BSCAP | CLINICAL AUDIT

Outcomes of Late Medical Termination of Pregnancy Under Clause C at University Hospitals Plymouth NHS Trust: A Retrospective Audit

Dr Holly Dewbury (FY1) | Dr Megan Griffiths (Consultant MRCOG, FRSH)

NHS University Hospitals Plymouth NHS Trust

INTRODUCTION

Late Medical termination of pregnancy (MTOP) after 10 weeks gestation requires effective medical management and careful monitoring.

NICE and RCOG guidance recommends a standard regimen of 200mg oral mifepristone, followed by 800mcg misoprostol and subsequent 400mcg misoprostol as needed.

This audit evaluated adherence to recommended MTOP protocol, outcomes, inpatient complications and contraception outcomes at University Hospitals Plymouth NHS Trust - identifying opportunities for improvement in local clinical practice.

METHODOLOGY

1. Retrospective review of 35 late MTOP cases managed under Clause C at UHPNT (Aug 2021 - Sept 2025).
2. Data collected from clinical records and reviewed against NICE and RCOG recommendations alongside local trust guidance.
3. Outcomes measured - regimen adherence, RPOC requiring return to theatre, bleeding complications, pyrexia, VTE, analgesia and contraception outcomes.

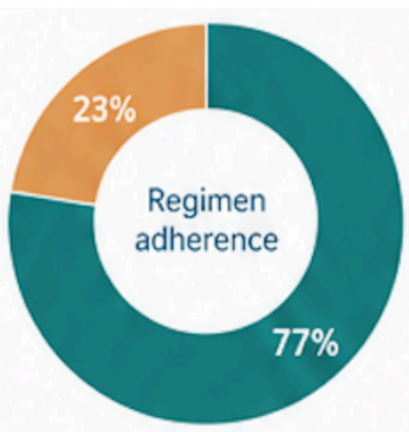
35
Cases reviewed
August 2021 – September 2025

77%
Received standard NICE regimen
(27/35)

23%
Received reduced or alternative regimen
(8/35)

RESULTS

1. REGIMEN ADHERENCE & OUTCOMES



Standard NICE regimen (27/35)

Reduced/alternative regimen (8/35)

Return to theatre for RPOC

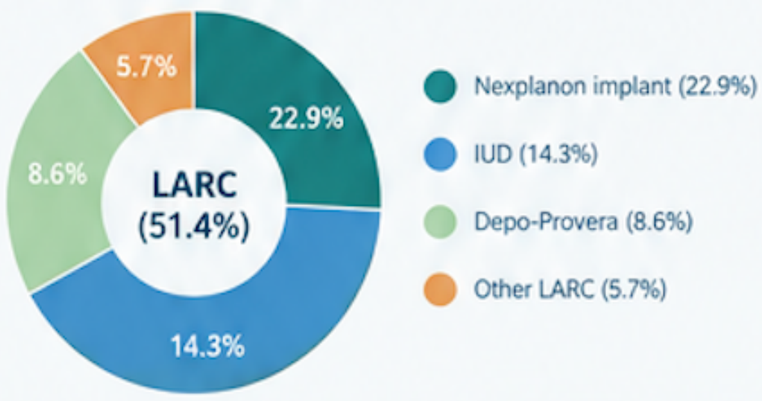
Reduced/alternative regimen
63%
(5/8)

Standard regimen
30%
(8/27)

A higher proportion of patients receiving a reduced or alternative regimen required return to theatre for RPOC. The reasons for regimen modification and the small sample size must be considered when interpreting this difference.

Note: 1/8 of the 'reduced regimen' patients received an alternative regimen. For simplicity, reduced and alternative regimens have been combined in Table 1,

Contraception type (LARC)



Lack of documented contraception plan

22.9%

of patients were discharged with no clear contraceptive plan.

(Further exploration required)

2. INPATIENT COMPLICATIONS

Bleeding complications
23%
(8/35)

Pyrexia >38°C
31%
(11/35)

Received antibiotics (for pyrexia)
56%
(6/11)
Oral or intravenous

DVT or PE
0%
(0/35)
No events recorded

3. ANALGESIA & CONTRACEPTION OUTCOMES

ANALGESIA

- 34% CODEINE ONLY (NO ORAL MORPHINE)
- 43% CODEINE + ORAL MORPHINE
- 17% SIMPLE ANALGESIA
- 6% NO DOCUMENTED ANALGESIA

CONTRACEPTION

- 77.1% ACCEPTED A METHOD
- 22.9% DECLINED
- 51.4% CHOSE LARC
- NEXPLANON IMPLANT WAS THE MOST COMMON CHOICE (22.9%)

CONCLUSIONS

- Standard MTOP regimens were used in the majority of cases and were associated with low rates of adverse outcomes
- Reduced or alternative regimens were associated with a higher rate of return to theatre for retained products of conception (RPOC), although this may reflect underlying clincial indications for regimen modification.
- Opportunities for improvement were identified in local guidance accessibility, bleeding documentation, pyrexia assessment and contraception planning.

RECOMMENDATIONS

1. Centralise and improve access to local MTOP guidance, including recommendations for patients with previous LSCS and other risk factors.
2. Standardise documentation of blood loss and bleeding complications
3. Review pyrexia assessment, documentation and antibiotic prescribing.
4. Improve documentation of contraceptive decisions and improve uptake of contraceptive options.
5. Re-audit following implementation of agreed changes.