



Miscarriage Management June 2014

One in four women experiences a miscarriage. Typical follow-up care means the woman goes to the emergency room where a specialist performs dilation and curettage under general anesthesia. This is traumatic for the woman and a very costly approach. Providing office-based or outpatient care after a miscarriage can reduce the number of emergency room operations, which lowers costs and may help reduce trauma. Most women can receive care in the primary care provider's office, urgent care clinic, or emergency room with medication or manual vacuum aspiration with local anesthesia. Through a legislative mandate, the Washington State Department of Health created the Residency Training Initiative in Miscarriage Management project. The University of Washington Family Medicine and Obstetrics and Gynecology Department developed and provides the training. All Washington State civilian family medicine residency programs have received the training.

In July 2013, the department expanded the reach of this project to include all primary care clinicians (and their support staff) who provide care to women. Primary care clinicians can include advance practice clinicians, family medicine physicians, and obstetrician/gynecologists. Each year this program hosts a half-day miscarriage management conference that includes a hands-on practicum on miscarriage management. To date, 74 primary care providers and 100 Medex program physician assistants have received the full training. Follow up with previous sites to ensure solid integration in provided. In addition, tailored interventions and implementation support are provided to two sites each year.

Mission/Purpose: Teach primary care clinicians and support staff how to integrate miscarriage management into outpatient settings, including primary care settings, urgent care clinic settings and emergency departments.

Target Population: Primary care clinicians and support staff who provide care to women. Indirect target population is women in Washington who miscarry and need medical management.

Services

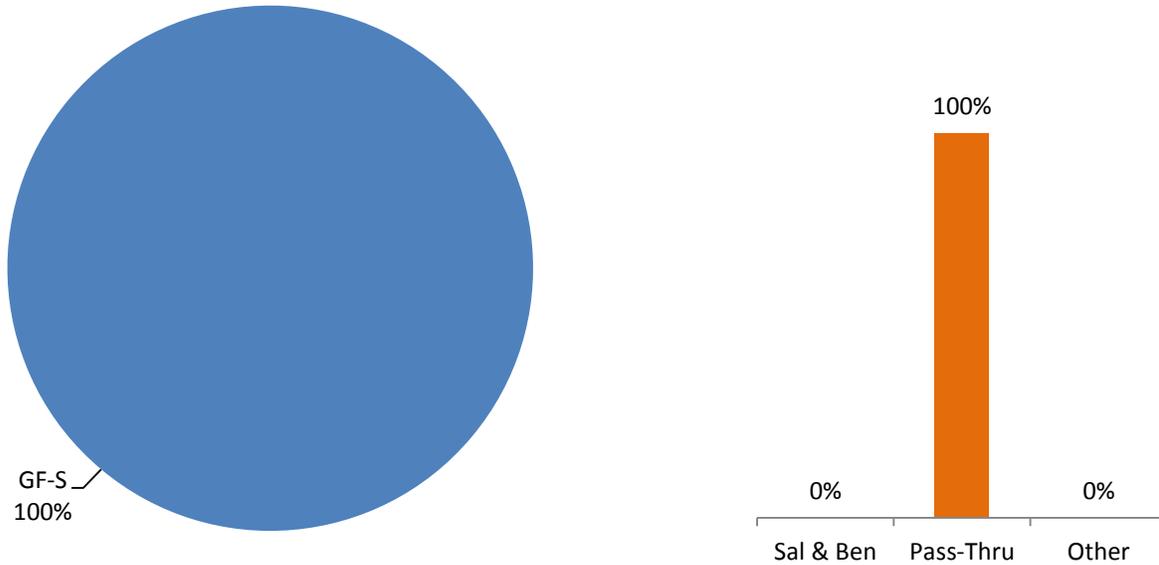
- Contract for training primary care clinicians, including staff
- Project evaluation
- Work with practices and hospitals to develop and implement policies and procedures to make sure that evidence-based best practices are used

Stakeholders

- University of Washington Family Medicine and Obstetrics and Gynecology Departments
- Washington State Family Practice Residency Programs
- Planned Parenthood
- National Abortion Rights Action League
- Primary care clinicians and their support staff

2013-15 Biennium

Miscarriage Management Fiscal Information



	GF-S	Federal	Dedicated	Fees	Total	Sal & Ben	Pass-Thru	Other
Total	193,648	0	0	0	193,648		193,648	

Recent Funding History

2007-09 biennium:

- Received ongoing GF-S proviso funding of \$454,000 starting in FY09.

2009-11 biennium:

- Reduced \$354,000 of GF-S funding each year to begin phase-out of miscarriage management.