HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Abortion Miscarriage		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	**Index No:**	L&D-DPP-028
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1. PURPOSE:

1.1 To indicate steps taken on diagnosing and managing women during and following abortions.

2. DEFINITIONS:

2.1 **Abortion**- is the termination of pregnancy by expulsion of embryo/fetus before 22 weeks of pregnancy or a fetal weight of less than 500 grams. If the abortion is due to natural causes, the preferred term is miscarriage.

3. POLICY:

3.1 If the gestational age cannot be determined by last menstrual period or ultrasound measurements, then a newborn with a birth weight of 500 grams or more at birth should be considered viable and deserves full resuscitation.

3.2 Counselling of the couple regarding obstetric intervention before 24 weeks is recommended and outcome should be explained well based on local NICU facilities.

3.3 Signs and Symptoms of abortion:

- 3.3.1 Intermittent uterine contractions, accompanied by pain.
- 3.3.2 Vaginal Bleeding.
- 3.3.3 Spontaneous rupture of membranes.

3.4 Maternal transfer to a referral hospital with level III NICU should be considered beginning at 24 completed weeks of gestation.

3.5 Women with early pregnancy loss, management could be expectant, surgical or medical considering patient counselling.

- 3.5.1 Surgical uterine evacuation should be offered to women who prefer that option. Clinical indication for offering surgical evacuation include: persistent excessive bleeding, hemodynamic instability, evidence of infected retained, Endometrial thickness of more than 50mm or suspected gestational trophoblastic disease.
- 3.5.2 Surgical uterine evacuation for miscarriage performed using suction curettage is preferable to sharp curettage.
- 3.5.3 Medical and expectant management should only be offered in units where women can access 24-hour available advice and emergency admission if required.
- 3.5.4 Expectant management can be used in selected cases of confirmed first trimester miscarriage.
- 3.5.5 To avoid unnecessary anxiety, women should be informed that bleeding may continue for up to 3 weeks after medical uterine evacuation.
- 3.5.6 Urine pregnancy test should be done 3 weeks after medical evacuation or spontaneous miscarriage.

4. PROCEDURE:

4.1 On admission

4.1.1 Usual admission procedure.
4.1.2 Clinical Assessment:
4.1.2.1 Review history – previous obstetrics history, LMP, urine pregnancy test.
4.1.2.1.1 Abdominal pain, cramping, shoulder pain.
4.1.2.1.2 Vaginal bleeding amount of blood.
4.1.2.1.3 Passage of products of conception.
4.1.2.2 Physical examination – vital signs.
4.1.2.2.1 Heart, chest, abdomen.
4.1.2.3 Pelvic Examination – uterine size, position, stage of abortion.
4.1.3 IV access commencement.
4.1.4 Bloods taken for CBC, grouping and save serum and coagulation profile.
4.1.5 Ultrasound.
4.1.6 Antibiotic prophylaxis should be given based on individual clinical indications, doxycycline in curettage for incomplete miscarriage.

4.2 Management according to diagnosis:
4.2.1 Threatened miscarriage with significant bleeding:
4.2.1.1 Observe for vaginal bleeding.
4.2.1.2 Analgesia.
4.2.2 Complete miscarriage:
4.2.2.1 Ultrasound: endometrial thickness is less than 15mm.
4.2.2.2 Advice to report if bleeding persists longer than two weeks.
4.2.3 In Complete miscarriage:
4.2.3.1 Ultrasound: intrauterine tissue diameter is between 15-50mm.
4.2.3.2 Conservative method if bleeding is not heavy, rescan and report again two weeks later.
4.2.3.3 Surgical evacuation: is arranged if indicated.
4.2.4 Missed Miscarriage:
4.2.4.1 Ultrasound.
4.2.4.1.1 Empty sac – absence of identified fetal pole.
4.2.4.1.2 Fetal loss – fetal pole with fetal heart followed by absence of heart activity.
4.2.4.2 Conservative Management with Rescan 2-3 weeks later.
4.2.4.2.1 Medical management may be offered if patient is not willing to wait
4.2.4.2.2 Surgical method should be reserved for those.
4.2.4.2.2.1 Who make a specific request for it?
4.2.4.2.2.2 Who change their mind during the course of conservative management?
4.2.4.2.2.3 Where medical management fails?

4.3 Surgical evacuation of non-viable pregnancy.
4.3.1 Dilatation and curettage pre-operative preparation.
4.3.1.1 The woman should fast for six hours before going to theatre.
4.3.1.2 Ensure the woman understands the reason for her admission and planned procedure including cervical priming if indicated.
4.3.1.3 Check baseline temperature, blood pressure, pulse, vaginal blood loss.
4.3.1.4 Intravenous access must be established.
4.3.1.5 Complete the consent form.
4.3.1.6 Anaesthetist needs to examine the woman.

4.4 Following Miscarriage
4.4.1 Syntometrine 1ml/ IM are given.
4.4.2 In case of expectant and medical, fetus and placenta inspected.
If fetus and placenta incomplete – patient prepared for the theatre for evacuation.
4.4.3 Tissue obtained at the time of miscarriage should be examined histologically to confirm pregnancy and to exclude ectopic pregnancy or unsuspected gestational trophoblastic disease.
4.4.4 Check patient's blood group and Rheses factor as Non-sensitised rhesus (Rh) negative women

should receive anti-D immunoglobulins.

