Efficacy of Very Early Medical Abortion

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An increasing number of women present very early for their abortion.

Potential advantages of a very early medical abortion (VEMA) - psychological level, less bleeding, less pain.
- opportunity to screen for, detect and treat ectopic pregnancy in early gestation.
Background

- Most healthcare providers require confirmation of an intrauterine gestation by ultrasound before initiation of abortion treatment.
  - Limited data on VEMA
  - Fear of adverse effects on a possible ectopic pregnancy
Background

What do we know about VEMA?

- Effective for terminating very early pregnancies for women with no confirmed IUG?
- More likely to experience VEMA failure (ie continuing pregnancy, incomplete abortion)?
- What about the risk of ectopic pregnancy?
Overall Aim

- To assess the efficacy and safety of medical abortion in women with very early pregnancy and no confirmed intrauterine gestation (IUG) - VEMA.

- In order to increase access to abortion care and avoid unnecessary waiting periods
Overall Aim

VEMA definition:

- **le on ultrasound:**
  - no visible gestational sac
  - the presence of an intrauterine anechoic structure without defining features of gestation, such as a yolk sac or fetal structure

- Gestations ≤ 49 days
Study design

Register based multicenter cohort study

- Comparing 443 women with no confirmed IUG to 888 with IUG
- Gestations ≤ 49 days
- Matched in regard to age, parity, initiation of abortion treatment
- GynMed Clinic, Vienna
- Years of register 2004 - 2014
Main outcome measure

Successful completion of abortion

No ongoing pregnancy
and
without the need for vacuum aspiration due to ongoing pregnancy, incomplete or missed abortion

Evaluated at 1 month following the abortion treatment

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Secondary outcome measures

- Rates AE/SAE
- Ectopic pregnancies
- Surgical treatment
- Medical treatment related to the medical abortion (mife/miso)

Evaluated at 1 month following the abortion treatment:

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## Results

### Efficacy of very early medical abortion

| STUDY GROUP                | VEMA  
<table>
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<tbody>
<tr>
<td>n = 443</td>
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<td></td>
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<tr>
<td>CONTROLS</td>
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<td>n = 888</td>
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<td>SIGNIFICANS</td>
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| Ongoing pregnancy         | n=3 (0,68%)  
|                           |     |
|                           | n=6 (0,68%)   
|                           |     |
| p=0,977                   |     |
| Ongoing+Surgery(VE)       | n=6 (1,4%)     
|                           |     |
|                           | n=13 (1,5%)    
|                           |     |
| p=0,872                   |     |
| Missed ab                 | n=3 (0,68%)     
|                           |     |
|                           | n=7 (0,79%)     
|                           |     |
| p=0,821                   |     |
| Ectopic                   | n=3 (0,68%)     
|                           |     |
|                           | -                
|                           |     |
| p=0,008                   |     |
| Surgery (VE)              | n=4 (0,90%)     
|                           |     |
|                           | n=13 (1,5%)     
|                           |     |
| p=0,353                   |     |
Conclusion

**VEMA failure** (ie ongoing pregnancy or incomplete abortion)

- NOT more likely in women with no confirmed IUG compared to confirmed IUG, gestations ≤ 49 days
- Findings support that VEMA is effective and safe

**Recommendation**

Avoid unnecessary delay!
Offer medical termination accordingly
Thank you!

Isabella Bizjak