

# Developing a new Surgical Termination of Pregnancy pathway for the Second Trimester

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## Background

International guidance recommends a choice of abortion method wherever possible [1, 2]. Many women find medical induction distressing and there may be clinical reasons favouring surgical care. Limited bed space and staffing also make medical induction resource-heavy, leading to delays in treatment.

Prior to this project, The Whittington only offered medical management of Termination of Pregnancies (TOP) or miscarriage after 14/40.

Women requesting surgical care would be referred to external providers. Our 2022 audit of medical TOP and miscarriage demonstrated an average length of stay of 3 days, with a third of cases requiring additional surgical intervention.

## Objectives

1. Test the feasibility of a surgical pathway for TOP beyond the first trimester at The Whittington Hospital
2. Provide choice to women with pregnancy ending after 14/40
3. Reduce hospital length of stay
4. Improve training opportunities and skills development

## Methods

From January 2022 to March 2023, women having TOP for fetal abnormality were offered choice of abortion method until 23+6/40.

A bespoke pathway was developed in collaboration with the fetal medicine unit, theatres, bereavement team and hospital mortuary.

Over time, the pathway was expanded to include:

1. Surgical management of miscarriage (SMM) until 23+6/40
2. First trimester surgical TOP with medical co-morbidity

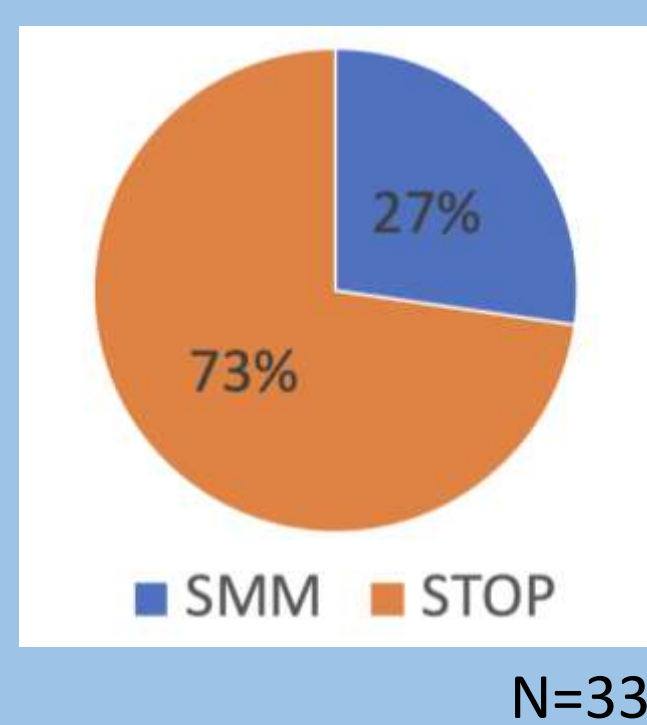
An evidence-based, concise decision-aid was developed and translated into 12 languages to support women in their choices.

We conducted a prospective audit of all women on the pathway.

