Protocol for medical treatment of missed or incomplete abortion with misoprostol

Candidates

Women with ultrasound diagnosis of a nonviable pregnancy up to 12 weeks size gestation. Non-viable pregnancy is diagnosed by ultrasound and/or subnormally rising quantitative hCG levels. It is important to exclude ectopic pregnancy as medical treatment for ectopic pregnancy differs from that of missed abortion.

Necessary labs: Rh screen, hematocrit, quantitative serum hCG. The serum HCG may be deferred on patients with financial constraints who will follow-up at a clinical site with ultrasound, if the initial diagnosis was confirmed by ultrasound.

Procedure

800 mcg of misoprostol placed in the vagina either by 1) the physician in the clinic or 2) by the patient at home at a convenient time. The patient should be given a second dose of 800 mcg of misoprostol in case passage of tissue does not occur with the first dose.

RX for ibuprofen 800 mg and Tylenol #3 to be given to the patient. Instruct patient to take a tablet of ibuprofen at the time of misoprostol insertion and then q 6 hours prn pain. Instruct the patient to take 1-2 tablets of Tylenol #3 q 3-4 hours prn severe pain.

A chart not must be completed, documenting the above and ensure a follow-up appointment.

Instructions to patient

Call for “heavy bleeding” defined as soaking a two pads every hour for 2 hours back to back. The patient does not need to bring products of conception back to the provider and should not be instructed to do so. The provider seeing the patient should give the instructions sheet with whom to call: pager or cell phone numbers written in.

If no passage of tissue occurs (the patient has not bled as much as a period) within 12-24 hours, the patient may use the second vaginal dose of 800 mcg misoprostol. If no passage of tissue occurs by 48 hours the patient may resume expectant management or be referred for uterine aspiration.

Patients should be scheduled for follow-up in one to two weeks to ensure a completed abortion in one of two ways: 1) follow-up quantitative serum hCG following passage of tissue (a drop of 50%) or 2) a transvaginal ultrasound with absence of sac. Note: if one of these criteria has been met, no further follow-up of serum hCGs is warranted.

References