Supporting women’s choice to manage MISCARRIAGEs AT HOME

Miscarriages can be managed naturally or with surgery or medication. About 100 women are admitted to the Royal Women’s Hospital every year for the latter option, however, sometimes women have to wait for a hospital bed to become available, delaying treatment and inconveniencing the patient. To address this, the Women’s developed a new option where women could safely self-administer medication at home to assist with miscarriage, reducing the need for unnecessary hospitalisation.

## Background

The Royal Women’s Hospital (the Women’s) Early Pregnancy Assessment Service (EPAS) is an outpatient clinic which assesses and manages women experiencing pain and/or bleeding in early pregnancy.

Women diagnosed with a miscarriage through the EPAS can opt to receive no treatment and let the miscarriage occur naturally or choose surgical or medical treatment. Surgical management involves removal of the pregnancy tissue through a minor operation known as a curette, while medical management involves taking medication, Misoprostol, to assist the miscarriage process. Historically, in Australia, surgical management has been the most popular option among women and clinicians.

Both treatment options involve hospital admission. However, timing depends on bed availability and sometimes admission may not be possible for two to three days, effectively delaying patient care.

Evidence suggests medical management can be undertaken outside of the hospital setting with minimal clinical risk. This provides women with a faster, more convenient way of accessing treatment while releasing hospital beds and resources for other patients.

The Women’s proposed a new pathway of care where the patient could take Misoprostol at home, with formal clinical monitoring and support provided by a nurse-run telephone clinic. Through the project, the Women’s aimed to provide women with an acceptable, safe, supported and effective option for managing miscarriage in a non-hospital environment.

Medical management of miscarriage at home

**Lead** The Royal Women’s Hospital

**Duration** August 2016 – October 2017

**Key outcomes**

* Enabled 74 women who opted for the new pathway of care to manage their miscarriage with medication at home, freeing up hospital beds and resources for other patients
* Gave women more choice and more control over their miscarriage treatment, allowing them to take the medication at their convenience
* Reduced the length of time women had to wait between diagnosis and active treatment from 48 hours to two hours
* Provided support to 98 per cent of patients on the home management pathway through the newly established, EPAS nurse-led telephone clinic
* Received positive feedback from patients, with 100 per cent of survey respondents saying they were well supported by the hospital and 83 per cent of those who underwent medical management of miscarriage at home saying they would select the pathway of care again

## Key activity

* The Women’s developed a clinical pathway and clinical practice guideline for the medical management of miscarriage at home based on extensive research, a literature review, and three internal baseline audits.
* A set of clear exclusion criteria was established to ensure women who were at risk continued to be managed in hospital.
* The clinical care map for the medical management of miscarriage was revised to include both the inpatient (hospital) and outpatient (home) pathways.
* Staff and patient resources were developed. Patient information and instructions on how patients could self-administer Misoprostol at home were created, and 10 face-to-face clinician education workshops were delivered to more than 50 staff.
* From February 2017, the medical management at home pathway was offered to women as an additional option, with patients still able to choose to undergo treatment in hospital. Treatment was immediately available to those who chose home management, with Misoprostol provided to the patient during their consultation.
* A telephone clinic run by EPAS nurses was established in November 2017 and commenced full operation in January 2017. Women who chose the home management pathway consulted with an EPAS nurse over the phone within 72 hours of commencing treatment, and the nurse would follow up to monitor progress and provide support. Prior to the project, follow up of patients was limited and informal.



## **Outcomes**

* Of the 103 women who chose medical management of miscarriage during the project, 74 (72 per cent) elected to do so at home, freeing up 74 hospital beds and resources for other patients. A cost analysis estimated that this released more than $213,000 in value over 12 months.
* The length of time women had to wait between miscarriage diagnosis and active treatment decreased from a baseline of 48 hours to two hours. The home management pathway enabled women to have more control over when they took the medication, allowing them to organise support accordingly and avoid the inconvenience of hospitalisation.
* All 17 women who chose medical management in the final three months of the project opted to do so at home, suggesting consumers and clinicians found the new pathway of care highly acceptable.
* The EPAS telephone clinic provided support to 75 per cent of patients undertaking medical management of their miscarriage in hospital and 98 per cent of patients taking the medication at home. Seven women did not receive a follow-up call for a number of reasons, including because they had arranged follow up elsewhere and because they had been readmitted to hospital for surgical treatment after experiencing pain and bleeding.
* 20 per cent of women who opted for medical management during the project period had complications or required additional review and/or treatment. This did not significantly differ from previous years when medical management was solely undertaken in hospital (in 2015, the rate was 34 per cent, and in 2016, 26 per cent), providing further evidence that miscarriages can be safely managed with medication outside of hospital with minimal clinical risk.

### Patient experience

The project team conducted a survey of women who had selected either of the medical management pathways, receiving 25 responses (a 31 per cent response rate).

The survey showed:

* 100 per cent of respondents felt they received a good to high level of support from the hospital
* 96 per cent of respondents felt they had access to hospital staff and services during their treatment, and were able to ask questions, raise concerns or voice their feelings
* 83 per cent of respondents who managed their miscarriage with medication at home said they would select the same pathway of care again
* 92 per cent of respondents said they experienced no pain, that their pain was adequately managed, or that their pain was managed well.

## Key learnings

* Clinical leads were imperative in engaging staff and ensuring the new pathway was safe. Involving clinical experts in the baseline audits and including these results and evidence in staff training and education sessions helped reassure clinical staff that the pathway provided safe and evidence-based patient care.
* Using a staged approach to changing and implementing new processes helped staff adjust to the new pathway. For example, introducing the new EPAS telephone clinic while gradually phasing out the previous manual diary system allowed staff to see and understand the inefficiencies of the old system while giving them time to learn and build trust in the new system.
* Clinical staff were supportive of the project and keen to promote the new pathway because it had been generated ‘from the ground up’. Their direct experience with the inpatient pathway meant they understood its limitations, especially as they often received anecdotal feedback from frustrated women who felt hospital admission was inconvenient and unnecessary as they required minimal care.
* The project team regularly met with EPAS nurses and key staff in other areas, such as the Women’s Emergency Care, to work through issues, concerns and problems as they arose, which contributed to the project’s success. EPAS team members were closely consulted when developing resources and changes. As a result, they held the staff resources and patient feedback in high regard, taking any recommendations or negative feedback on board to make positive changes to how they provided care.
* Collection of data, measures, monitoring and reporting took more time than anticipated. The patient feedback survey was particularly difficult to develop as the loss of a wanted pregnancy can be a sensitive subject and highly distressing for women experiencing miscarriage.
* Achieving greater uptake of this option of care for women experiencing miscarriage requires a significant cultural shift for both clinicians and consumers.

The Women’s expected this home management pathway to reduce demand for in-hospital surgical treatment, potentially releasing much needed theatre capacity and clinical resources for other patients.

However, this was not realised. After the project was completed, 60 per cent of women chose surgical management (2017), compared with 59 per cent before the project (2016).

Anecdotal feedback indicated that medical staff’s confidence in this alternative management option was low and therefore proved to be a strong influencing factor on patient choice.

Continuing to build knowledge, understanding and confidence in the outpatient pathway of care as a safe clinical management option will drive change in traditional perceptions of the medical management of miscarriage.