

Misoprostol for Early Pregnancy Loss Management Sample Protocol

Candidates:

Women diagnosed with non-viable pregnancy or incomplete early pregnancy loss (EPL) up to 13 weeks gestation. Non-viable pregnancy is diagnosed by ultrasound and/or abnormally rising quantitative β hCG levels. It is important to exclude ectopic pregnancy as medical treatment for ectopic pregnancy differs from that of uterine EPL.

Indication: Treatment/completion of incomplete spontaneous abortion in first trimester (<13 weeks)

Caution/Contraindication:

- >13 weeks gestation (by sure, regular LNMP or by US dating)
- No evidence of infection
- Rule out ectopic
- Coagulation disorders, anticoagulant drug therapy
- Extreme anxiety
- Molar pregnancy
- Any condition causing patient to be medically unstable

Supplies:

- Rhogam if indicated
- Patient consent forms and educational materials

Steps	Key Points
<p>History:</p> <ul style="list-style-type: none"> A) Verify name and date of birth B) Vital signs C) Perform ultrasound or review β hCG D) Confirm blood type and Hgb/Hct E) Document s/sx bleeding or pelvic pain <p>Preparation of the patient:</p> <ul style="list-style-type: none"> A) Explain process to patient. Patient should have opportunity to read handouts and ask questions B) Patient to sign consents prior to any medication administration C) Patient to sign Rhogam refusal if indicated D) Provide prescriptions for patient <ul style="list-style-type: none"> • Misoprostol 200 mcg x #8 • Ibuprofen 800 mg x #30 	<p>Confirm early pregnancy failure and stable patient status</p> <p>Expect bleeding and cramping to begin 1-4 hours after taking misoprostol and will peak over the next 1-4 hours</p> <p>There may be blood clots and may see pregnancy tissue or pregnancy may be too small to see</p> <p>Misoprostol can cause diarrhea and fever in the 24 hours after administration</p>

- hydrocodone/acetaminophen 5/325 mg or oxycodone/ acetaminophen 5/325 mg x #12

Process:

- A) Instruct patient to eat a light meal and take pain medication 30 minutes prior to taking misoprostol
- B) Instruct to then take misoprostol 800 mcg, buccal or per vagina are the preferred routes
- C) Order Rhogam if indicated to be given within 72 hours of onset of any bleeding

Post-Procedure care:

- A) Patient to have follow up appointment in 1-2 weeks scheduled
- B) Verify EPL complete by patient status and history, ultrasound and/or β hCG

Documentation:

- A) Options counseling and patient preference
- B) Patient agreement to aspiration procedure if necessary
- C) Patient received instructions and verbalized understanding, 24 hour on-call contact information given, and plan for follow up care
- D) Complete EPL at follow-up or plan of care if incomplete process

Patient education:

- A) Take all medication as directed, ibuprofen every 6-8 hours and narcotic as needed
- B) Pads should be used for 1 week
- C) Patient should report the following:
 - Too much bleeding (soaking 2 regular pads in an hour for 2 hours in a row)
 - If heavy bleeding or painful cramping lasts more than 4 hours
 - fever by oral temperature greater than 100.4°F (If persisting more than 8 hours after misoprostol dose)
 - Fainting, significant fatigue or weakness
 - Blood clots as large as a lemon

Buccal misoprostol is evidence-based and highly effective, 2 x 200 mcg tablets each cheek for 30 minutes then swallow

**Intervene with aspiration procedure:*

- Continued gestational sac
- Clinical symptoms
- Patient preference
- Time

<ul style="list-style-type: none">• lower abdominal pain and feeling ill in the days after the cramping and bleeding are over• Signs of infection including pain (other than cramping) in the low abdomen, foul-smelling vaginal discharge and/or fever as described above• Pain that cannot be managed at home with prescribed medications• Overwhelming sadness or depression <p>D) Give written aftercare instructions including how to get help after hours</p>	
--	--