4.5 Documentations:

4.5.1 Consent for burial.

4.5.2 Receipt of body to morgue.

4.5.3 Examination and disposal of fetal remains as for stillborn infant.

4.5.4 All professionals should be aware of the psychological sequelae associated with pregnancy loss and should provide support, follow up and access to formal counselling when necessary.

4.5.5 Plans for follow up should be clearly recorded in the discharge letter from the ward.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Physician

6.2 Nurses

6.3 Midwives

7. APPENDICES:

7.1 Admission Form

8. REFERENCES:

8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers-Riyadh, 2013

9. APPROVALS:

	Name	Title	Signature	Date
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Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
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KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ :مستشفى

Region: _____ :المنطقه/المحافظه

Dept./Unit: _____ :القسم/الوحده

MRN: | | | | | | | | | | رقم الملف الطبي:

Name: _____ :الاسم

Nationality: _____ :الجنسية

Age: _____ ☐ سنة Years ☐ شهر Months ☐ يوم Days :العمر

Date of Birth: ____/____/14____ H ____/____/20____ :تاريخ الميلاد

Gender: ☐ Male ☐ Female :الجنس

ADMISSION REQUEST FORM

Mobile Number:

ADMITTING CONSULTANT .....

SOURCE OF REFERRAL: ☐ Emergency Department ☐ Outpatient Clinics ☐ Day Care

☐ Others, please specify; .....

Category of Admission : ☐ Emergency ☐ Urgent ☐ Elective within .....weeks (choose from 1 to 52)

Current Medical Problem? ☐ None ☐ Yes,: .....

.....

Current Medication? ☐ None ☐ Yes,: .....

.....

ADMISSION DIAGNOSIS: .....

.....

PLANNED SURGICAL PROCEDURE: ☐ None .....

.....

ESTIMATED BLOOD NEED: ☐ **None** ☐ **Yes,** .....**Number of Units** .....**Unit (s)**

Date of Admission (if Available): ..... **Estimated Length of Stay: (L.O.S)**.....**days**

Date of Procedure (if Available): ..... **Expected Duration of procedure:** _____ **mins**

Admitting Officer: ..... **Signature:**..... **Date:** ___/ ___/___

Admitting Consultant: ..... **Signature:**..... **Date:** ___/ ___/___

ANESTHESIA CLINIC

PRE-OPERATIVE ASSESSMENT:

☐ Medically Fit and Ready for Surgery ☐ Needs further investigations ☐ Needs Referral

Plan: .....

.....

Anesthesiologist: ..... Signature:..... Date: ___/ ___/___

Paid Treatment: Name: ..... Signature: .....
(Admitting Officer Team)

BED MANAGEMENT

Date of admission: ___/ ___/___ Time:..... Department:.....

Ward/ Bed Number: ..... Name of Bed Manage. Officer: ..... Sign.:.....

OR COOR/ ADMISSION OFFICER

DONATION: ☐ Yes, Date___/ ___/___ ☐ No, (why) .....

Name of OR Coordinator / Admission Officer: ..... Signature:.....

GDOH-INP-ARF-053 **ISSUED DATE:09/02/2013** **1 OF 1** 0 000000 000536 **SN**

KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ مستشفى:

Region: _____ المنطقه/المحافظه:

Dept./Unit: _____ القسم/الوحدة:

MRN: | | | | | | | | | | رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسيه:

Age: _____ ☐ سنه Years ☐ شهر Months ☐ يوم Days العمر:

Date of Birth: ____/____/14____ H ____/____/20____ تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

ADMISSION AND DISCHARGE FORM نموذج الدخول والخروج

Place of Birth: ..... مكان الميلاد:	Marital Status: ..... الحاله الإجتماعية:
Occupation: ..... المهنه:	Religion: ..... الديانه:
Address: ..... العنوان:	Telephone No.: ..... رقم الهاتف:

Relative's Name: ..... اسم اقرب شخص:

Source of Referral: O.P ☐ العيادات الخارجيه A/E ☐ الإسعاف والطوارئ Other Hospital ☐ محول من مستشفى آخر

☐ Other آخر .....

Internal: ..... التحويل الداخلي:

Time of Admission: ..... وقت الدخول:	Date of Admission: ..... تاريخ الدخول:

حاله المريض عند الدخول: Patient Condition Critical ☐ حرجه Stable ☐ مستقره

الأمانات: ..... أهليه العلاج: ..... رقم سند القبض: ..... تاريخ الدخول: ___/___/___

I.C.D. No.: ..... رمز التصنيف الدولي:

Provisional Diagnosis: ..... التشخيص المبدئي:

Final Diagnosis: ..... التشخيص النهائي:

Other Diagnosis: ..... تشخيصات أخرى:

Surgical Operation: ..... العمليات الجراحيه:

التخدير كلي: General ☐ موضعي Local ☐ نصفي Spinal ☐ آخر Other ☐ ..... Anesthesia

Time of Discharge ..... وقت الخروج	Date of Discharge ___/___/___ تاريخ الخروج	Length of Stay: ..... مده الإقامه:

الحاله عند الخروج: Cured ☐ شفاء Improved ☐ تحسن Ref. ☐ تحويل Condition on Discharge:

على مسؤوليه المريض AMA ☐ وفاه Dead ☐ ..... أخر Other ☐

الطبيب المعالج
Attending Physician: _____ Stamp&Signature: _____ Date: ___/___/_____

الاستشاري
Consultant: _____ Stamp&Signature: _____ Date: ___/___/_____

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