

UC Early Pregnancy Loss Protocol

Rationale: Early pregnancy loss is estimated to occur in 14-19% of recognized pregnancies with treatment options typically including expectant management, medical management, or surgical evacuation. Detection of early pregnancy loss has significantly improved in recent years due to improved sensitivity of pregnancy tests and ultrasonography, allowing many patients to present for management of early pregnancy loss before they have encountered heavy vaginal bleeding or infection.

Diagnosis: Appropriate identification and diagnosis of early pregnancy loss may be made by combination of ultrasound diagnosis and abnormally progressing beta-hCG levels or by serial ultrasound examinations alone. Specific diagnostic criteria for pregnancy failure include:

1. Crown-rump length of greater than or equal to 7mm without cardiac activity.
2. Mean gestation sac diameter of greater than or equal to 25mm without an embryo.
3. The absence of an embryo with cardiac activity at least 2 weeks after completion of a sonogram depicting a gestational sac without a yolk sac.
4. The absence of an embryo with cardiac activity at least 11 days after completion of a sonogram depicting a gestational sac with a yolk sac.

Management: If the patient is hemodynamically stable without signs of infection and able to follow up as indicated, the patient may be given the option to select from expectant, medical, or surgical management.

1. Expectant management: Allows spontaneous passage of retained products of conception. Effective 66-90% of the time.
 - a. Patient should have appropriate follow up scheduled at time of diagnosis
2. Medical management: Uses drugs to aid expulsion of retained products. Effective 67-90% of the time depending on the regimen used. The addition of Mifepristone to Misoprostol increases the effectiveness of medical management.
 - a. Patient should be scheduled for out-patient visit at Hoxworth, Midtown or West Chester to initiate medication management with Mifepristone. Mifepristone must be administered in the office by a physician, cannot be prescribed through out-patient pharmacies.
 - b. Please refer to UC Health SOP Mifepristone for Early Pregnancy Loss for details.
3. Surgical management: Suction dilation and curettage for removal of the products of conception (POC). Procedure can be performed in office or in the OR. Effective 99% of the time.
 - a. Patients desiring in clinic procedures should be scheduled with a provider that does in clinic procedures at either Hoxworth or Midtown office.
 - b. Please refer to UC Health SOP on In Office Manual Vacuum Aspiration for Early Pregnancy Loss for details.

Hand outs: Providers should use the “Early Pregnancy Loss” packets available at all office locations (Hoxworth, Midtown, West Chester) to guide their management and assure all required paperwork is completed. Contents include:

1. Treatment options hand-out to review with patients
2. MVA consent form: should be completed for all patients opting for in-office procedure.
3. Surgical consent form: should be completed for all patients opting for D&C in OR
4. Mifepristone Patient agreement form: should be completed for all patients opting for medication management with mifepristone and misoprostol. Additional languages available at www.earlyoptionpill.com
5. Confirmation of Miscarriage and Notice of Right to Fetal Death Certificate: In accordance with Ohio State Law patients must be offered a fetal death certificate and be informed of policy for disposition of fetal remains. All patients must complete this form regardless of what option they choose for management.
6. Pregnancy Loss Letter: for those patients who desire a fetal death certificate this letter has the contact information for the Office of Decedent Affairs (ODA), they will help to make arrangements with ODH.
7. UCMC Authorization for Disposition of Fetal Remains: should be completed for all patients choosing surgical management at the UCMC campus.
 - a. If patient desires disposition other than routine hospital disposition please notify Hoxworth SW or hospital ODA to help make those arrangements.

Supporting patients after EPL: Patients experiences pregnancy loss differently. There is no “right” or “wrong” way to feel, but it is important to recognize when our patients may need additional emotional support.

1. Future pregnancy planning: address patients desires in regards to future pregnancy planning and counsel accordingly.
2. Screen for risks of depression. Offer SW contact or follow-up visit if needed.
3. Offer patient resources for support such as Miscarriage Matters, Inc. mymiscarriagematters.com, Support for Families compassionatefriends.com, 1-866-647-1764 (Connect and Breathe, www.connectandbreathe.org) or 1-866-4 EXHALE (1-866-439-4253, Exhale, www.4exhale.org/).

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