BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

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| **Category:** Patient Care Policy | |
| **Title:** Management of Women with Retained Products of Conception in the First Trimester | **Reference #:** |
| **Approved by**: | **Last approved:** |

1. **Purpose**
   The purpose of this policy on the Management of Women with Retained Products of Conception ("RPOC") in the First Trimester is to
   a) Establish a guiding definition of RPOC in the first trimester
   b) Set out a care pathway for providers responsible for managing the referral, evaluation, and follow-up of women with RPOCs

2. **Scope**
   This policy applies to all staff providing care to women at the Women's Health Center. This policy does not apply to women who are hemodynamically unstable or septic post-miso, D&C or spontaneous miscarriage. This also does not apply to women with incomplete abortion, in which vaginal bleeding and/or pain are present, the cervix is dilated, and products of conception are found within the cervical canal on examination.[i]

3. **Background**
   The term retained products of conception (RPOC) refers to placental and/or fetal tissue that remains in the uterus after a spontaneous pregnancy loss or planned pregnancy termination. The incidence varies widely depending on criteria for diagnosis.

   The risk of RPOC is associated with both time interval, type of miscarriage, and initial management. Based on current literature, the risk of RPOC should be cited as follows:[ii]

**Summary of management success rates:**

| | By 2 weeks after diagnosis |
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| Expectant | 59-84% |
| Medical* | 84% |
| Surgical | 97% |

**2 doses of misoprostol*

4. **Diagnosis**
   The gold standard for diagnosis is histological evaluation of uterine contents. In this policy, women with *suspected RPOC* in the first trimester should fulfil any one of the following criteria to meet the diagnosis:

a) Positive urine/serum BHCG ≥ 3 weeks post-miso, D&C or spontaneous miscarriage

**OR**

b) Persistent and/or abnormal vaginal bleeding or abdominal cramping ≥ 2 weeks post-miso, D&C or spontaneous miscarriage

*Please note that:*

- Ultrasound findings are poorly predictive for suspected RPOC in the absence of symptoms.[iii] In particular, endometrial thickness should **not** be used to identify or rule out women with suspected RPOC.[iv,v]

## 5. Care

### a. Evaluation

All women meeting the criteria for *suspected RPOC* should be evaluated by history, physical, and ultrasound within 2 business days of the referral.

Ultrasound evaluation should document

a) Endometrial thickness
b) Presence of heterogeneity within the endometrial lining
c) Presence of endometrial mass
d) Presence of Doppler flow within the hyperechoic material

### b. Management

Following evaluation, women with suspected RPOC can be offered the following care options:

a) Expectant
b) Medical
c) Surgical
d) Hysteroscopic

*Please note that:*

- There is insufficient evidence to recommend prophylactic antibiotics to women with suspected RPOC.[vi]
- There are no available studies on the long-term reproductive outcomes of women who proceed with expectant or medical management of RPOC. Similar conception, ongoing pregnancy, live-birth, and miscarriage rates have been reported after D&C and hysteroscopic resection.[vii]

### c. Follow-up

Women with suspected RPOC who proceed with surgical or hysteroscopic management should be notified of histological results once available. For women who proceed with expectant or medical management for suspected RPOC, the patient should notify EPAC of persistent and/or abnormal vaginal bleeding at 2 weeks or a positive home pregnancy test at 3 weeks after.

## 6. Special circumstances

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| 1 | *Women referred for RPOC < 2 weeks post-miso, D&C or spontaneous miscarriage with or* | If from a fertility clinic, midwife or GP, a letter to the referring provider should be sent recommending re-referral if positive |

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|---|---|---|
| | *without symptoms* | pregnancy test >3 weeks or symptoms present > 2 weeks post-miso, D&C, spontaneous miscarriage.<br>If referral is from an emergency room, the patient should be brought into EPAC for a consult. |
| 2 | *Women referred for RPOC based on ultrasound findings **only** (no symptoms), who are < 3 weeks since miso, D&C or spontaneous miscarriage* | If from a fertility clinic, midwife or GP, a letter to the referring provider should be sent recommending re-referral if positive pregnancy test > 3 weeks post-miso, D&C, spontaneous miscarriage. If referral is from an emergency room, the patient should be brought into EPAC for a consult. |
| 3 | *Women referred for RPOC based on ultrasound findings **only** ≥ 3 weeks AND no symptoms or positive pregnancy test* | Such women should be booked for evaluation but need **not** be booked within 2 business days. |
| 4 | *Women referred for RPOC without documented intrauterine pregnancy* | Such women should be booked for evaluation within 2 business days to be managed according to PUL protocol. |

**References**


[i] UpToDate, Spontaneous Miscarriage: Management, last updated March 2018.
[ii] Nanda K, Lopez LM, Grimes DA, Peloggia A, Nanda G. Expectant care versus surgical treatment for miscarriage. Cochrane Database of Systematic Reviews 2012, Issue 3.
[iii] UpToDate, Retained Products of Conception, last updated January 14th, 2018.
[iv] Abbasi et al. Role of clinical and ultrasound findings in the diagnosis of retained products of conception. Ultrasound Obstet Gynecol (2008) 32:704-707
[v] Sawyer et al. The value of measuring endometrial thickness and volume on transvaginal ultrasound scan for the diagnosis of incomplete miscarriage. Ultrasound Obstet Gynecol (2007) 29:205-209
[vi] May W, Gülmezoglu AM, Ba-Thike K. Antibiotics for incomplete abortion. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD001779. DOI: 10.1002/14651858.CD001779.pub2.
[vii] Hooker AB, Aydin H, Brolmann HA, Huirne JA. Long-term complications and reproductive outcome after the management of retained products of conception: a systematic review. Fertil Steril. 2016 Jan;105(1):156-64.e1-2.