



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



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

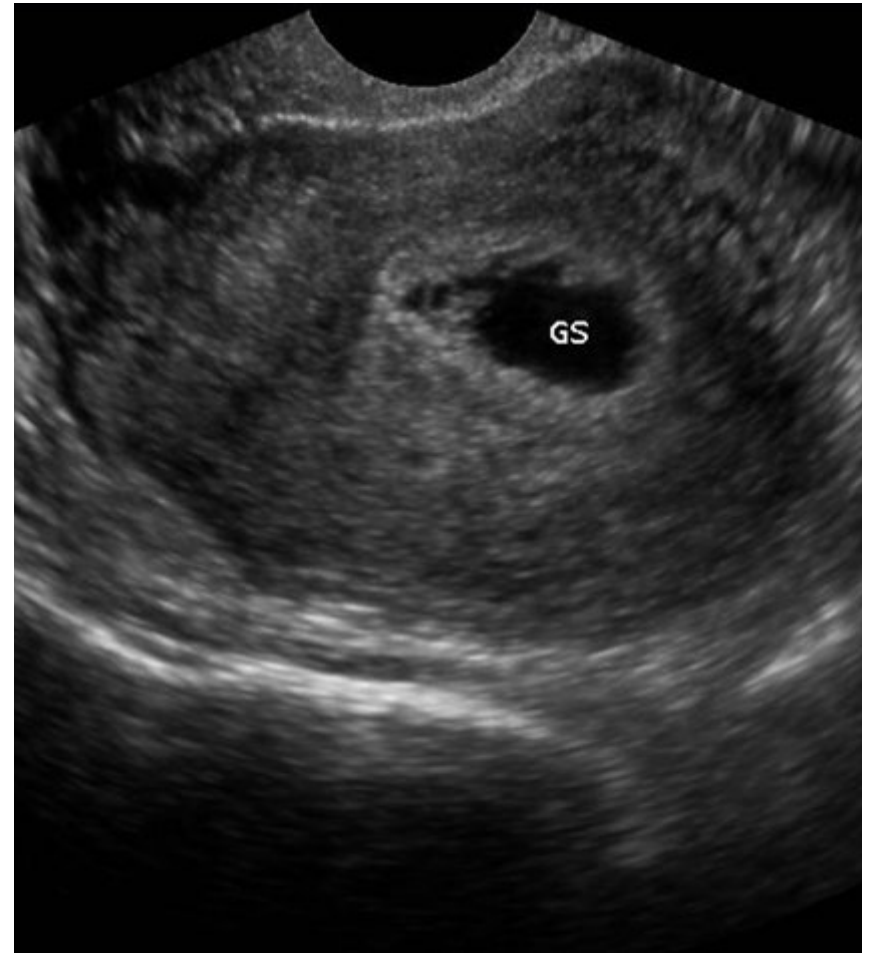
WHO Safe abortion: technical and policy guidance for health systems 2012

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*

Ashok & Templeton et al BJOG 2002, von Hertzen et al BJOG 2003, Aubeny Eur J Contra Reprod 2001

Early identification of failure

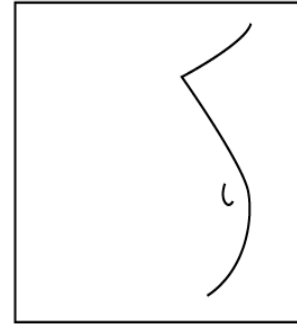
- Advice on signs /symptoms of ongoing pregnancy
- LSUP test vs HSUP ?
- Late presentation occurs with all follow up :
- Clinic *Gatter et al Contra 2012*
- Ultrasound
- Telephone FU & LSUP
Cameron et al Contra 2012
- Self assessment
Cameron et al Contra 2014



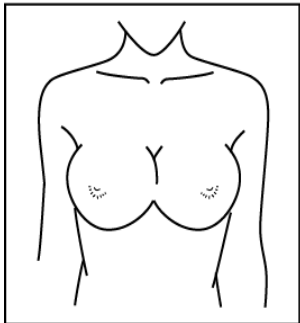
Please remember you might still be pregnant if you have any of the following:



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



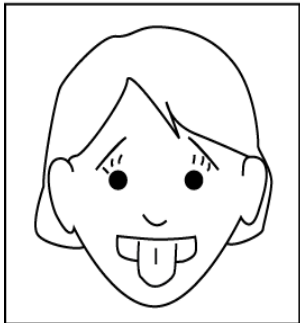
Tummy growing, or:



Tender breasts, or:



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



Feeling sick, or:

Mifepristone

Misoprostol

Additional 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.