

Evaluating the introduction of home-based misoprostol for early medical abortion during COVID-19 in Leicester, UK

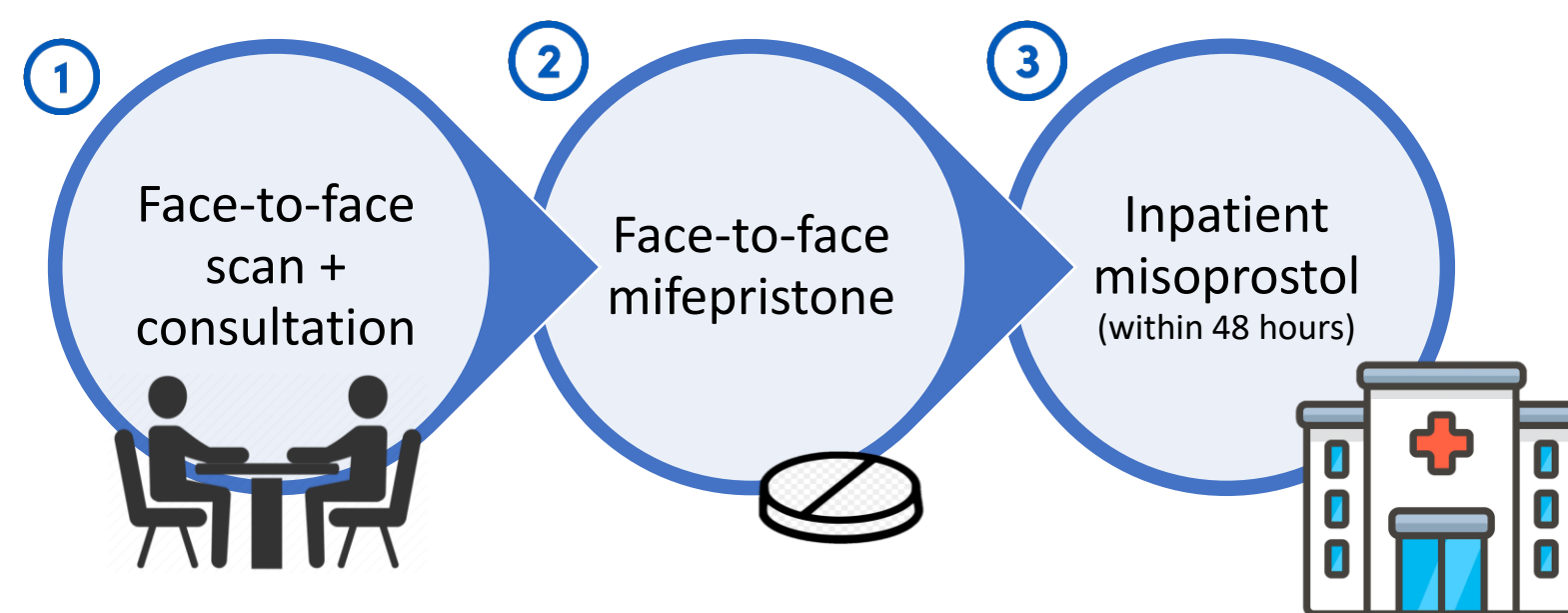
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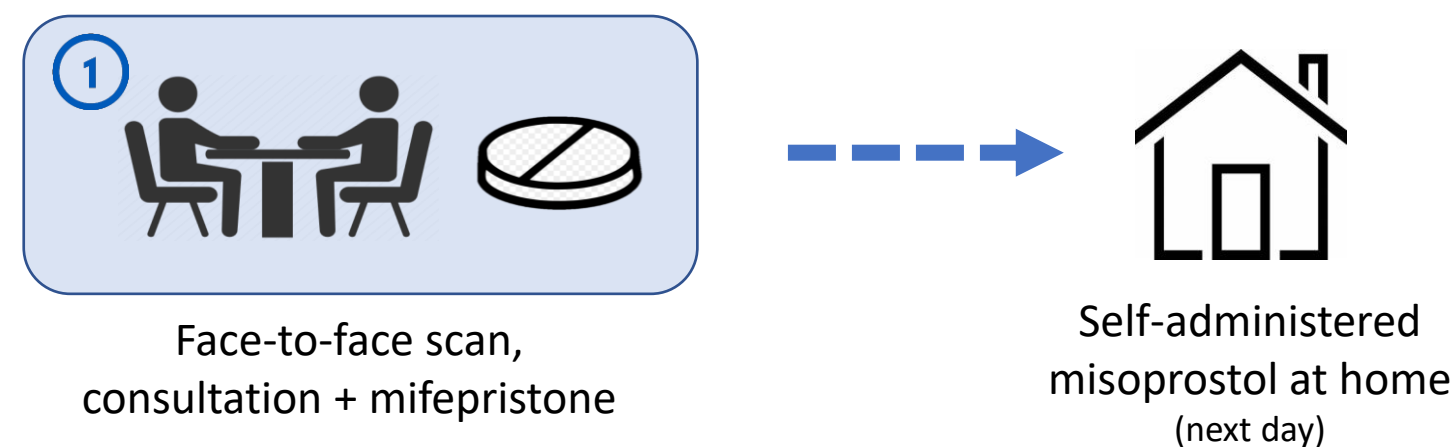
Introduction

