Providing comprehensive prenatal care: Integrating management of early pregnancy loss into your CHC

Gabrielle deFiebre, MPH

Rachel Rosenberg, MD

reproductive health access project

FACULTY DISCLOSURE

All faculty in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Background

- Miscarriage is a common medical occurrence
  - 15-20% of clinically recognized pregnancies end in miscarriage[1]
  - Over 1,000,000 miscarriages each year in the US[2]
- Treatment used to be dilation and curettage (D&C) in an operating room[3,4]
- All three treatment options for early pregnancy loss can be safely provided in primary care settings.

3 options for miscarriage management

Medication

Procedure

Expectant Management

Expectant management

SUBCATEGORY OF EARLY PREGNANCY LOSS	COMPLETED MISCARRIAGE WITH EXPECTANT MANAGEMENT (%)		
	BY DAY 7*	BY DAY 14*	BY DAY 46*
Incomplete abortion	53	84	91
Embryonic demise	30	59	76
Anembryonic gestation	25	52	66
All categories	40	70	81

* —*From day of diagnosis.*

Prine & McNaughton, AFP, 2011

Medication

	COMPLETED MISCARRIAGE AFTER TAKING MISOPROSTOL (CYTOTEC) BY DAY 8* (%)
Incomplete abortion	93
Embryonic demise	88
Anembryonic gestation	81
All categories	84

Prine & McNaughton, AFP, 2011

Procedure

Dispelling myths about miscarriage

- NOT caused by food, sex, exercise, stress, travel, etc
- NO medical need to wait 3 months before trying again
- NO need to go to the ED during a miscarriage unless warning signs are present

What do we know about miscarriage care provided in community health centers?

How do Family Physicians trained in abortion care (uterine aspiration and medication abortion) use their skills to manage early pregnancy loss? What factors are related to the provision of miscarriage management in primary care settings?