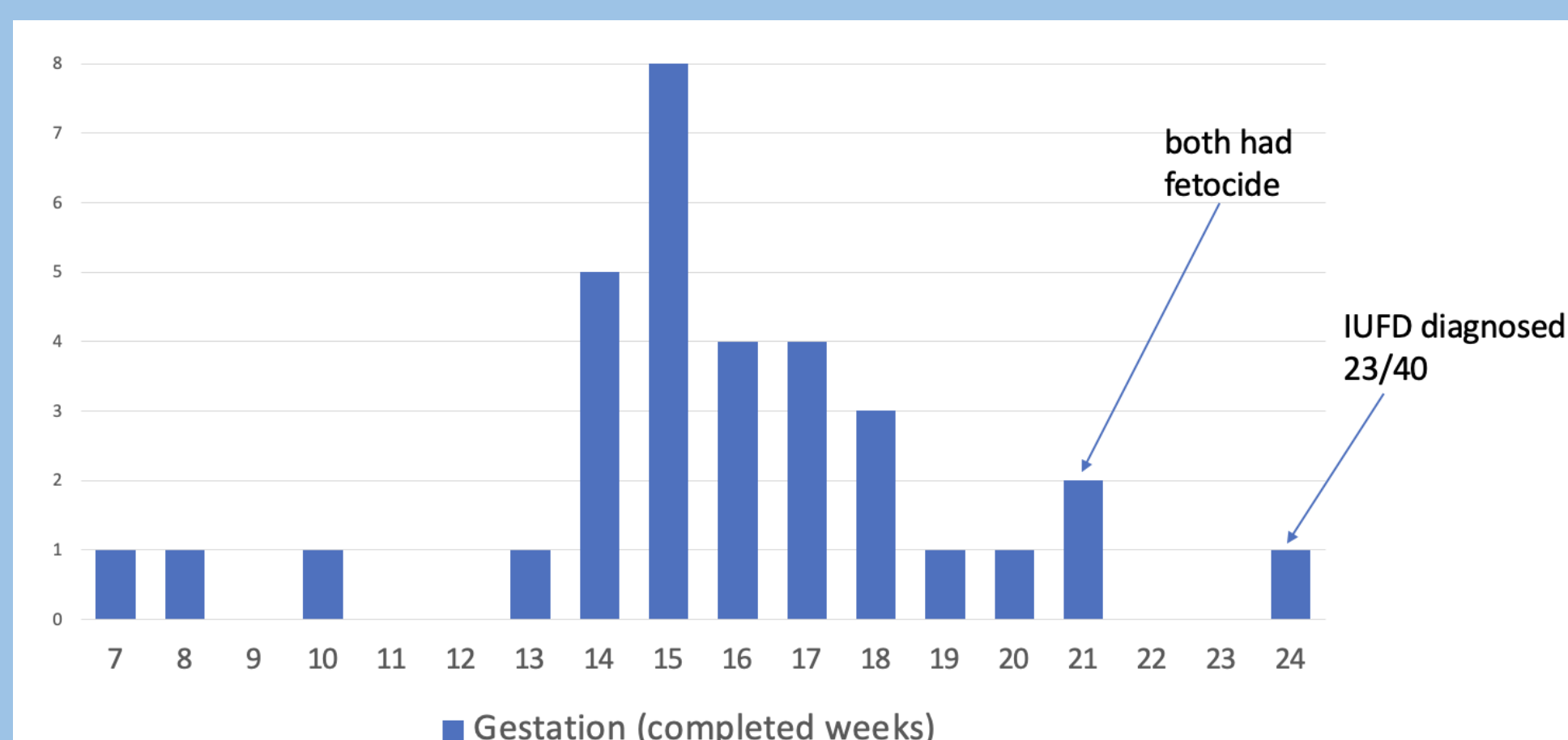
## Results

- All women undergoing TOP for fetal abnormality were offered choice of abortion method, with 73% opting for surgical (Fig 1).
- The majority of procedures on our pathway were performed for TOP for fetal abnormality (Fig 2). These were performed at a range of gestations, with variable complexity (Figure 3).
- 100% of women admitted via the pathway were treated and discharged within 0.5 day (Figure 4).
- >50% of cases were performed, at least in part, by a trainee.
- There were no cases of uterine injury, sepsis or need for a second procedure.
- All women were offered post procedure contraception.
- Women expressed high level of satisfaction at follow-up.

