Stable intrauterine non-viable pregnancy

Clinical presentation
- Ectopic pregnancy excluded
- Pregnancy is not viable

Discuss care options relevant to woman’s preferences and clinical indications

Expectant

Indications
- Woman’s preference
- Incomplete miscarriage

Contraindications
- Haemodynamic instability
- Suspected GTD
- IUD (must be removed)
- Risk of haemorrhage or effects of haemorrhage
- Evidence of infection

Requires
- Access to telephone and 24 hour emergency care

Ongoing management
- Follow-up GP or EPAS 7–10 days
- Initial evaluation by history and examination
- Repeat β-hCG day 8
- Consider USS:
  - If clinically indicated
  - To assess for retained POC
  - If β-hCG not fallen > 90% over 7 days

Medical

Indications
- Woman’s preference
- Missed/incomplete miscarriage

Contraindications
- Haemodynamic instability
- Suspected GTD
- IUD (must be removed)
- Allergy to prostaglandins
- Evidence of infection
- Risk of haemorrhage or effects of haemorrhage
- Medical contraindications

Misoprostol
- Drug of choice
- Outpatient or day procedure

Ongoing management
- Follow-up EPAS days 2 and 8
- β-hCG day 1 and day 8
- Consider USS:
  - If clinically indicated
  - To assess for retained POC
  - If β-hCG not fallen > 90% over 7 days

Surgical

Indications
- Woman’s preference
- Unsuccessful expectant or medical management

Absolute indications
- Haemodynamic instability
- Persistent excess bleeding
- Evidence of infected POC
- Suspected GTD

Cautions
- Risk of haemorrhage or effects of haemorrhage
- Previous uterine perforation

Care provision
- Misoprostol for cervical priming
- Routine antibiotics not required
- USS at time of suction curettage (if indicated)

Follow-up
- GP if ongoing concerns
- β-hCG not routinely indicated
- USS not routinely indicated

If medical or expectant:
- Discuss options for continued expectant or medical or surgical:
  - At the woman’s request
  - If ongoing symptoms
  - If clinical concerns

Give written information about:
- Management option chosen
- Expected bleeding/symptoms
- Resumption of menstruation
- Contraception
- Follow-up arrangements

General care considerations
- Review POC histopathology
- If indicated, recommend RhD-Ig
- Analgesia as required
- Communicate information to other care providers (e.g. GP)

Consider the woman’s psychological needs and offer access to support

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