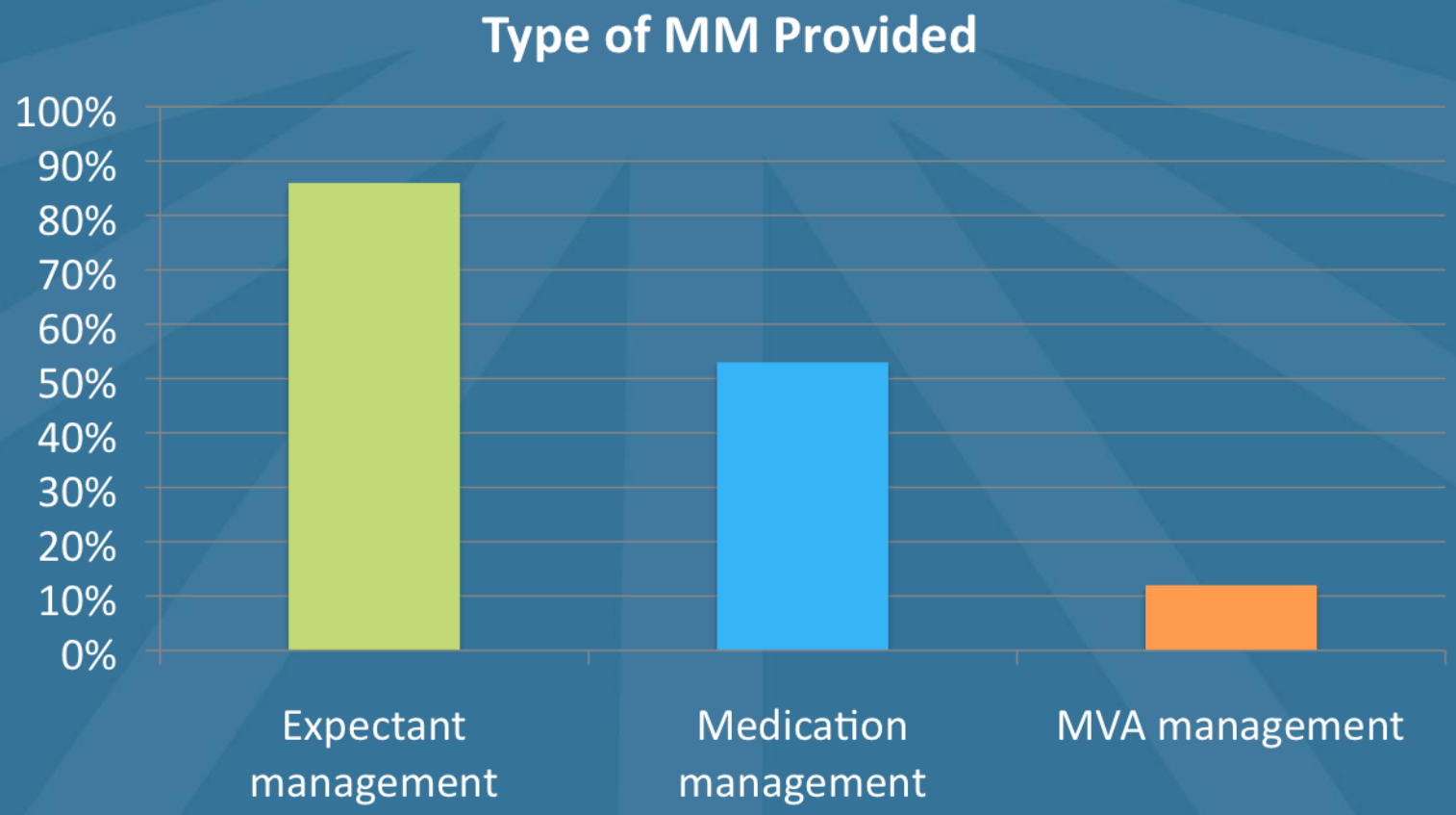
Study Sample

- Respondents from a prior study of 3rd-year family medicine residents (n=505) who graduated in 2007-2012 from programs offering abortion training
- Received responses from 256 responders (RR = 50.7%), excluded 12 who were not practicing/dropped out (n=244)

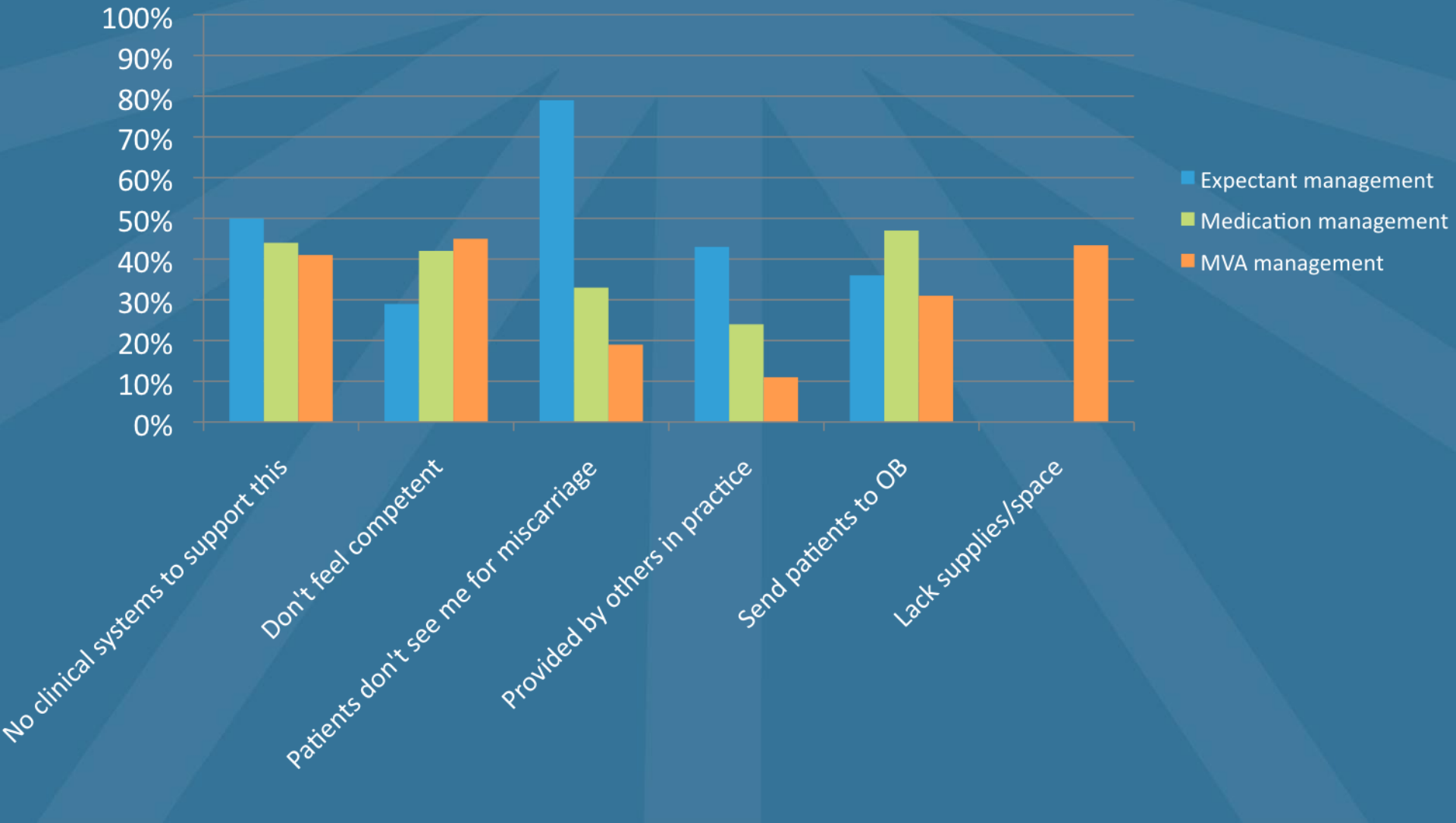
Methods

- Online and mailed survey instrument that was developed from themes found in 15 qualitative interviews
- Survey questions:
  - Clinical practice
  - Reproductive health care offered
  - MM practices, included barriers and enablers

