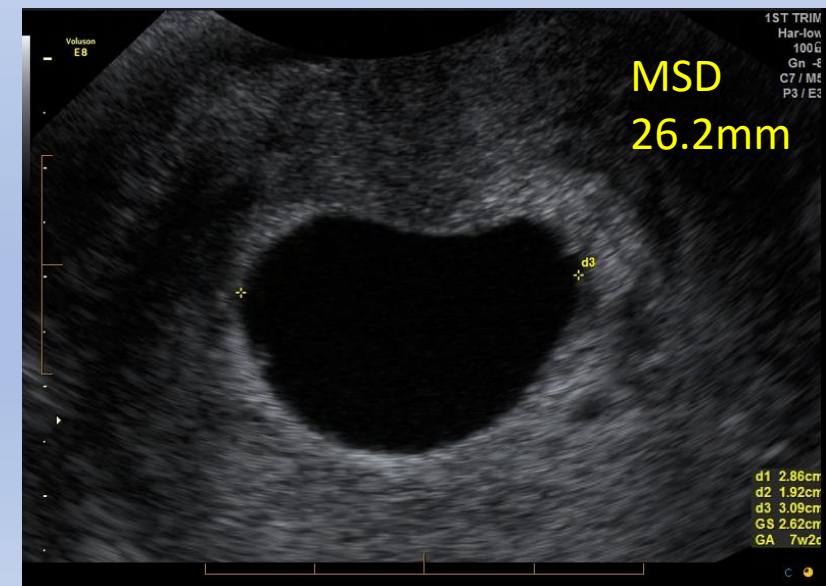
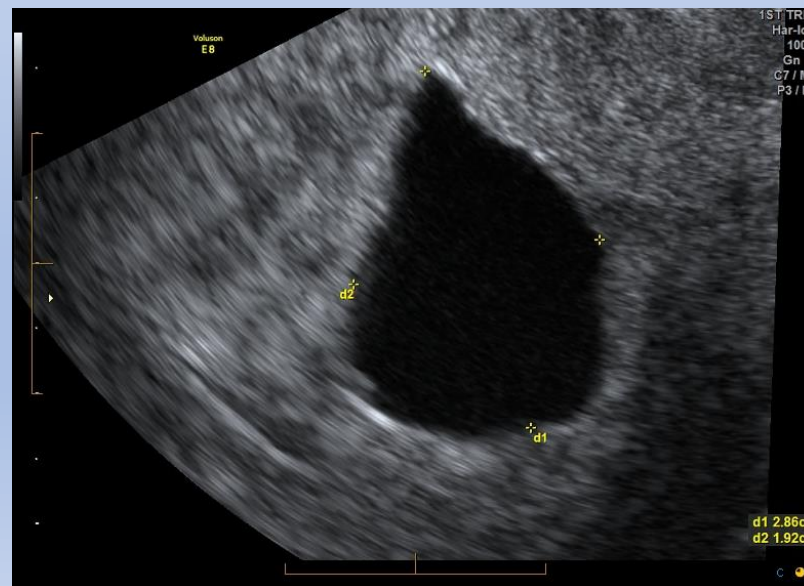
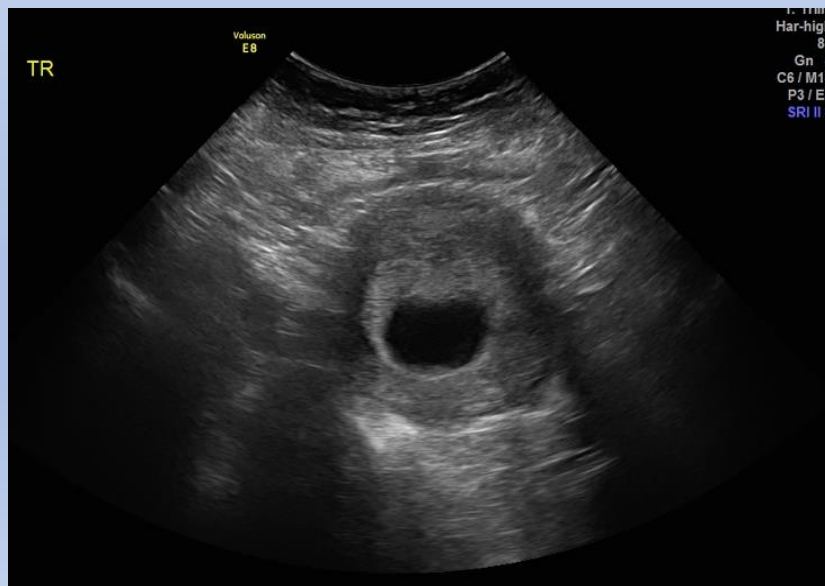


If above criteria NOT met

- CRL $< 7\text{mm}$ and no heart activity, repeat in 7 days, if no cardiac activity = failed pregnancy
- MSD $> 12\text{mm}$ and no fetal pole, repeat in 7 days and if no fetal pole + cardiac activity = failed pregnancy
- MSD $< 12\text{mm}$ and no fetal pole, repeat in 14 days and if no fetal pole + cardiac activity AND the MSD has NOT doubled = failed pregnancy

