Introduction: Progestogens have been used for over 50 years to treat threatened miscarriage despite a lack of strong evidence. There are no studies comparing the superiority of different progestogen doses and routes of administration. This study aims to evaluate the prescribing patterns of progestogens for treating threatened miscarriage in our institution.

Methods: This retrospective, observational study included 92 inpatients with diagnosis of threatened miscarriage from January to June 2011. The most commonly prescribed progestogen and combination therapy was established. For each progestogen, the most common regimen was established. Patients who were on monotherapy and combination therapy were compared for risk factors for miscarriage (age>34 years, past pregnancy loss), presenting symptoms (vaginal bleeding, abdominal cramps), symptom resolution and pregnancy outcome at 20 weeks of gestation using ?2 test and Fisher's exact test and time to symptom resolution using student's t-test.

Results: Prescribing patterns were varied and almost 75% of patients were given combination therapy. The most common combination therapy prescribed was stat intramuscular progesterone injection with daily oral dydrogesterone. All patients on monotherapy were prescribed oral dydrogesterone. Dydrogesterone was the most frequently prescribed form of progestogen. Clinical outcomes between combination and monotherapy were not significantly different due to small sample size. Monotherapy seems to be sufficient for patients with mild and moderate vaginal bleeding. Also, presenting symptoms rather than risk factors for miscarriage may have a larger influence on physicians' choice of therapy.

Conclusion: We recommend streamlining the types of combination therapies since most combinations resulted in symptom resolution. Guidelines accounting for symptoms and risk factors for miscarriage can be established to guide prescribing.