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Background
- Loss of intrauterine pregnancy within the first trimester is encountered commonly in the clinical practice.
- There are three types of management: expectant, medical and surgical.
- No prior audit about this subject at Emirati Obstetric Hospital was done.
- No clear guideline about this subject has been developed by Ministry of Health-Gaza, therefor this audit was done by comparison with American college of obstetricians and Gynecologists guidelines (ACOG), May 2015.
- This audit has gained approval by administration of Emirati Obstetric Hospital.

Objectives
To perform an audit for management of pregnancy loss in the first trimester and compare it with ACOG guidelines.

Methods
- Retrospective audit over about 2 months period 8/11/2015-31/12/2015 including 50 cases of first trimester pregnancy loss about investigations, management either expectant, medical or surgical and follow up.
- The cases were 32 missed abortion, 13 incomplete abortion and 5 complete abortion
- All cases were hemodynamically stable.
- A data collecting sheet was designed according to ACOG guidelines because there is no clear guideline about this subject developed by Ministry of Health-Gaza.
- Data was collected from archive department at Emirati Obstetric Hospital.
- Data was collected and analyzed by 5th year medical students.

Results

- Medical Management (7 cases)
  - ACOG recommended that the initial dose of misoprostol is 800µ vaginally, with repeat the dose as needed; and this not followed in the hospital.
  - The protocol here was giving misoprostol 200µ 4 times subligually without repeat the dose
  - Only 7 cases were managed by medical management alone
  - 2 missed abortion cases absorbed completely by medical treatment alone.
  - 5 complete abortion cases was given misoprostol which is not indicated.

- Surgical management (43 cases)
  - There were 43 cases treated by surgical management (E&C).
    - 2 cases were treated without prior misoprostol
    - 41 cases were treated after failure of medical management (that ripped the cervix) or complicated by heavy bleeding.


Recommendation
- Creating a clear guideline for management of pregnancy loss in the first trimester.
- Medical management should be changed to another regime due to high percentage of failure in the current regime. ACOG recommendation has a success percentage 71% with one dose of 800µ misoprostol and 83% with repeat the dose.
- Medical management should be followed by B-HCG beside USS.
- Medical management should be clearly separated from surgical management.
- Before surgical procedure, antibiotics should be administrated to the patient not after it, with determining the proper antibiotic.
- It’s not recommended to send all the samples after surgical procedure to the histopathology, and the indication for that should be determined.
- Perform regular audit to ensure good clinical practice.

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Note: The antibiotics was given after the surgery not before it as ACOG recommended that single 200 µg of doxycycline 1 hour preoperatively.