Cervical priming before surgical abortion

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Conflicts of Interest

Nordic Pharma and Exelgyn: participation in expert board, lectures, clinical studies

YOUR PRACTICE: What do you do? (1/3)

1. **Do you do cervical preparation prior to SToP?**
   a. Systematically
   b. Occasionally
   c. No

YOUR PRACTICE: What do you do? (1/3)

2. If yes, which dilatation method do you use?

a. Probes

b. Medical method

YOUR PRACTICE: What do you do? (2/3)

3. Do you use anaesthesia ?

a. Systematically

b. Non-systematically

c. Never

YOUR PRACTICE: What do you do? (2/3)

4. If yes, which type of anaesthesia do you use ?

a. General
b. Local
c. Spinal
d. Other

YOUR PRACTICE: What do you do? (3/3)

5. Do you make analgesic prescription ?

a. Systematically
b. Occasionally
c. Never

INTRODUCTION

- Abortion is legal in France since 1975,
- Surgical abortion may be carried out until 12 weeks of pregnancy (14 weeks of amenorrhea) with a success rate of 94% to 100% [Henschaw 1994, Child 2001, Rorbye 2004, Mannisto 2012, Panta 2013, Ireland 2015],
- Cervical preparation for gestational ages less than 14 weeks decreases the length of the abortion procedure [Kapp 2010],
- Though not routinely recommended for pregnancies less than 12 weeks' duration, use of cervical preparation may be considered for all women undergoing surgical abortion. Factors influencing this consideration may include whether the woman is at higher risk for abortion complications, as well as provider experience [WHO 2014].

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Mifepristone and misoprostol for cervical ripening in surgical abortion between 12 and 14 weeks of gestation: a randomized controlled trial

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Elective surgical abortion 12–14wks Cervical preparation study

- Objective: reduction in blood loss with mife + miso vs mife alone or miso alone
- Randomised controlled trial

	Combination group $M \pm SD$	Misoprostol group $M \pm SD$	Mifepristone group $M \pm SD$	*p*-values			
				Global	Combination vs. misoprostol	Combination vs. mifepristone	Misoprostol vs. mifepristone
Intraoperative bleeding (mL)	222 ± 64	329 ± 129	276 ± 118	**0.001**	**0.001**	**0.032**	**0.035**
Duration of intervention (min)	5 ± 2	7 ± 5	7 ± 3	**0.001**	**0.001**	**0.012**	0.98
Spontaneous dilatation (mm)	9.4 ± 2.2	8.1 ± 1.5	8.3 ± 1.6	**0.001**	**0.001**	**0.003**	1.0
Dilatation maximum (mm)	12 ± 0.9	12 ± 1.0	12+-1.1	**0.1**			
Ease of mechanical dilatation[a]	8.8 ± 1.6	6.8 ± 2.5	7.7 ± 2.3	**0.001**	**0.001**	**0.029**	0.09
Physician satisfaction[b]	8.8 ± 1.3	6.8 ± 2.1	7.7 ± 1.9	**0.001**	**0.001**	**0.004**	**0.03**
Woman satisfaction[b]	7.6 ± 1.7	7.9 ± 1.6	7.5 ± 2.3	**0.6**			

MYA Study

RATIONALE FOR THE STUDY

- Clinical practice for surgical abortion, and especially cervical ripening, are not well known

OBJECTIVE

- To describe in real life conditions the procedures associated with surgical abortion, including **the method used for cervical preparation**

METHODS (1/2)

