Clinical presentation Ectopic pregnancy is excluded Pregnancy is not viable Discuss care options relevant to woman's preferences and clinical indications Expectant Medical Surgical

- IndicationsWoman's preference
- Incomplete miscarriage

Contraindications

- · Haemodynamic instability
- Suspected GTD
- IUD (must be removed)
- Medical conditions increasing risk 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:
 - o If clinically indicated
 - $\,\circ\,$ To assess for retained POC
 - If β-hCG not fallen > 90% over 7 days

Indications

- Woman's preference
- Missed/incomplete miscarriage

Contraindications

- · Haemodynamic instability
- Suspected GTD
- IUD (must be removed)
- Allergy to prostaglandins
- Evidence of infection
- Medical conditions increasing risk 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:
 - o If clinically indicated
 - o To assess for retained POC
 - If β-hCG not fallen > 90% over 7 days

Indications

- Woman's preference
- Unsuccessful expectant or medical management

Absolute indications

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

Cautions

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
 - o If ongoing symptoms
 - o 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-Iq
- Analgesia as required
- Communicate information to other care providers (e.g. GP)

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

β-hCG: human chorionic gonadotropin (all β-hCG measurements in International units/L (IU/L)), 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: RhD immunoglobulin, TVS: transvaginal scan, USS: ultrasound scan, >: greater than

Queensland Clinical Guideline. Early pregnancy loss. Flowchart: F22.29-1-V5-R27



