E-Poster

Audit on in-ward management of miscarriage in a Tertiary Care Centre Sri Lanka-

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Objective

To investigate the current practice of miscarriage management in our unit and compare it with international standards (Eg NICE)

Methodology

The audit was done prospectively to all diagnosed patient with miscarriage attending to causality Gynaecological unit, Sri Jeyawardanapura General Hospital for two months duration (August and September 2017). Patients were managed according to local unit protocol and data was collected from patient records after informed written consent. The result was analyzed and compared with standards described by National Institute for Health and Care Excellence (NICE) guideline on management of miscarriage and more than 80% set as a target of performance. Simple proportion used to draw the analyzed data.

Results

Total number of the cases was 26. Mean age of the sample was 31.9 (SD-3.9, n=26) years. Mean period of amenorrhea (POA) was 74 (SD-19.3, n=26) days. All cases were diagnosed based on ultrasound characteristics according to NICE guideline. Among the cases, single patient was managed expectantly, 22(84.6%) were managed solely on medically and no patient were managed primarily by surgical management. Among medical managed group 3(12%) managed with repeated misoprostol cycles and 3(12%) had undergone subsequent surgical evacuation. Oral Mifepristone 200mg had been used in 80% of patients (missed miscarriage) and only misoprostol had been used in 20% of (incomplete miscarriage) once diagnosis confirmed. Even though it is planned to insert PV Misoprostol after 48 hours of Mifepristone, only 16(66.7%) had inserted after 48 hours. Mean dose 383.3(SD-56.5, n=24) mg Misoprostol inserted after mean of 36.3(SD-19.2, n=24) hours after Mifepristone. It was planned to insert next dose after 6 hours of previous dose; however, it was achieved only in 14(63.6%) of the occasion. Every occasion doctors are involved in insertion of misoprostol. All surgical management were suction and evacuation of retained products of conception (RPOC) under general anesthesia. 24(92.3%) had undergone ultrasound measurement of RPOC on discharge. On discharge mean endometrial thickness was 1.1(SD-0.4, n=24) cm.

Discussion

Nice has published a guideline on diagnosis and management of early pregnancy complication, which is accredited by RCOG. According to the guideline, all cases should be diagnosed with ultrasound. Medical management need to be start with misoprostol. Preferred drug is per vaginal misoprostol. It is expected to be a success rate of around 96% with medical management. Conservative and surgical management should be maintained less than 10% in gynaecological units.

Conclusion

Overall miscarriage management practice is good and reasonably adhere to NICE guidelines. Diagnosis and management of miscarriage is always based on ultrasound findings. Medical management success rate is above 90%. Misoprostol was used as mainline drug for medical management. Usage of Mifepristone is a difference from NICE practice.