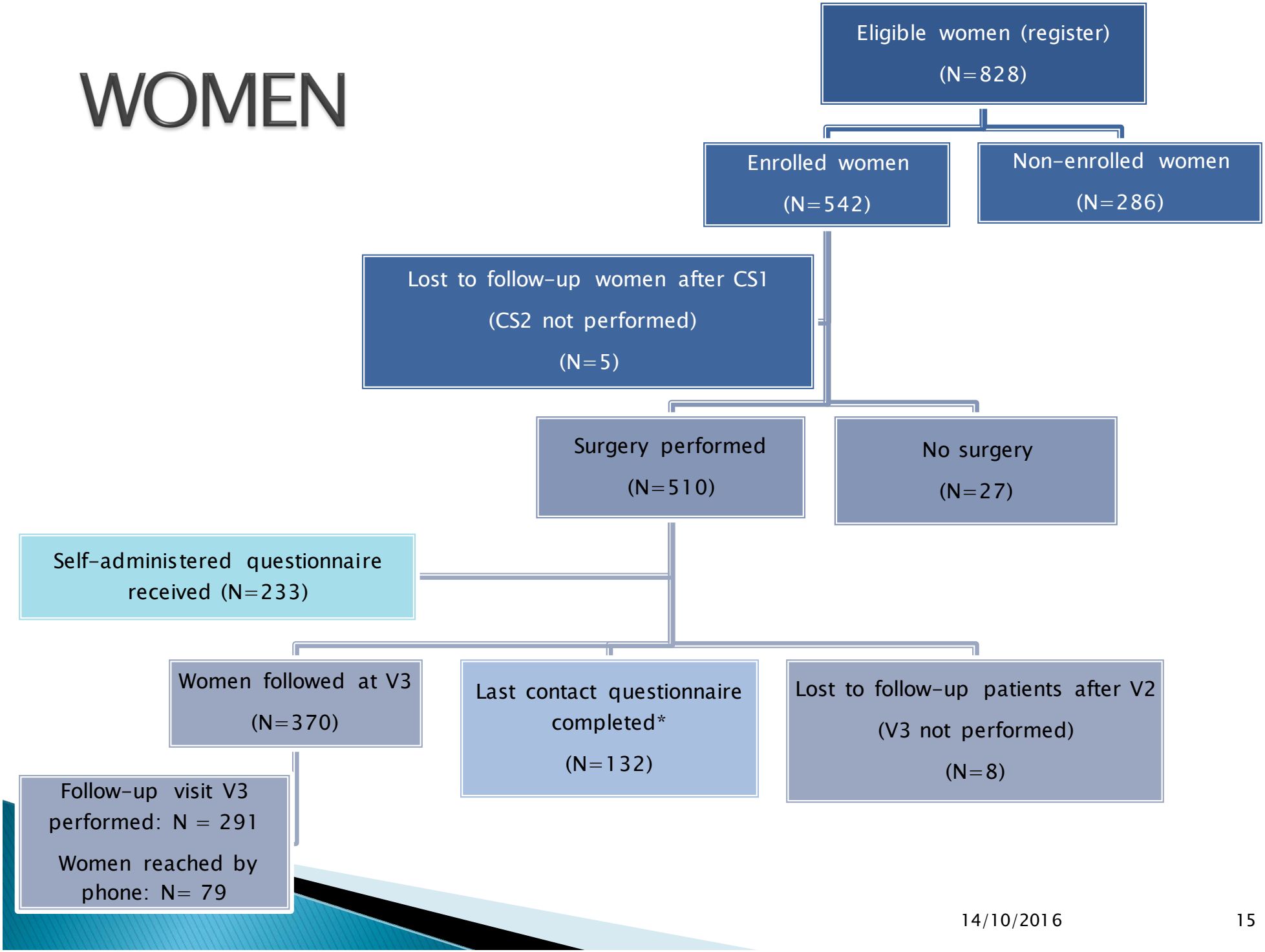
- Observational, prospective, multicentre-study performed in 36 French active centres
- Centres= public and private hospitals with ≥ 50% abortions performed surgically and >500 surgical abortions / year
- To be included:
  - Adult women
  - Pregnancy ≤14 weeks of amenorrhea
  - Undergoing surgical abortion
  - Informed of the study

METHODS (2/2)

Information regarding

- Centres: characteristics, centre protocol for surgical abortion
- Patients:
  - Investigator's questionnaire: demographic data, pregnancy history, treatments, surgery, complications and adverse events, etc..
  - Patient's questionnaire: acceptability, adverse events, feedback on medical care
- Statistics: descriptive

WOMEN


Eligible women (register)
(N=828)
Enrolled women
(N=542)
Non-enrolled women
(N=286)
Lost to follow-up women after CS1
(CS2 not performed)
(N=5)
Surgery performed
(N=510)
No surgery
(N=27)
Self-administered questionnaire received (N=233)
Women followed at V3
(N=370)
Last contact questionnaire completed*
(N=132)
Lost to follow-up patients after V2
(V3 not performed)
(N=8)
Follow-up visit V3 performed: N = 291
Women reached by phone: N= 79

CENTRES' PRACTICE

		Centre (N=38)
Available common protocol	Yes	34 (91.9%)
Cervical preparation prior to SToP	**Systematically**	33 **(97.1%)**
	Occasionally	1 (2.9%)
Dilatation method*	Probes	17 (44.7%)
	Medical Method	31 **(81.6%)**
Anaesthesia	**Systematically**	34 **(91.9%)**
	Non-systematically	3 (8.1%)
Type anaesthesia*	**General**	33 **(86.8%)**
	Local	25 (65.8%)
	Spinal	3 (7.9%)
	Other	3 (7.9%)
Antibiotic prophylaxis prescription	**Systematically**	15 **(45.5%)**
	Occasionally	9 (27.3%)
	Never	9 (27.3%)
Analgesics prescription	**Systematically**	29 **(85.3%)**
	Occasionally	5 (14.7%)

