Adherence to NICE guidelines for abortion care at a tertiary referral centre for complex abortions

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INTRODUCTION

Birmingham Women's Hospital is one of six tertiary referral centres for abortion care for women with complex needs. We see patients from across the country with a variety of medical and pregnancy related conditions, rendering them ineligible for care in the community. We offer medical abortion up to 19 weeks + 6 days and surgical abortion up to 23 weeks + 6 days under sedation. We perform a yearly audit to assess care, which was altered with new parameters to reflect the 2019 NICE guidelines.

METHODS

50 sets of patient notes were randomly selected from May-June 2023. We manually reviewed the notes to identify gestation at treatment, method of abortion, and adherence to auditable outcomes.

OBJECTIVES

To assess adherence to local and NICE guidelines for abortion care[1] including:

- STI testing
- Appropriate prescription of antibiotics, analgesia, and anti-D prophylaxis
- Contraception discussions and outcomes
- Safeguarding assessments
- Treatment complications
- VTE risk assessments
- Waiting time for treatment from referral

RESULTS

Access and type of treatment

Our service treated 69 patients between May-June 2023 (90 seen in clinic). 48 of the 50 patient notes were available for review, 2 were missing from medical records. Gestational age at treatment ranged from 7 to 21 weeks (Figure 1), and the median gestation at treatment was 13 weeks (interquartile range 9-16 weeks). Over half (28/48) had a surgical abortion, with others opting for medical management either at home or as inpatient (Figure 2). The median wait time from receiving the referral to treatment was 27 days (range 9 to 60 days). Most of this delay was due to clinic availability with patients waiting an average of 21 days to be seen for assessment. None of the patients audited had any complications following treatment.

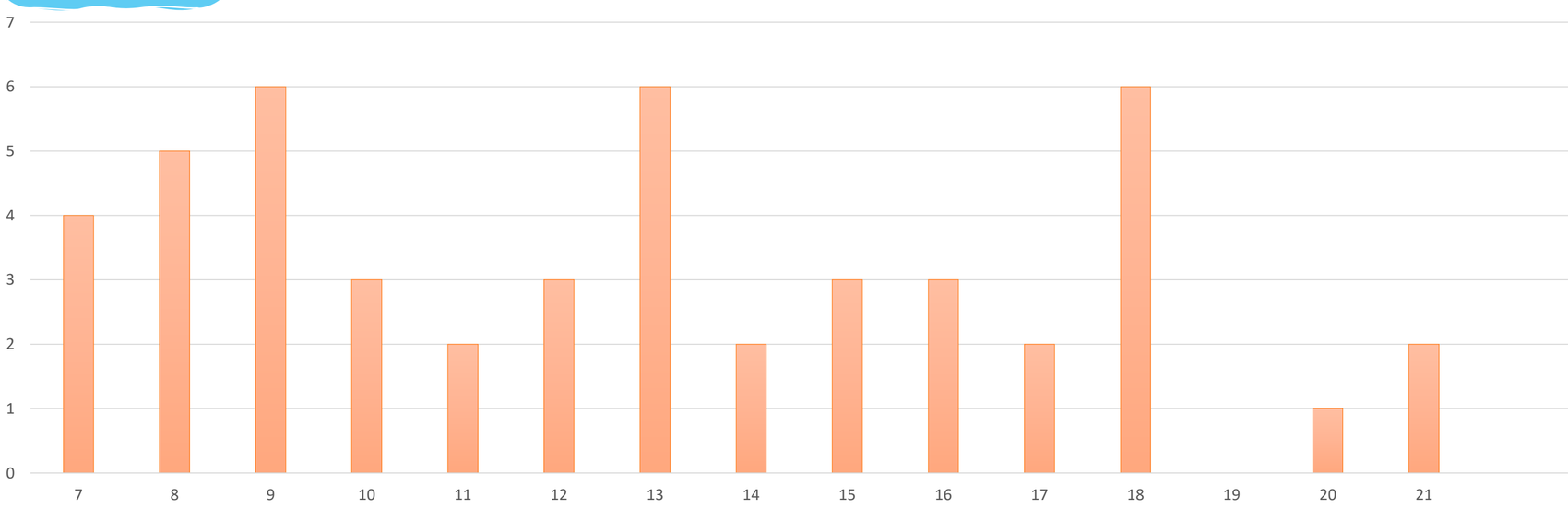

Figure 1. Gestation at treatment (weeks)

