

Second trimester loss—13-19⁺⁶ weeks gestation Medical management flowchart

- ONLY use once a robust diagnosis of miscarriage has been made (see full guideline)
- In case of silent miscarriage with fetal demise prior to 13 weeks, consider management as per early pregnancy loss guidelines

For clinical assessment, investigations and management options see full guideline

STAGE 1

- Mifeprostone 200mg orally
- Mother allowed home after one hour where possible

Advise to attend if any bleeding or pain

1st admission

STAGE 2

- Misoprostol 200mcg every 4 hours (maximum of 6 doses)
- Administer PV, Sublingual or Buccal (consider to avoid PV if significantly bleeding)

If these methods of administration are unacceptable, the tablet may be dispersed in 10ml of water (takes <2 minutes, administer immediately after dispersal)

36-48 hours post Mifeprostone

In case delivery has not occurred

Further identical course of Misoprostol may be administered on the instructions of the gynaecologist on call.

24 hours after commencing Misoprostol

Warning for all staff regarding handling broken Misoprostol tablets:

Staff who are or may become pregnant should not handle broken or crushed tablets. If handling broken tablets is necessary, gloves should be worn, and care should be taken to avoid inhalation of any powder.