* Possibility for multiple answers

CENTRES' PRACTICE		Centre (N=38)	Your answers! (n=xx)
Available common protocol	Yes	34 (91.9%)	-
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	Occasionally	5 (14.7%)	Xx (xx%)
	Never		Xx (xx%)

PARTICIPATING WOMEN

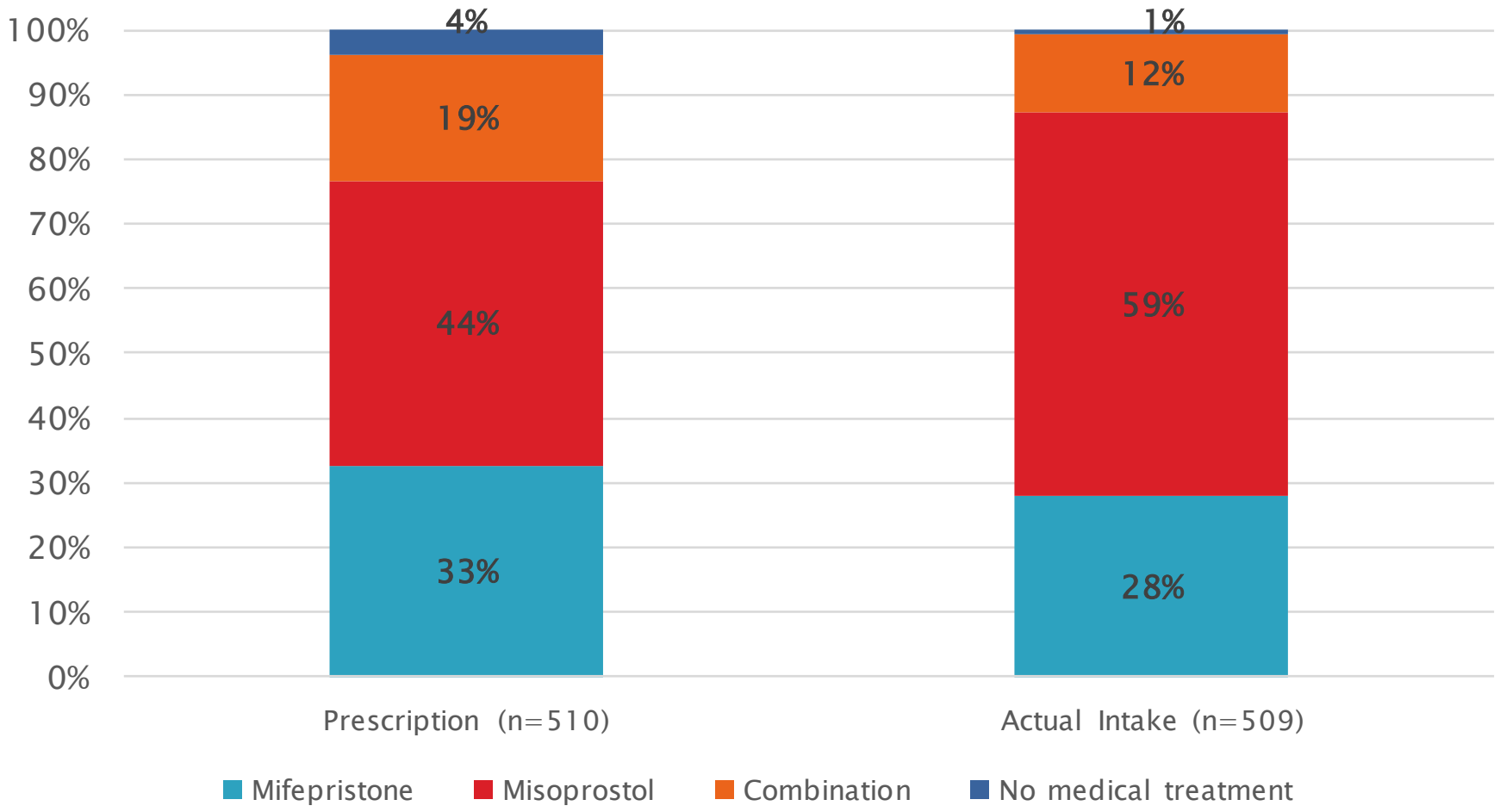
		WOMEN (N=542)
Age (in years)	Mean (±SD)	27.5 (± 6.8)
	Min-Max	18 - 44
Number of previous SToP	Mean (±SD)	0.5 (± 0.9)
	Min-Max	0 - 8
Parity	0	272 (51%)
	1	103 (19%)
	>1	157 (29%)
Previous pregnancy	Yes	336 (62%)

CERVICAL PREPARATION

- Prescribed treatments: Among the 510 participants undergoing a surgical abortion:
  - 44% received a prescription of misoprostol only, mostly 400µg per os.
  - 1/3 of women had a prescription of mifepristone 200mg.
  - 19% of women had a prescription of a combination of misoprostol and mifepristone.
  - 4% women had no prescribed medication for the cervical preparation.

