

ISSUE BRIEF, DECEMBER 2018

## Safety of miscarriage treatment in hospitals, ASCs, and office-based settings

### Key Points:

- **Miscarriage treatment in office-based settings is as safe or safer than miscarriage treatment in hospitals. The safety of miscarriage treatment procedures is similar between ambulatory surgical centers (ASCs) and office-based settings.**
- **These findings do not support limiting miscarriage treatment to a particular type of facility.**
- **Rates of miscarriage treatment-related complications are higher than the rates of abortion-related complications. This suggests that singling out abortion facilities for targeted regulations is not based in the best available evidence.**

### Background

- Many OB/GYN procedures, like miscarriage care, are still primarily performed in hospitals despite some women preferring to receive care outside of this setting.<sup>1</sup>
- Research on the safety of miscarriage treatment in different types of facilities has not directly compared treatment safety in non-hospital settings such as ASCs and office-based settings with treatment in hospitals.
- Procedures and medications used to treat miscarriages are similar to those used in abortion provision, making these data relevant

for understanding the comparative safety of abortion and miscarriage treatment.

- This study used a private insurance claims database with a large, national sample to compare the safety of miscarriage treatment in different facilities: hospitals, ASCs, and office-based settings.

### Findings

- Researchers reviewed 97,374 miscarriages treated in hospitals, ASCs, or office-based settings and identified miscarriage treatment-related complications that occurred within six weeks of the initial miscarriage treatment.
- About 9.3% of the study population had miscarriage treatment-related complications. 1% had major miscarriage treatment-related complications.
- Overall, there were fewer miscarriage treatment-related complications in ASCs (6.5%) than in office-based settings (9.4%) and than hospitals (9.6%), but no statistically significant difference between office-based settings and hospitals. There were no statistically significant differences between ASCs (0.7%) and office-based settings (0.8%) for major complications, although there were slightly more major complications in hospitals (1.1%).
- There were no statistically significant differences in complications between ASCs and office-based settings for any miscarriage treatment procedures.

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- There were more complications in hospitals than ASCs and office-based settings after first-trimester procedures for two of the miscarriage treatment procedures, and no significant difference for the third procedure type.
- Complication rates after medication treatment did vary across facility types, with fewer complications after medication treatment in hospitals and ASCs than office-based settings.

## Conclusions

- The safety of miscarriage treatments varied slightly across facility type. The data suggest that miscarriage treatment in office-based settings is as safe or safer than miscarriage treatment in hospitals and that safety of miscarriage treatment is similar between ASCs and office-based settings. These findings do not support limiting miscarriage treatment to a particular type of setting.
- These data suggest that there are more complications after miscarriage treatment in hospitals than office-based settings, which may be due to patients at higher risk of complications being more likely to receive their initial treatment in a hospital. This is not just the case with miscarriage, but is also in line with research that finds that procedures in office-based settings are as safe or safer than procedures performed in hospitals.<sup>2,3,4</sup>
- The rates of miscarriage treatment-related complications are notably higher than documented rates of abortion-related complications.<sup>3,4,5,6</sup> Many state laws have singled out abortion as a procedure that must be provided in a specific outpatient setting, such as ASCs.<sup>7</sup> These laws have been passed with the stated purpose of protecting patient safety.<sup>7</sup> The higher complication rate after miscarriage

treatment compared to after abortion suggests that singling out abortion facilities for targeted regulations is not based in the best available evidence.

- The overall finding of similarities in safety of miscarriage treatment across ASCs and office-based settings is in line with findings from a recent study finding no difference in safety of abortion across ASCs and office-based settings<sup>8</sup> and a systematic review finding no evidence of patient safety differences across ASCs and office-based settings.<sup>9</sup> As procedures and medications to treat miscarriages are similar to procedures and medications for abortions, these findings challenge the idea that abortions need to be performed in ASCs to protect patient safety.

## References

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