To evaluate the introduction of home-based misoprostol for early medical abortion (EMA) in March 2020, during the COVID-19 pandemic.

Pre-COVID: 3 visits



During COVID: 1 visit



Methods

Retrospective notes review of all medical terminations of pregnancy (MTOPs) at University Hospitals of Leicester NHS Trust up to and including 10+0 weeks gestation between 1-31 January 2020 (pre-COVID) and 1 May - 30 June 2020 (during COVID). Patients excluded if MTOP for >10 weeks gestation.

We evaluated the patient characteristics, and any subsequent unexpected re-attendances.

Results

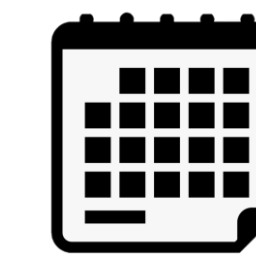
In January 2020, 37 inpatient EMAs took place (57% of 65 total TOPs). In May-June 2020, 52 outpatient EMAs took place (65% of 79 total TOPs).

The average patient ages were 27 (range 17-41) and 29 (range 17-40) in January and May-June, respectively. Average parity at time of TOP was 1 in both groups.

Average gestation at mifepristone administration decreased from 7⁺⁶ in January to 6⁺⁴ in May-June. In January, the average wait time between the consultation and EMA initiation was 6 days.

Average gestation at EMA initiation decreased from 7⁺⁶ to 6⁺⁴

Eliminated average wait time of 6 days between consultation and EMA initiation



Unexpected Reattendances

Unexpected reattendance rates were lower in May-June (5/52, 10%) than January (6/37, 16%). Reasons for re-attendance included heavy vaginal bleeding, failed EMA, retained products of conception (RPOC) and infection.

