



Recommendations for Medical Management of Early Pregnancy Loss and Incomplete Early Pregnancy Loss

Timing	Recommended Regimen
EPL (gestational sac present)- use with caution over 10 weeks gestational sac size given limited data in this size cohort	
<14 Weeks:	Mifepristone 200 mg orally followed in 1-2 days by misoprostol 800 mcg administered by any route (vaginal, buccal, sublingual). Misoprostol may be repeated in 3-24 hours. Some evidence that administering misoprostol as soon as 10 hours after mifepristone is equivalently effective. ^a
9-14 Weeks:	Consider at least one additional dose of misoprostol 400-800 mcg (vaginal, buccal, sublingual) at a 3-24 hour intervals until expulsion. ^b
Alternative Options for EPL	
<9 Weeks:	Misoprostol 800 mcg administered by any route (vaginal, buccal, sublingual). Suggest giving multiple doses of misoprostol 800 mcg at 3-hour intervals until expulsion. ^b
9-14 Weeks:	Misoprostol 800 mcg administered by any route (vaginal, buccal, sublingual) Give at least one additional dose of misoprostol 400-800 mcg at a 3-hour interval. Suggest additional doses of misoprostol 400-800 mcg at 3-hour intervals until expulsion. ^b
Incomplete EPL (no gestational sac present)	
<14 Weeks:	Misoprostol 600-800 mcg by any route (vaginal, oral or sublingual) ^{b, c}



13—17 weeks Misoprostol 400 mcg by sublingual/buccal routes every 3-hours^b

^a Flynn AN, Roe AH, Koelper N, McAllister A, Sammel MD, Schreiber CA. Timing and efficacy of mifepristone pretreatment for medical management of early pregnancy loss. *Contraception*. 2021;103(6):404-7.

^bBased on expert opinion and medical abortion studies for unplanned pregnancies and modified from FIGO [Mifepristone and Misoprostol](#) and [Misoprostol](#) only Dosing Charts 2023.

^cModified from the NICE guidelines Ectopic pregnancy and Miscarriage: Diagnosis and Initial Management updated on August 2023