Management of failure of medical abortion

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Overview

• Failure vs success
• Ongoing pregnancy
• Incomplete abortion
• Missed abortion
• Minimising failure
• Early identification
Failure vs success of medical abortion

• **Success**: complete abortion without additional intervention

• **Failure**: to end the pregnancy (ongoing) or further intervention (medical or surgical) for retained tissue
Routine ultrasound post TOP

- **NOT** required
- Ultrasonically visible products of conception/blood clot common
- Lead to unnecessary intervention
- **NO** endometrial thickness that predicts need for intervention
- Decision to evacuate should be based on clinical findings

*Reeves et al Ultra Obstet Gynecol 2009*

*Acharya et al 2004 Acta Obstet Gynecol Scandi*

RCOG 2011, WHO 2012
Ongoing pregnancy

- 0.5-1%
- Surgical TOP
- Medical repeat TOP
- Mifepristone & misoprostol
- Health care setting
Continue ongoing pregnancy

- **What is the risk?**
- Ongoing pregnancy uncommon
- Women opt for repeat TOP
- Under reporting
- Pharmacovigilance study of first trimester exposure
- 105 pregnancies (46 mife, 59 mife & misoprostol)
- 94 live births
- Major congenital abnorm 4.6% (95% CI 1.2 -10.4%)
- General population 2-3%

*Bernard et al BJOG 2013*
Incomplete abortion

- Heavy bleeding &/ pain – surgical vacuum aspiration
- Haemodynamically stable & no fever can:
  - Expectant management or
  - Medical (misoprostol) 600mcg oral or 400 mcg s/l*
- Good information on what to expect & indications seek medical attention
- Resolution pain/bleed by 14 days then HSUP test
  3wks Or individualised care

*FIGO 2012 recommended doses misoprostol
RCOG Care of women requesting induced abortion 2011
WHO Safe abortion: technical and policy guidance for health systems 2012
NICE ectopic pregnancy and miscarriage 2012
Missed abortion

- Expectant
- Surgical
- Medical (misoprostol)*
- 42% expelled *Reeves et al Contra 2008*
- 600 mcg s/lingual*
- 800 mcg vaginal*

*FIGO 2012 recommended doses misoprostol*
Minimising failure

- Gestation
- Minimise unnecessary delays in referral
- Initial dose of misoprostol (> 7 wks)
- 800mcg > 400mcg
- Route of misoprostol
- **NOT** oral after 7 wks (vaginal, sublingual, buccal)
- Repeated dose misoprostol
- Extra dose misoprostol if no bleed/expulsion by 3hrs

Early identification of failure

- Advice on signs /symptoms of ongoing pregnancy
- LSUP test vs HSUP ?
- Late presentation occurs with all follow up :
  - Clinic *Gatter et al Contra 2012*
  - Ultrasound
  - Telephone FU & LSUP *Cameron et al Contra 2012*
- Self assessment *Cameron et al Contra 2014*
Please remember you might still be pregnant if you have any of the following:

- Please contact us if you have not bled within 24 hours of treatment or if you have less than 4 days of bleeding, or:

- Tummy growing, or:

- Tender breasts, or:

- You do not have a period by 1 month after treatment.

- Feeling sick, or:
Mifepristone

Misoprostol

Addi’onal misoprostol after 3 hrs if
• no bleeding
• no expulsion

FOLLOW-UP (1-3 weeks later)
Ultrasound /Serum hCG/Urine pregnancy testing

Complete abortion

Missed abortion

Incomplete * abortion

Ongoing pregnancy

Additional misoprostol

Surgery

Expectant Management

Surgery or repeat medical abortion

* Ultrasound may lead to unnecessary intervention (evacuation of the uterus) based on the presence of ultrasonically visible but clinically unimportant blood/tissue.