Fig 1: Reasons for Reattendance

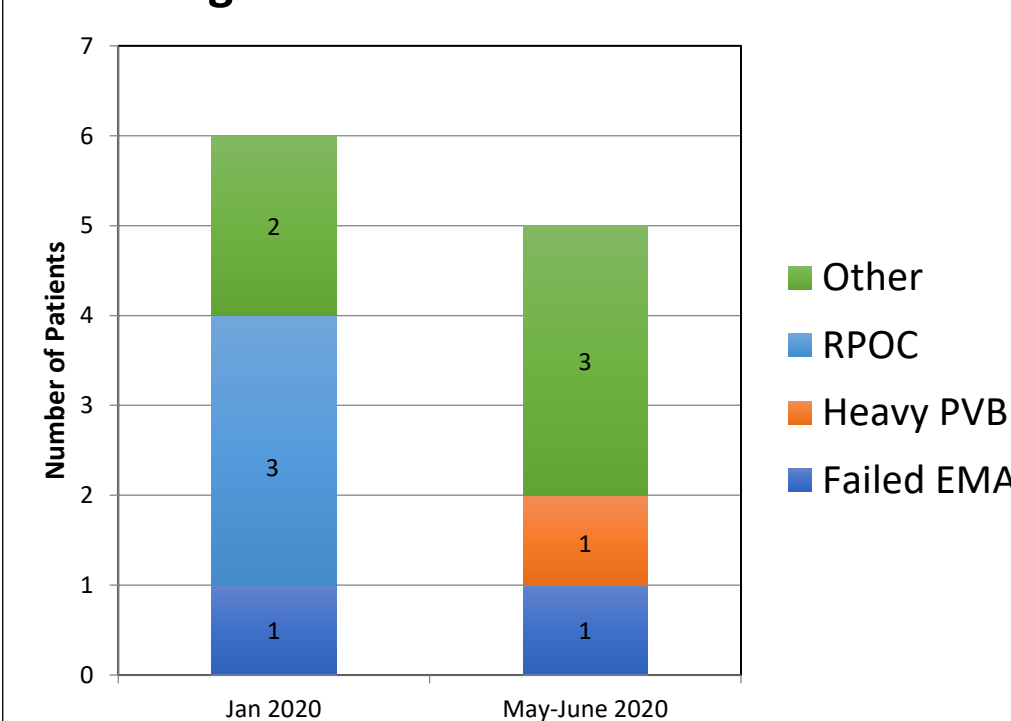
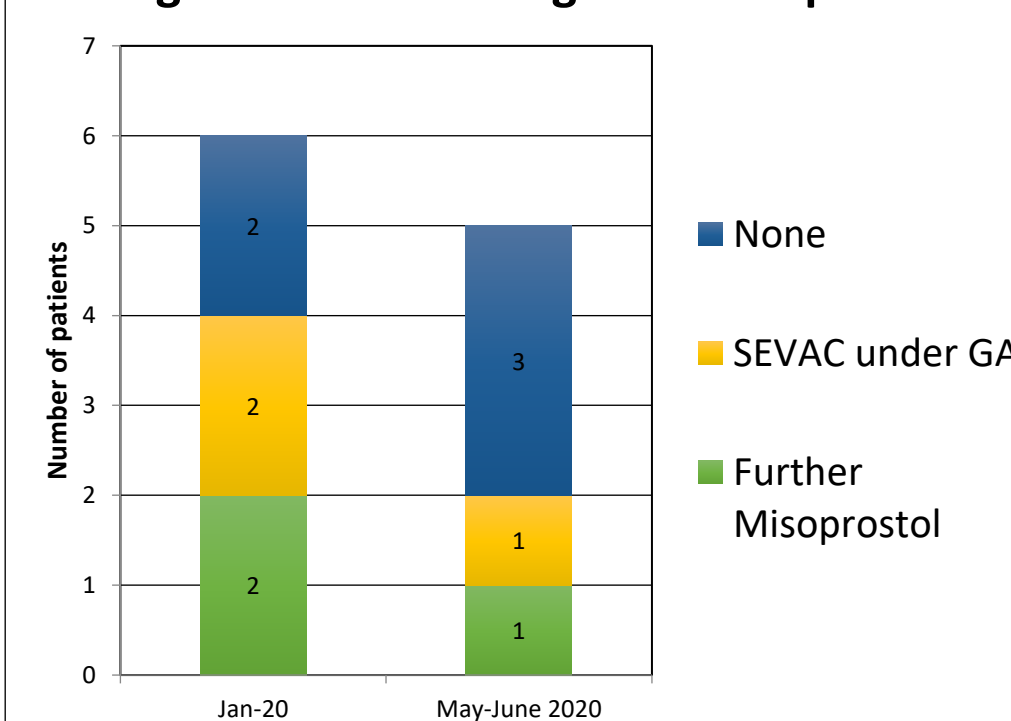


Fig 2: Further Management Required



Conclusions

Our service evaluation demonstrates non-inferiority of home-based misoprostol versus inpatient misoprostol management for EMA up to and including 10⁺⁰ weeks gestation in an NHS service. This adds to the body of evidence that self-administration of misoprostol and home expulsion for EMA is safe, as supported by the UK's NICE clinical guidelines.

The number of clinic attendances was reduced from three to one, eliminating the wait to initiate the EMA. The reduction in the average gestation at time of EMA by >7 days is encouraging, demonstrating improved access.

We hope to continue to offer this management option as routine NHS services recover from COVID.

References

- National Institute for Health and Care Excellence. (2019). Abortion Care [NICE Guideline No. 140]. <https://www.nice.org.uk/guidance/ng140>
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- Schmidt-Hansen M, Pandey A, Lohr P, et al. "Expulsion at home for early medical abortion: A systematic review with meta-analyses." *Acta Obstetrica & Gynecologica Scandinavica*. Published 16 October 2020. doi: 10.1111/aogs.14025 <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/aogs.14025>