

Department:	Obstetrics and Gynecology (L&D)		
Document:	Departmental Policy and Procedure		
Title:	Abortion Miscarriage		
Applies To:	All Obstetrics and Gynecology Staff		
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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

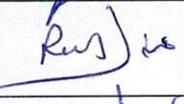
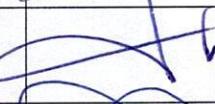
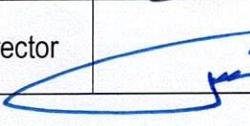
7. APPENDICES:

- 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
Prepared by:	Ms. Atheer Al Ajmi	Head Nurse OBS-1		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
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Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 22, 2025

KINGDOM OF SAUDI ARABIA



Hospital: _____ مستشفى: _____
 Region: _____ المنطقة/المحافظة: _____
 Dept./Unit: _____ القسم/الوحدة: _____

MRN: _____ رقم الملف الطبي: _____
 Name: _____ الاسم: _____
 Nationality: _____ الجنسية: _____
 Age: _____ سن: _____ Years سنوات _____ Months شهور _____ Days أيام: _____
 Date of Birth: _____ / 14 / 20 تاریخ الميلاد: _____ / 14 / 20
 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: _____

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MRN: _____ رقم الملف الطبي: _____
 Name: _____ الاسم: _____
 Nationality: _____ الجنسية: _____
 Age: _____ سن: _____ Years شهور: _____ Months يوم: _____ Days العمر: _____
 Date of Birth: _____ / 14 / 20 تاريخ الميلاد: _____
 Gender: Male Female الجنس: _____

ADMISSION AND DISCHARGE FORM نموذج الدخول والخروج

Place of Birth: _____ مكان الميلاد: _____	Marital Status: _____ الحاله الاجتماعية: _____	
Occupation: _____ المهنة: _____	Religion: _____ الديانه: _____	
Address: _____ العنوان: _____	Telephone No.: _____ رقم الهاتف: _____	
Relative's Name: _____ اسم اقرب شخص: _____		
Source of Referral: _____	O.P <input type="checkbox"/> العيادات الخارجية A/E <input type="checkbox"/> الإسعاف والطوارئ Other Hospital <input type="checkbox"/> اخرين <input type="checkbox"/> Other	
Internal: _____ التدويل الداخلي: _____		
Time of Admission: _____ وقت الدخول: _____	Date of Admission: _____ تاريخ الدخول: _____	
Stable <input type="checkbox"/> مستقره	Critical <input type="checkbox"/> حرجه	Patient Condition: _____ حالة المريض عند الدخول: _____
____ / _____. تاريخ الدخول: _____		_____. رقم سند القبض: _____ أهلية العلاج: _____
I.C.D. No.: _____		رمز التصنيف الدولي: _____
Provisional Diagnosis: _____ التشخيص المبدئي: _____		
Final Diagnosis: _____ التشخيص النهائي: _____		
Other Diagnosis: _____ تشخيصات أخرى: _____		
Surgical Operation: _____ العمليات الجراحية: _____		
Anesthesia Other <input type="checkbox"/> آخر _____		General <input type="checkbox"/> كلي: _____ Local <input type="checkbox"/> موضعى: _____ Spinal <input type="checkbox"/> تصفيي: _____
Time of Discharge: _____ وقت الدروج: _____	Date of Discharge: _____ تاريخ الدروج: _____	Length of Stay: _____ مدة الإقامة: _____
Condition on Discharge: _____	Ref. <input type="checkbox"/> تحويل: _____ Improved <input type="checkbox"/> تحسن: _____ Cured <input type="checkbox"/> شفاء: _____	الحالة عند الخروج: _____
Other <input type="checkbox"/> آخر _____	Dead <input type="checkbox"/> وفاه: _____ AMA <input type="checkbox"/> على مسؤوليه المريض: _____	
Attending Physician: _____ الطبيب المعالج: _____		Stamp & Signature: _____ Date: _____ / _____
Consultant: _____ الاستشاري: _____		Stamp & Signature: _____ Date: _____ / _____

