PIPADOR REVISION

MRCOG Part 1 Revision Notes

Miscarriage

CLINICAL MANAGEMENT • LECTURE 462

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Miscarriage

Definitions, diagnosis and management of miscarriage and recurrent miscarriage (NICE NG126, RCOG GTG 17)

NICE NG126	Expectant	Mifepristone + misoprostol	Progesterone
Updated 2023	First-line 7–14 days	Missed miscarriage	Threatened + previous loss

■ KEY FACTS: Learning objectives

- Define the types of miscarriage and recurrent miscarriage.
- Describe diagnosis using ultrasound criteria (NICE NG126).
- Describe expectant, medical and surgical management, anti-D, progesterone and recurrent miscarriage care (RCOG GTG 17, 2023).

462.1 Key definitions

Term	Definition
Miscarriage	Spontaneous loss of an intrauterine pregnancy before 24 weeks
Threatened miscarriage	Bleeding with a viable intrauterine pregnancy
Missed (delayed) miscarriage	Non-viable pregnancy retained without (much) bleeding
Incomplete miscarriage	Some pregnancy tissue retained after bleeding
Complete miscarriage	All tissue passed (confirmed on scan if a pregnancy was previously seen)
Recurrent miscarriage	Two or more pregnancy losses (RCOG GTG 17, 2023)
PUL	Pregnancy of unknown location

■ IN PLAIN ENGLISH: Miscarriage

Miscarriage is common and usually caused by chromosomal problems — **not by anything the woman did**. Women should be offered a choice of management with clear information and emotional support.

462.2 Diagnosis

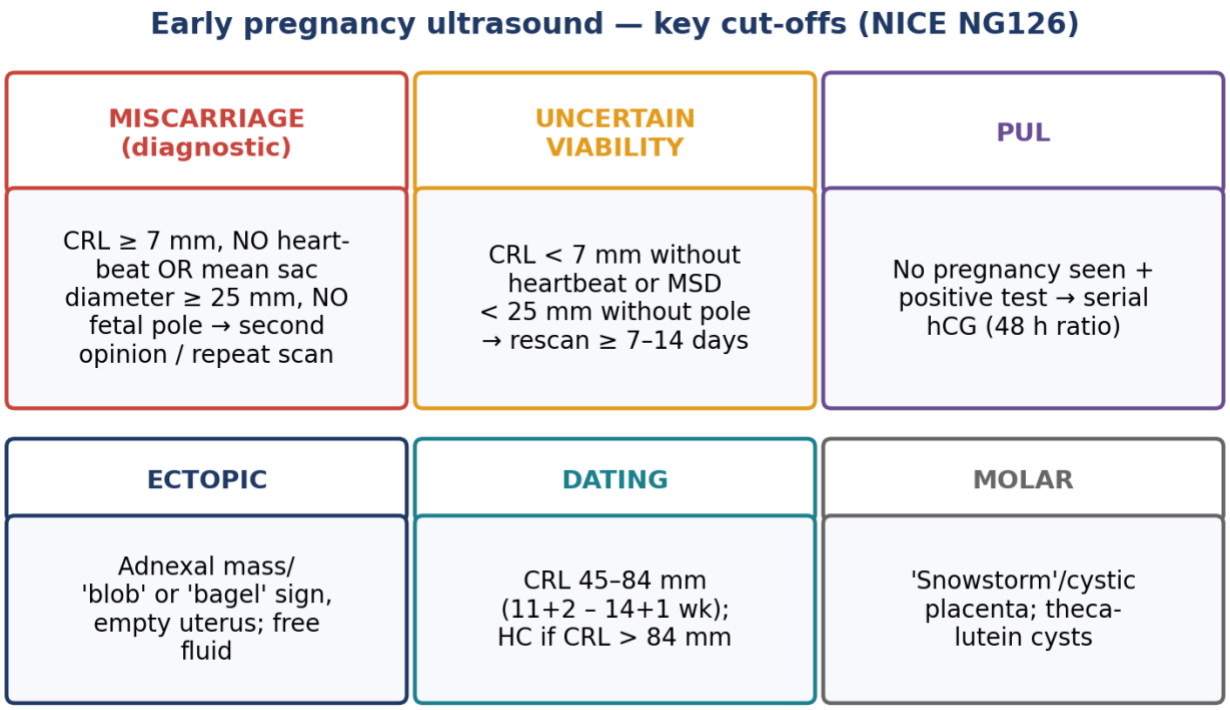


Figure 462.1 — Early pregnancy ultrasound criteria

- Transvaginal ultrasound in an early pregnancy assessment unit
  - If uncertain (CRL < 7 mm without heartbeat, or MSD < 25 mm without fetal pole) → rescan at least 7 days later (14 days for MSD).
- Second opinion before confirming miscarriage where possible; do not use a single hCG to diagnose.

