

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
- B-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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Queensland Clinical Guidelines: Early pregnancy loss F17.29-1-V4-R22

β -hCG: human chorionic gonadotrophin, **EPAS:** early pregnancy assessment service, **FBC:** full blood count, **GP:** General Practitioner, **GTD:** gestational trophoblast disease, **IUD:** intrauterine device, **IUP:** Intrauterine pregnancy, **POC:** products of conception, **PUL:** pregnancy of unknown location, **PV:** per vaginam, **QTC:** Queensland Trophoblast Centre, **RhD-Ig:** Rhesus D immunoglobulin, **TVS:** transvaginal scan, **USS:** ultrasound scan, **>:** greater than, **<:** less than