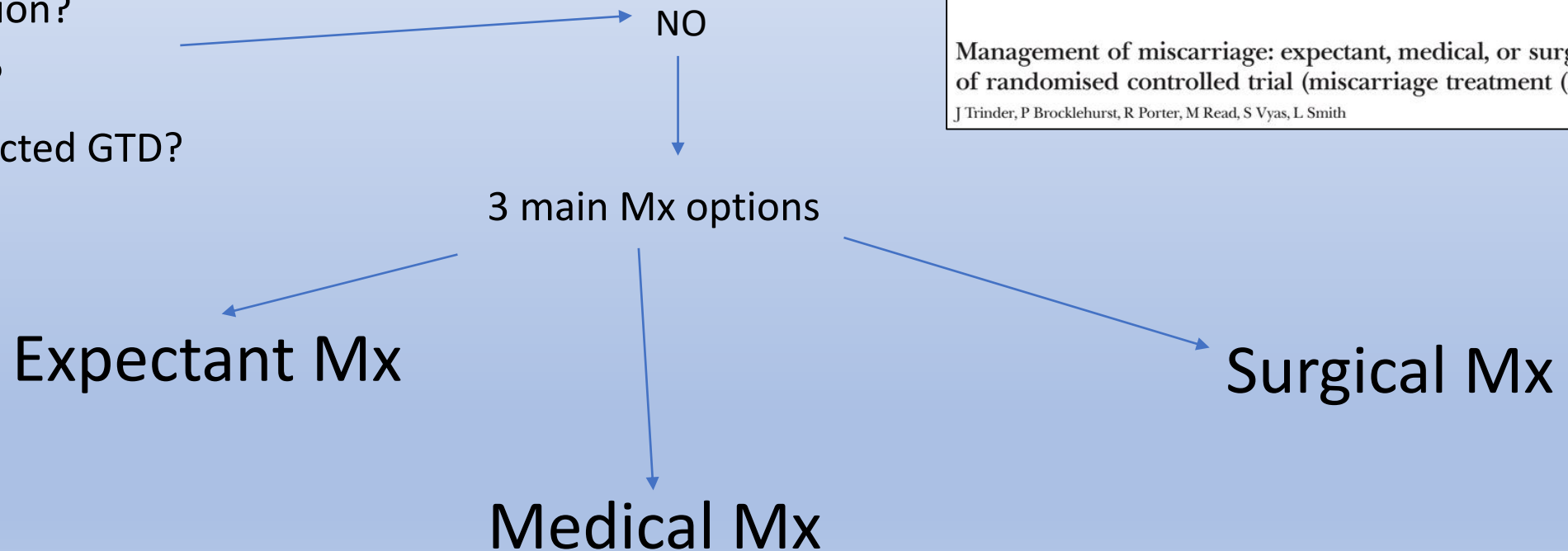
Anembryonic Pregnancy

- Gestational sac but no fetal pole
- MSD $\geq 25\text{mm}$ = failed pregnancy



Management Options

- Unstable?
- Infection?
- IUCD?
- Suspected GTD?



Cite this article as: *BMJ*, doi:10.1136/bmj.38828.593125.55 (published 17 May 2006)

Research

Management of miscarriage: expectant, medical, or surgical? Results of randomised controlled trial (miscarriage treatment (MIST) trial)

J Trinder, P Brocklehurst, R Porter, M Read, S Vyas, L Smith

Remember: Anti-D if Rh Negative

Conservative Mx	Medical Mx	Surgical Mx
<p>Watch & wait Give: Oral analgesia</p> <p>Can escalate Mx at any point</p> <p>Infection risk ~2%</p> <p>Need for a suction evacuation: -incomplete miscarriage = 25%* -missed miscarriage = 50%*</p> <p>Follow up BhCG until 0</p>	<p>Day 1 - Misoprostol 800mcg PV Day 2-3 – Misoprostol 800mcg PV Give: Oral analgesia / antiemetics BhCG on day 1 and 8 -Aim drop >90% over 7 days</p> <p>Consider US if: -Symptoms of RPOC -<90% fall in BhCG over 7 days</p> <p>Infection risk ~3%</p> <p>Need for a suction evacuation: -incomplete miscarriage = 7% -missed miscarriage = 15%</p> <p>Follow up BhCG until 0</p>	<p>Suction Evacuation Definitive Mx Indicated if:</p> <ul style="list-style-type: none"> • Unstable • Infection • IUCD • Suspected GTD <p>Infection risk ~3% Bleeding cessation ~7days Specific risks: -Uterine perforation -Asherman's syndrome</p> <p>Products for Histopathology</p>

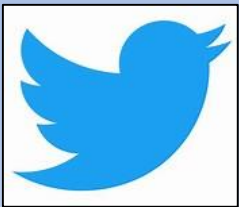
Psychosocial Management

- Depressive symptoms in 15-50% of women
- Anxiety symptoms in 20-40%
- Suicide rate up to 2x background rate in some countries
- Psychosocial effects may be more significant than the medical effects
 - Should be addressed in the ED / primary care
 - Know your local support services



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