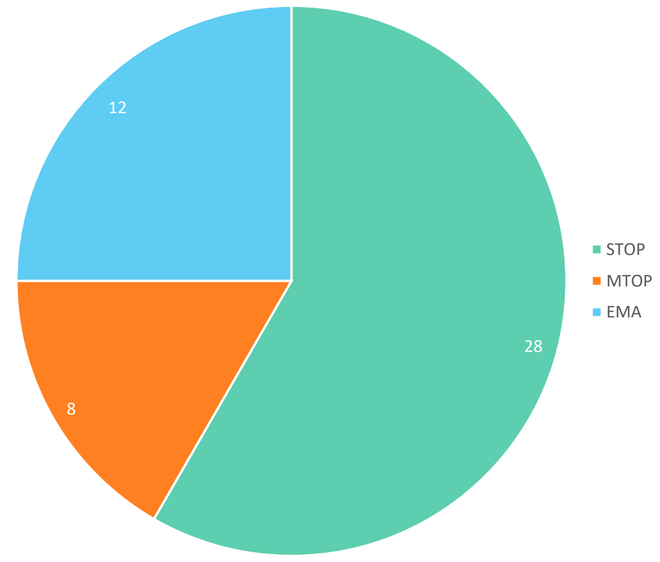

Figure 2. Method of abortion

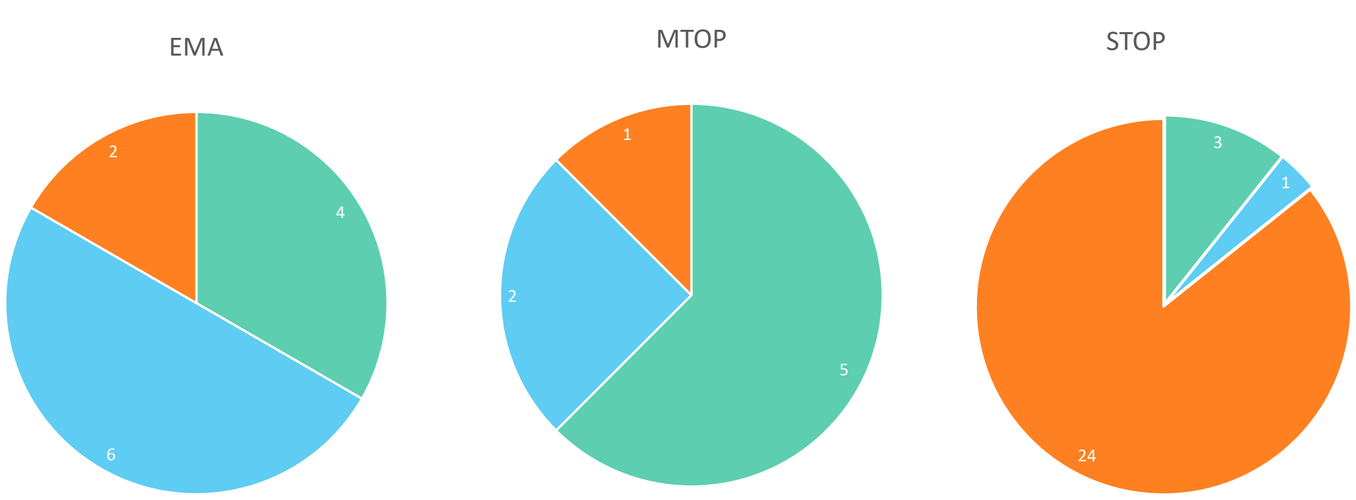

Figure 3. Uptake of contraception across different methods of abortion

Contraception

All patients were offered contraception and two thirds (38/48) accepted a method. Of those accepting contraception two thirds opted for a long acting reversible contraceptive (LARC) (27/36). Patients were much more likely to have a LARC if they were having a surgical procedure (Figure 3).

STI screening and prescribing

47/48 patients were offered STI screening and 20/47 accepted screening. Six patients who underwent surgical procedures were Rhesus negative. There patients were all prescribed and given Anti-D prophylaxis. All patients were assessed for safeguarding risk, of which six were identified to have concerns and appropriately referred. Of those undergoing surgical abortion, one patient did not have antibiotics prescribed, with no clear reason documented. Two patients were not prescribed analgesia. These both received early medical abortions (EMA). 40/48 patients had a VTE risk assessment completed. 7/8 patients without a VTE risk assessment were having EMAs.

DISCUSSION

Over the years as the service has developed, we have maintained a high standard of care with 100% of our patients being offered LARC and LARC uptake steadily increasing. Uptake of STI screening has reduced significantly from a high of 93% uptake in 2020 to 43% in 2023, despite the high proportion being offered screening. We are will promote staff education on appropriate care of patients opting for EMAs, with this group having fewer VTE risk assessments and analgesia prescriptions. Waiting times continue to be a challenge and are constantly monitored, extra surgical lists are scheduled where possible, to improve capacity.

Acknowledgements: Professor Janesh Gupta, Dr Sita Singh

References: 1. NICE Guideline NG140 Abortion care. September 2019