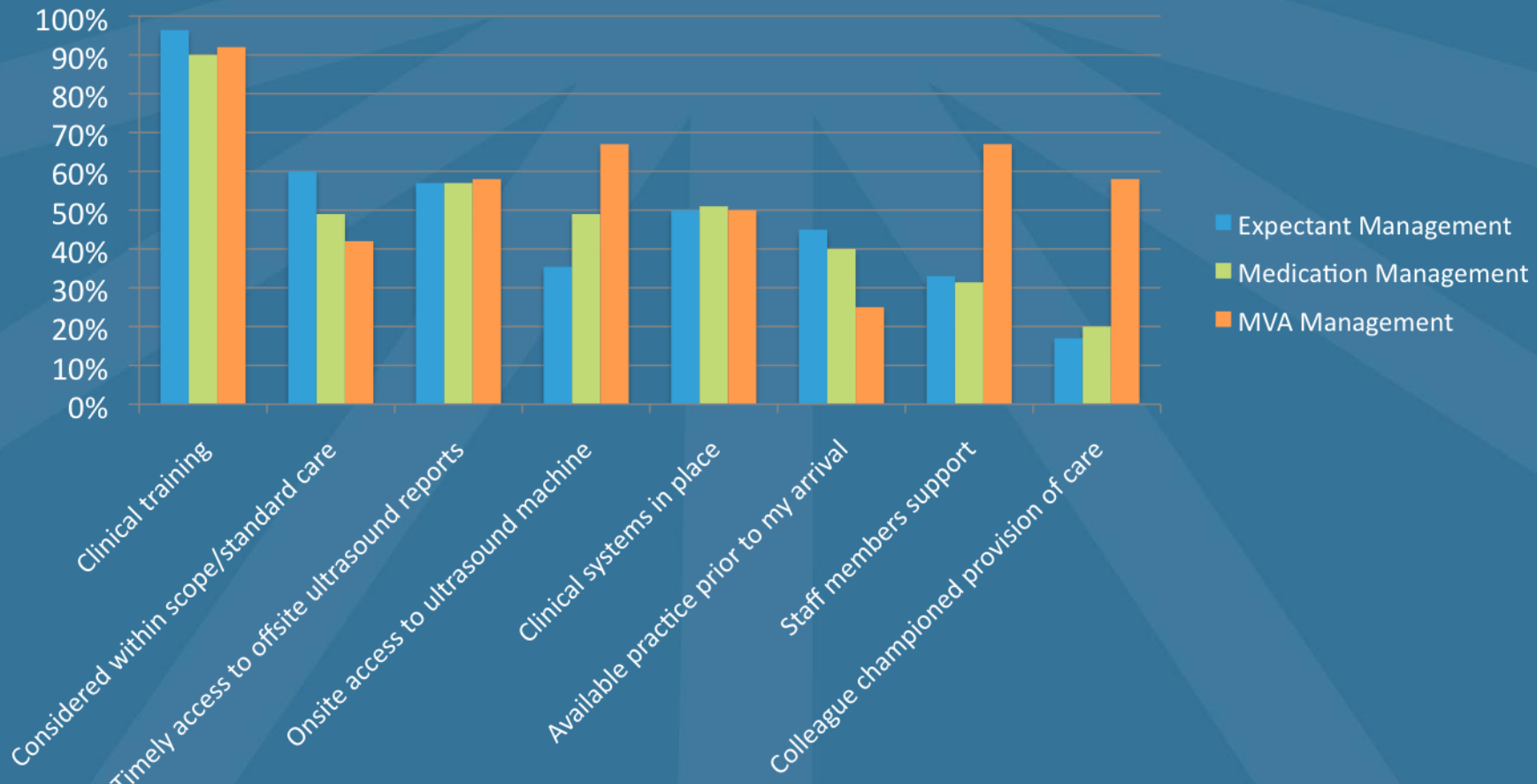
Just FQHC


Type of MM Provided
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Expectant management
Medication management
MVA management

Reported Barriers of Miscarriage Care Not Provided (FQHC)



Reported Enablers of Current Miscarriage Provision



How we're making this work… and how you can too!

www.reproductiveaccess.org

Miscarriage Management

The following documents are available as **Word documents** (editable and printer-friendly) and in **pdf format** (non-editable and printer-friendly). Patient education materials are available in **multiple languages** to distribute to your patients.

Guidelines

Evaluating first trimester bleeding algorithm: |

Misoprostol for Treatment of Incomplete Abortion and Miscarriage

Policy and Procedure for MVA for Miscarriage

Protocol for treatment of Miscarriage with misoprostol

Patient Education Materials

What are My Choices for Miscarriage Treatment?

Miscarriage Management Using Medications

Miscarriage Management with an Aspiration Procedure

Miscarriage Management: Letting Nature Take Its Course

Forms

MVA Consent Form

Teaching & Training Tools

Curriculum:

CORE (Curricula Organizer for Reproductive Health Education)

Managing Early Pregnancy Loss: Video-Based Curriculum by Innovating Education in Reproductive Health

Society of Family Medicine Resource Library