462.3 Management

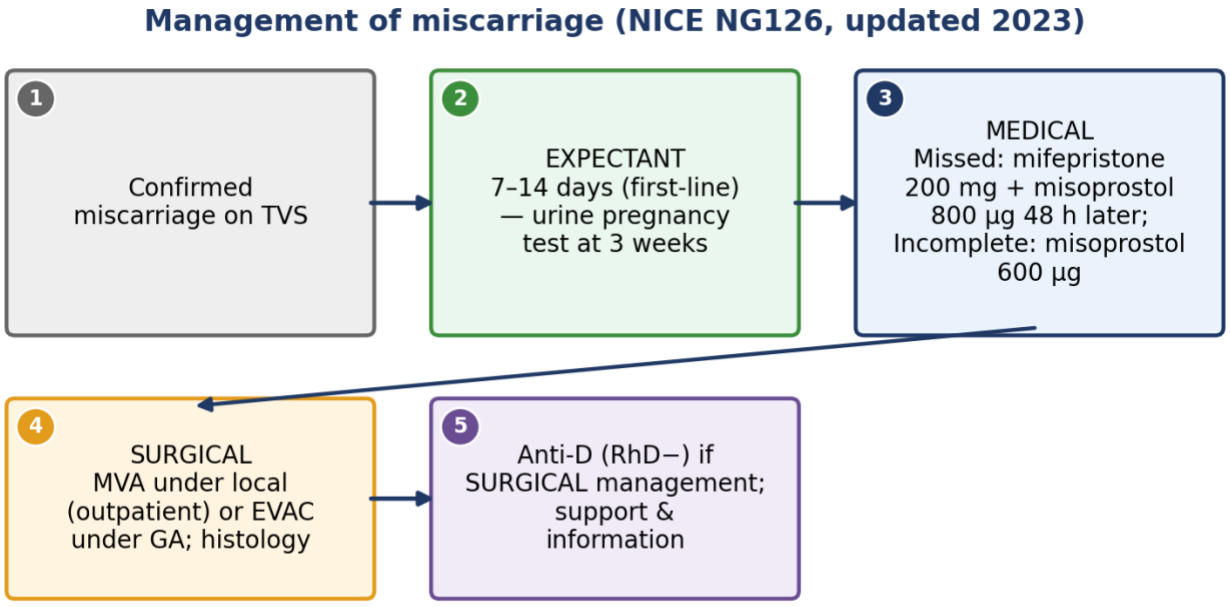


Figure 462.2 — Management of miscarriage (NICE NG126)

Topic	NICE NG126 / RCOG recommendation
Expectant	• First-line for 7–14 days • Urine pregnancy test at 3 weeks • Offer medical/surgical if bleeding/pain persist or increase, or if infection/haemorrhage risk
Medical — missed miscarriage	Mifepristone 200 mg orally, then misoprostol 800 µg (vaginal, oral or sublingual) 48 h later
Medical — incomplete	Misoprostol 600 µg (no mifepristone)
Surgical	• Manual vacuum aspiration under local anaesthetic (outpatient) or surgical management under GA • Send tissue for histology
Anti-D	• Offer to RhD-negative women having SURGICAL management • Not needed for medical/expectant management, threatened or complete miscarriage, or PUL
Threatened miscarriage	Vaginal micronised progesterone 400 mg twice daily if previous miscarriage and current bleeding with confirmed IUP — continue to 16 weeks
Support	• Information, bereavement support, follow-up • Screen for post-traumatic stress

462.4 Recurrent miscarriage (RCOG GTG 17, 2023)

- Investigate after **two** losses: antiphospholipid antibodies (twice, 12 weeks apart), thyroid function/TPO, pelvic USS (3D) for uterine anomalies
  - Cytogenetics of pregnancy tissue from the third (and subsequent) loss — parental karyotype if unbalanced translocation found.
- Treatments: APS → aspirin + heparin
  - Progesterone in threatened miscarriage with previous loss
  - Levothyroxine for subclinical hypothyroidism (discuss)
  - Hysteroscopic septum resection (consider)
  - Supportive care in a dedicated clinic improves outcomes.
- Not recommended: NK cell testing/immunotherapy, routine hCG, sperm DNA tests outside research.

■ COMMON PITFALLS

Diagnosing miscarriage on a single borderline scan.

Giving anti-D after medical or expectant management (not required by NICE 2023).

Investigating recurrent miscarriage only after three losses (current RCOG threshold is two).

462.5 Must-know summary

■ EXAM TIP

- Diagnosis: CRL ≥ 7 mm no heartbeat or MSD ≥ 25 mm no pole; rescan if uncertain.
- Expectant 7–14 days first; missed: mifepristone 200 mg + misoprostol 800 µg 48 h later; incomplete: misoprostol 600 µg; surgical MVA or GA.
- Anti-D only for surgical management; progesterone 400 mg bd for threatened miscarriage with previous loss.
- Recurrent miscarriage = ≥ 2 losses: aPL, thyroid, 3D USS, cytogenetics; APS → aspirin + LMWH.

■ MNEMONIC / MEMORY AID

Medical management — 'Mife then Miso 48 hours later'.