Miscarriage management with MVA

Sthandwa Mnqayi – DCST
KCD – KZN
SOMSA 2018
Bloemfontein - President hotel

Objectives

- ✓ To recognise a Miscarriage (safe/unsafe/septic)
- ✓ To learn how to perform a Manual Vacuum Aspiration (MVA)

Questions

What percentage of women plan to become pregnant, become pregnant, are clinically pregnant and spontaneously miscarry?

15%

How many births are there per year in SA?

1,200,000

Therefore there are around 200000 spontaneous miscarriages

Maternal deaths due Miscarriage

- *32% and 30% of miscarriage deaths were clearly avoidable within the health system in 2008 – 2010 and 2014 – 2016 respectively.*
- 17% increase in miscarriage deaths (48 deaths in 2014 and 56 deaths in 2016).

Signal functions: for MOUs	District hospital
1. Administer parenteral antibiotics	7 signal functions for MOU +
2. Administer parenteral uterotonic drugs (i.e. oxytocin)	8. Perform CS
3. Administer parenteral anticonvulsants for preeclampsia and eclampsia (i.e. magnesium sulphate)	9. Provide blood transfusion
4. Manual removal of retained placenta	
5. **Remove retained products of conception (e.g. manual vacuum aspiration)**	
6. Perform assisted vaginal delivery (e.g. vacuum delivery)	
7. Perform basic neonatal resuscitation with bag and mask	

Prof Pattinson et all results on functionality of signal functions

Signal function	CHC	DH	RH & TH
1. Give parenteral antibiotic	17 (32.1)	63 (100.0)	17 (100.0)
2. Give parenteral uterotonics	53 (100.0)	63 (100.0)	17 (100.0)
3. Give parenteral anticonvulsants	53 (100.0)	63 (100.0)	17 (100.0)
4. Manual removal of retained placenta	37 (69.8)	59 (93.7)	17 (100.0)
5. Manual vacuum aspiration/D&C	1 (1.9)	53 (84.1)	17 (100.0)
6. Assisted delivery	2 (3.8)	44 (69.8)	15 (88.2)
7. Bag-and-mask ventilate a neonate	44 (83.0)	62 (98.4)	17 (100.0)

Patient presentation

- A 26 year-old primigravida presented to her local clinic with a problem of heavy per vaginal bleeding at 16 weeks' gestation. Her BP was unrecordable, and a ward Hb was 6g/dl.
- She was transferred to the casualty department at the Level 2 hospital. Despite arriving shocked, she spent two hours in casualty unattended before being assessed by the casualty officer.

- The casualty officer diagnosed an incomplete miscarriage and referred the case to the gynae team on duty.
- No resuscitation was offered.
- The gynae team only came to assess the patient three hours later. They ordered three units of blood, and admitted the patient to the gynae ward.
- The patient arrested and died shortly after starting the first unit of blood transfusion

Points

- Stabilization
✓ clinic
✓ In transit
✓ Arrival at hospital
- Problem recognition / stigma
- Resuscitation
-

Clinical Types of Miscarriage

Spontaneous

- Threatened
- Inevitable
- Incomplete
- Missed
- Complete

Induced

- Termination of pregnancy
- Complicated miscarriage

Uncomplicated Miscarriage
MVA at CHC/Level 1 Hosp

P < 90 bpm, RR < 20 bpm, T < 37.2 ^{o}C,

HB >10g/dl

Uterus <12 weeks in size

POC not foul smelling

No clinical signs of infection

No suspicious findings on examination

Complicated Miscarriage

Anything else!

Management at: Level 1 with theatre facilities (provided no organ system dysfunction)

Level 2 or 3

Recognizing a Complicated Miscarriage

- ✓ Fever: temperature > 38 ^{o}C
- ✓ Warm extremities
- ✓ Fast breathing
- ✓ Increased maternal heart rate
- ✓ Altered mental state
- ✓ Low BP
- ✓ Septic shock
- ✓ Tender lower abdomen
- ✓ Cervix open with a foul smelling discharge
- ✓ Signs of cervical trauma

A Word on Ectopic Pregnancy

Do a pregnancy test on all patients of reproductive age!

If positive locate the site of the pregnancy

If intra-uterine (IU) continue

If not obvious perform a quantitative ßHCG

Performing an MVA

Skills station: Performing an MVA

After The Procedure Discuss

Expected symptoms and danger signs

Resumption of intercourse

Contraception

The grieving process

Rh and anti-D

When to conceive again

Possible causes of miscarriage

HIV & CTOP if appropriate

Elements of PAC

Key recommendations

1. Family planning and contraception services must be promoted in all communities and must be made more accessible in order to reach all those who would benefit from them.
2. Fighting the HIV and AIDS epidemic must remain a priority, with multiple strategies including integration of HIV and AIDS screening and care into maternal and women's care.
3. Communities must be educated about "booking early for antenatal care", recognising and acting on danger signs in early pregnancy, and how to access safe TOP.
4. There must be regular training of doctors and nurses in the recognition and emergency resuscitative management of circulatory shock in the context of early pregnancy. This should include regular "fire drills" on the management of shock.
5. Casualty departments must have clear policies ensuring that shocked gynaecological patients are given equal priority and attention by casualty staff compared to any other category of shocked patients.
6. There must be regular training of doctors and nurses on the recognition and management of different types of miscarriage, including indications and technique for evacuation of the uterus, and criteria for referral to specialist level
7. All hospitals which manage early pregnancy complications must have a facility separate from the main theatre complex for performing evacuation of the uterus by manual vacuum aspiration (MVA) without general anaesthesia
8. All hospitals must be able to provide medical termination of pregnancy to ensure that all women have access to safe TOP. Medical TOP must be available at but not restricted to dedicated TOP clinics.
9. There must be regular training of doctors and nurses on the recognition of ectopic pregnancy and its management, particularly the need for immediate surgery if the patient is shocked.
10. Facility managers must ensure that all doctors and nurses are aware of their professional and ethical responsibilities when on-duty, and must hold them accountable when these responsibilities are neglected.

Acknowledgment to:
ESMOE resources
NMS equipment
KZN team

Thank you