

ABSTRACT

Objectives To estimate the percentage reduction of ERPCs by giving expectant care in the management of incomplete miscarriages in first trimester and to compare main outcomes such as duration of bleeding, duration of pain, severity of pain, infection, level of satisfaction, duration of hospital stay, injuries and costs between expectant care and surgical management(ERPC)

Methods Randomized controlled trial

Results The two groups were comparable as there was no statistically significant difference observed in two groups regarding mean age($p=.25$), parity($p=.39$), level of education($p=.19$), monthly income($p=.64$), distance from hospital($p=.12$), mean Hb ($p=.09$), mean PCV($p=.42$), mean POA($p=.59$) and mean RPOC($P=.06$) on admission. No infections or injuries reported in this study. Statistically significant differences were observed in duration of bleeding ($P<.001$), in expectant care over the surgical treatment group. Duration of pain is significantly higher in the ERPC group($P<.001$). Also the pain score is significantly higher in the ERPC group($P<.001$). Duration of hospital stay and number of days off from normal day today activities were significantly higher in the surgical treatment group($P<.001$). Level of client satisfaction is not significantly different in both treatment groups($P=.05$). There was no significant difference in hospital charges in both groups($P=.79$).

Percentage reduction of ERPCs was 88% in the expectant care group.

Conclusion By managing expectantly in first trimester miscarriages, ERPC rates can be markedly reduced without significantly increasing complications. Also it has additional benefits such as reducing operation theater burden and reducing the duration of hospital stay.