- In over 80% of cases, there was no specific reason for the choice of a treatment, but the usual protocol of the centre

Treatment for cervical preparation



Treatment for cervical preparation

- Dosage
  - Mifepristone dosage was 200mg in ≥ 90% women receiving mifepristone alone or in combination with misoprostol
  - Misoprostol dosage was 400µg for over 80% of women receiving misoprostol alone or in combination with mifepristone
- Misoprostol was administered using oral/buccal/sublingual route in over 80% of women (over 95% when given in combination with mifepristone)
- Time between drug intake and surgery (median)
  - 48h for mifepristone given alone or in combination with misoprostol
  - 3h for misoprostol given alone
  - 1h for misoprostol given in combination with mifepristone
- Place for drug administration
  - Mainly home for mifepristone given alone
  - Home/hospital = 50/50 for misoprostol given alone
  - Mainly with health care professional for mifepristone and mainly at hospital for misoprostol when both drugs taken in combination
- In over 80% of cases, there was no specific reason for the choice of a treatment, but the usual protocol of the centre

OTHER PRESCRIPTIONS

	Prescription N=542	Actual intake N=510
Analgesics	353 (65%)	459 (90%)
Antiemetics	109 (20%)	NA
Antibio-prophylaxis	263 (49%)	NA

CHARACTERISTICS OF SURGERY

		Mife (N=142)	Miso (N=302)	Mife + Miso (N=61)
Duration of the surgery (min)	Mean (SD)	12.7 (5.9)	12.3 (6.3)	14 (8.4)
Cannula diameter (mm)	Mean (SD)	9 (1.3)	9.1 (2.1)	9.6 (2.4)
Anesthesia	Yes	142 (100%)	302 (100%)	61 (100%)
	General anaesthesia	47 (33%)	209 (69%)	26 (43%)
	Local anaesthesia	95 (67%)	93 (31%)	35 (57%)

SATISFACTION WITH THE SURGERY

- The surgeons were very or quite satisfied with the surgery
  - 98% of cases in 142 women with mifepristone only,
  - 97% of cases in 302 women with misoprostol only,
  - 93% of cases in 61 women with mifepristone and misoprostol.

ADVERSE EVENTS: PAIN

- Between inclusion visit and surgery day
  - N=132 (27%)
  - Mean= 4.5 ± 2/10
- On surgery day, before surgery
  - N=169 (36%)
  - Mean = 3 ± 2 /10
- After surgery
  - N=246 (49%)
  - Mean= 4.1 ± 2.1 /10
- After discharge from hospital
  - N=370 (40% of 370 women with follow-up information)
  - mean: 4.2 ± 2.2/10
  - Occurrence in the hours following the surgery (43%) or few days after the surgery (42%)

ADVERSE EVENTS: BLEEDING

- Between inclusion visit and surgery day
  - N=86 (17%)
- After surgery
  - Bleeding after surgery
    - experienced by 91.3%
    - duration= 7.8 (± 5.2) days
  - Bleeding after surgery requiring additional surgical procedure: N=17 (3.3%)

COMPLICATIONS

- During surgery or Prior to discharge from hospital
  - N=7 (cervical tears, n=2, haemorrhage; n=2, ovular retention, n=1; pain, n=1; vomiting, n=1)
- After surgery
  - Ovular retention, n=4
  - Uterine infection, n=3
  - Haemorrhage, n=1
  - Ongoing pregnancy, n=1
  - IUD expulsion, n=1
  - Suspicion of endometritis, n=1
  - Asthenia, n=1
  - Occurrence a few days after surgery (44%) and ≥1 week (n=56%)

CONCLUSION

- Most women receive cervical preparation before first trimester surgical abortion,
- There are discrepancies between the prescriptions and the treatments actually taken,
- Significant pain is reported by nearly 50% of women after surgery, and in the following days,
- Over 90% of women report bleeding for 8 days on average after surgery,
- Complications may occur more than 1 week after surgery.

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