

ASSESSMENT OF CONSERVATIVE MANAGEMENT OF FIRST TRIMESTER MISCARRIAGE IN SUDANESE WOMEN

Hypothesis / aims of study

To evaluate the efficacy of conservative management versus surgical management of first trimester miscarriage in Sudanese women.

Study design, materials and methods

Prospective analytical facility based study. 216 Patients offered conservative and surgical management. Following counselling we enrolled 115 for expectant, 36 for surgical and 30 for medical management total of 181 drop out 35. Written consents taken, fulfilment of inclusion criteria and ethical clearance obtained. Oral antibiotics and paracetamol prescribed to all patients. Ante D if Rhesus negative given. The expectant group left the facility when pain free and bleeding settled. The medical group allowed home if no or minimal bleeding. Haemoglobin at presentation and after the study was recorded. Patient satisfaction assessed four weeks later and contraception offered. We recommend the Manual Vacuum Aspiration and medical management in our facility.

Results

79 % had incomplete, 15.5% missed and 5.5% inevitable. 63.5% expectant management, 19.9% surgical evacuation and 16.6% given misoprostol. Complete evacuation highest in medical group 93.3% in surgical group 91.6% and in expectant group 80%. Surgical evacuation was done in 7% of expectant group. 13% of failed expectant group had complete miscarriage after misoprostol. Two cases of missed abortion needed a re-evacuation. Two in medical group had emergency curettage. One patient in surgical group blood transfused. Patient satisfaction was 85%, 60% in expectant and surgical group respectively.

Interpretation of results

Medical management is more likely to induce complete evacuation of the uterus and reduce the need for surgical evacuation. Expectant management was accepted by the clients. A prophylactic antibiotic is important.

Concluding message

We recommend the medical management and Manual Vacuum Aspiration and of first trimester miscarriage in our facility. They are cost effective and more likely to induce complete evacuation of the uterus

References

1. Dr. Mohamed Mirghani Salman MBBCH, DGO, MRCOG, DU/S, MFFP, FRCOG Senior Consultant Obstetrician and Gynaecologist and Feto-Maternal Specialist
2. Dr. Murwan Ibrahim Omer MOG, ABOG, FRCOG, MFFP Conslutant Obstetrician and Gynaecologist Director General Omdurman Maternity Hospital, Khartoum Sudan

Disclosures

Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** I WAS MANAGING THE PATIENTS ACCORDING TO THE STANDARD PRACTICES. **Helsinki:** Yes **Informed Consent:** Yes