Should we continue to scan to calculate gestation in all patients attending Sunderland Royal Hospital for an abortion?

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Introduction

The gestation of a pregnancy influences the abortion options available to patients (for example, a medical abortion at home is not advisable for gestations over 9+6 weeks (National Institute for Health and Care Excellence, 2020)). In response to the COVID-19 pandemic, new and temporary approvals were issued by the Department of Health and Social Care (DHSC) to permit medical abortions at home without a patient physically attending an abortion service (DHSC, 2020). This means that patients requesting an abortion do not require an ultrasound scan (USS) to calculate the gestation of the pregnancy.

Aim

The aim of our audit was to assess whether, for our patient population, we could safely omit performing an USS to calculate gestation for all patients in the TOP pathway who knew the date of their last menstrual period (LMP), were no more than 10 weeks gestation by LMP and did not have signs or symptoms of an ectopic pregnancy.

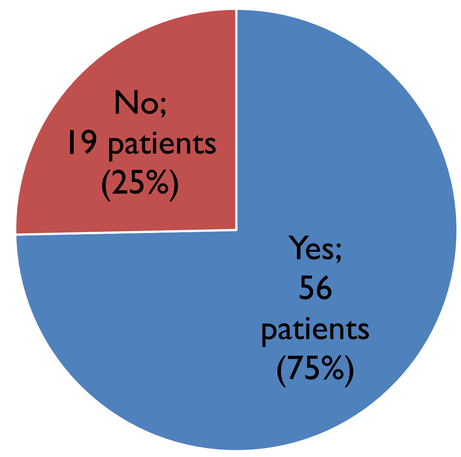
Methods

- We performed a retrospective audit of patients attending the TOP service over a 2 month period from mid-April 2020 to mid-June 2020.
- We then compared:
  - The gestation calculated by LMP with the gestation from USS.
  - The procedure chosen by the patient and whether this would have been appropriate if we had used the LMP gestation instead of USS gestation.
  - Any options of procedures that the patient would have missed out on if we had used LMP gestation instead of USS gestation.

Results

- 97 patients presented requesting a TOP over the 2 month time period.
- Exclusions:
  - One was excluded as it was too early to confirm an intra-uterine pregnancy on USS and when she returned for re-scan she was miscarrying.
  - 21 were excluded as their LMP was unknown so an USS would always be performed in this situation.
- Included: 75 patients
  - Age range: 16 to 43 (mean 26).
  - Difference in gestation (difference between LMP gestation and USS gestation): -34 days to 81 days.
  - USS gestation range: 5+1 to 18+3.
- The wrong treatment would have been given to 25% of patients if USS had not been performed (Figure 1):
  - If we had not performed an USS for gestation we could have denied a home TOP to 8 patients where it was appropriate, and when offered they chose this option.
  - We could have given inappropriate treatment to 11 patients, including one patient who could have had a home TOP as she believed she was <9 weeks by LMP but was >18 weeks by USS gestation.

Figure 1: Would the correct treatment have been given based on LMP gestation?



Conclusion

Within our service, using LMP alone to calculate gestation for abortions could have led to 1 in 4 patients being given the incorrect treatment, or being denied alternative treatment options that they were eligible for (such as a home TOP). To continue to ensure the widest and safest patient choice for abortions, we will continue to perform USS for gestation for all patients attending our TOP service.

References

1. National Institute for Health and Care Excellence (2020). Abortion Care. (NICE guideline 140 [NG140]) Available from: https://www.nice.org.uk/guidance/ng140 [Accessed on 21st September 2020].
2. Department of Health and Social Care (2020). Temporary approval of home use for both stages of early medical abortion. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876740/30032020_The_Abortion_Act_1967_-_Approval_of_a_Class_of_Places.pdf [Accessed on 21st September 2020].