ED Management of Early Pregnancy Loss (Misoprostol Protocol)

**EPL Diagnosis**
- Crown rump length (CRL) ≥7mm with no FCA.
- Mean sac diameter of ≥25mm with no embryo.
- H/o bleeding with no visible pregnancy after prior US showing IUP.
- Absence of embryo with cardiac activity if ≥2w after TVUS showing GS with yolk sac.
- Prior transvaginal ultrasound (TVUS) demonstrating fetal cardiac activity (FCA) with current TVUS showing absence of FCA or absence of embryo.

**Diagnosis of EPL, hemodynamically stable, under 12-13w gestational age**

**YES**

- Share Decision
  - Expectant v. Medication v. Procedural Management

**Expectant Management:**
- ~80% effective & may take up to 8w.
- At home, will have cramping & bleeding.
- **BENEFITS:** Inexpensive.
- **RISKS:** Uncertain time to completion, possible increased anxiety, return visits, and/or hemorrhage; 28% require further procedural management.

**Medication Management:**
- In emergency department (ED) or at home.
- 70-80% effective within 3d (84% if use w mifepristone).
- **BENEFITS:** Effective, shorter, fewer return visits, inexpensive.
- **RISKS:** Bleeding, cramping.
- **Side effects of meds:** Nausea, vomiting, diarrhea (give comfort meds).

**Procedure Management:**
- Manual uterine aspiration (MUA) or dilation and curettage (D&C) in ED, or OR/procedure suite.
- **BENEFITS:** Effective, safe, fast (5 minute) procedure, lower risk of ongoing bleeding.
- **RISKS:** Instrumentation risks (rare infection/injury); use of OR adds significant expense and time.

**Misoprostol 200 mcg #4 buccally** or vaginally, with NSAIDs and anti-emetic. Rx 4-8 tablets for home use. If not bleeding heavily (2 pads/hr) or patient prefers, can start miso at home; see RX based on gestational age below.

**<9W BY ULTRASOUND**

- Rx miso 200 mcg #8 plus NSAID and anti-emetic.
  1. Take NSAID and anti-emetic; repeat prn.
  2. Take 4 miso tablets buccally** or vaginally; repeat #4 prn bleeding ≥4 maxipads/2h OR (if treating nonviable intact pregnancy), no bleeding 24h after miso dose.

**9-11 6/7W BY ULTRASOUND**

- Rx miso 200 mcg #12 plus NSAID and anti-emetic.
  1. Take NSAID and anti-emetic; repeat prn.
  2. Take 4 miso tablets buccally** or vaginally; repeat #4 in 4 hours; Repeat #4 again prn bleeding ≥4 maxipads/2h OR (if treating nonviable intact pregnancy), no bleeding 24h after miso dose.

**12W+ BY ULTRASOUND**

- Rx miso 200 mcg #12 (400 mcg q3h until tissue passes and bleeding slows) plus NSAID, acetaminophen, and anti-emetic.
  For pts preferring to avoid procedure. Consult Gyn. Rhogam*** needed if Rh negative; confirm placental location if history of C-S (risk of accreta if low anterior).

**Consider Expert Consultation**
- Bleeding disorder, Hgb <7, fever, possible ectopic, unstable.

**Patient Education**
- Bleeding: Varies, may be heavy, usually lightens over weeks.
- Use NSAID, acetaminophen, and heating pads for pain.

**Helpful Counseling**
- EPL management does not affect future fertility.
- EPL is not your fault - not caused by stress, activity, sex, drugs, food.

**Discharge Instructions**
- Start contraception anytime.
- No routine follow-up required.
- See PCP/OBGYN if home pregnancy test still positive in 5 weeks.
- Return to ED if: Soaking 4 maxipads in 2h not improving with miso, persistent fever >100.4F, uncontrolled pain, feeling ill, or other concerning symptoms.

**Post-Treatment**
- Routine follow-up US not needed.
- If follow-up US done: Finding of “uterine debris” is normal; only requires D&C for “retained products” if severe pain or if bleeding > 2 pads/h not improving with miso. Heavy bleeding distressing to patient can be treated with additional miso.

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*Early Pregnancy Loss, The American College of Obstetricians and Gynecologists
*Ectopic Pregnancy: Diagnosis and Management
**Buccal dose instructions: Hold between cheek and gums for 30 min, then swish and swallow.
***Rhogam administration for <12w is optional, not strongly supported by evidence.

updated [12/18/23]