**Figure 2: Indication for uterine evacuation**

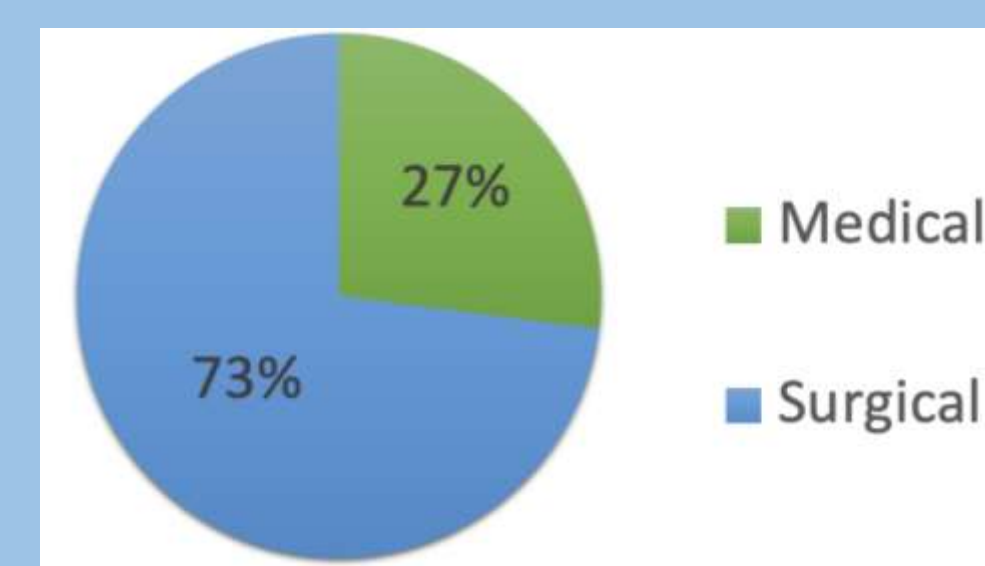


**Figure 3: Gestation at the time of procedure**

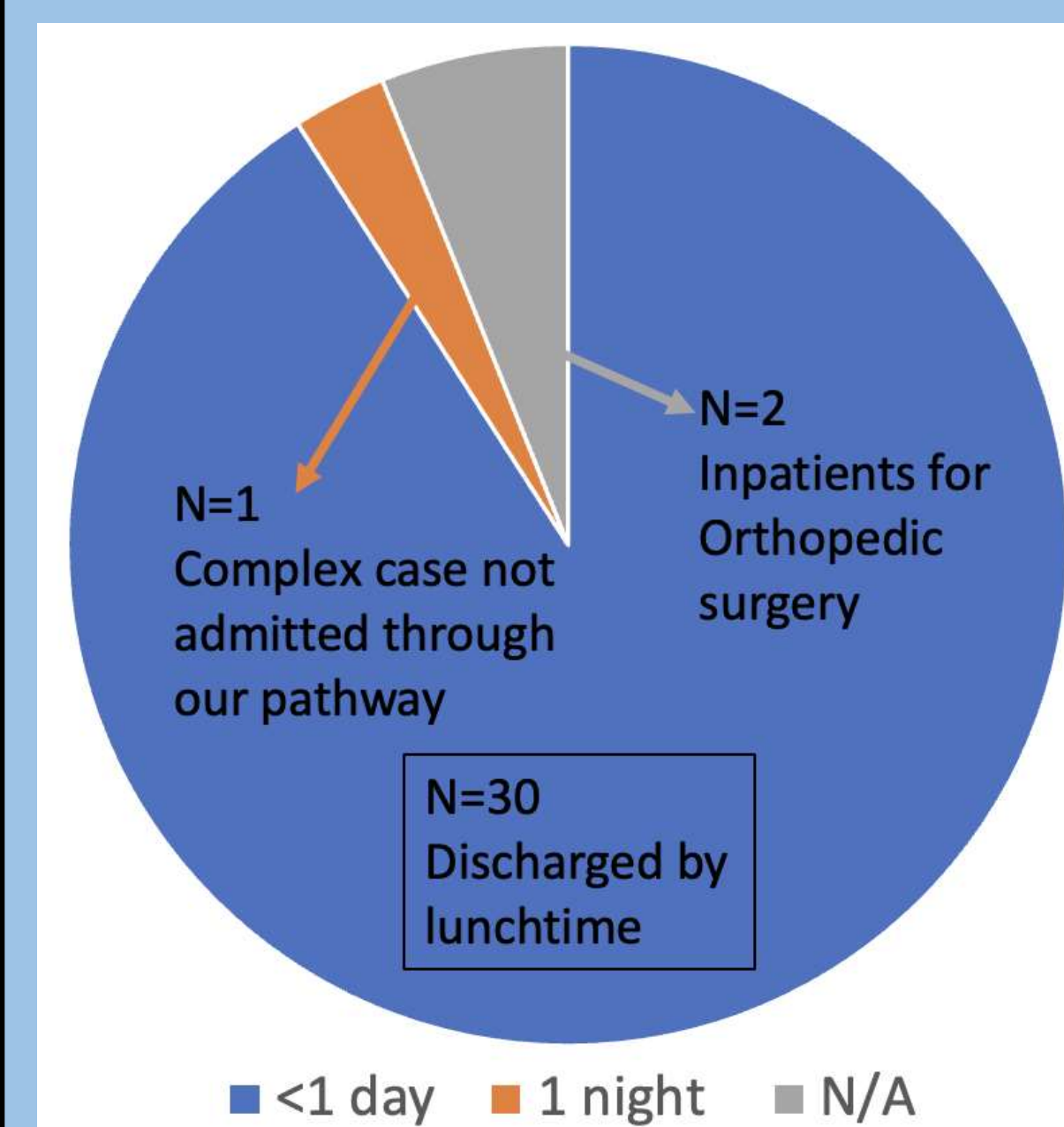


**Figure 1: Choice of abortion method**

Outcome for 37 fetal medicine patients offered choice of TOP method in the 2<sup>nd</sup> trimester



**Figure 4: Hospital length of stay for patients on our pathway**



## Conclusions

Surgical treatment is highly acceptable and often preferred by women and partners.

The Whittington now provides a service for other North Central London hospitals to refer women choosing surgical management of miscarriage or TOP until 23+6/40.

## References

1. National Institute for Health and Care Excellence (NICE). Abortion Care. 2019; Available from: <https://www.nice.org.uk/guidance/ng140>.
2. World Health Organisation. Abortion Care Guideline. 2022; Available from: <https://www.who.int/publications/i/item/9789240039483>.