KING'S COLLEGE HOSPITAL | CLINICAL SERVICE AUDIT

Tertiary abortion care for patients with complex medical and obstetric needs

Activity, access and outcomes · September–November 2025 | Dr Sara Di Marco Barros, Dr Monisha Dhar, Miss Amelia Schamroth

King's College Hospital NHS Foundation Trust

KEY MESSAGE | Treatment was prompt after assessment; access to assessment and theatre capacity were the principal constraints.

- Improved access to initial assessment could be achieved by utilising telephone assessment: Particularly for those travelling
- Theatre capacity needs to be increased but is currently limited by small number of appropriately trained operating surgeons
- Opt-out HIV screening could be implemented by updating assessment proforma

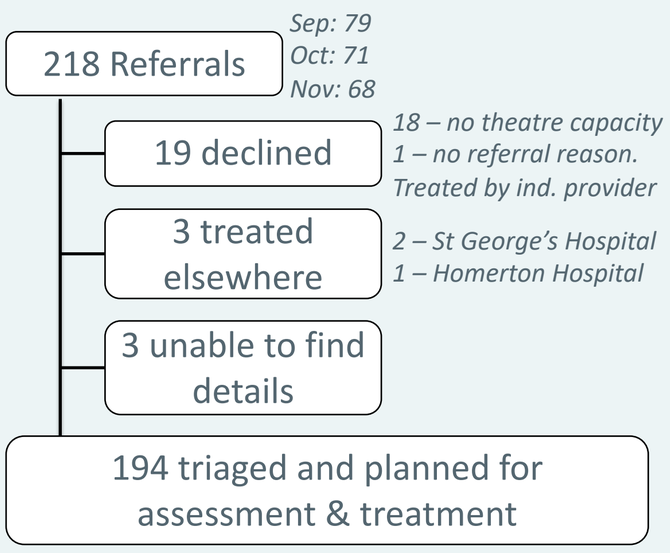
Background & aim

Patients with significant medical or obstetric comorbidity may require abortion care within a tertiary hospital setting. We audited the pregnancy advisory service at King's College Hospital to characterise referrals, evaluate timeliness of care and assess adherence to national and local standards (NICE NG140 and local guideline).

Methods

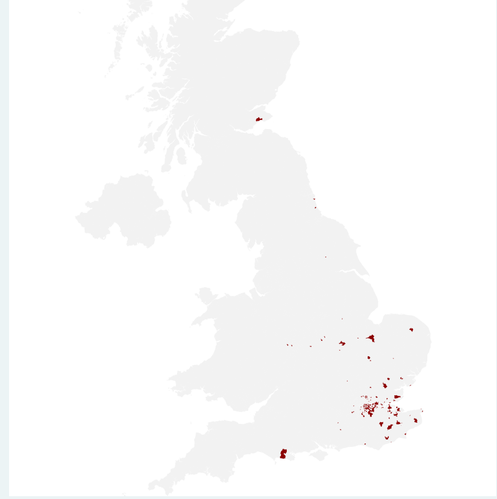
Retrospective audit of referrals to the King's College Hospital Pregnancy Advisory Service from 1st September–30th November 2025.

Referral records, clinic/theatre lists and electronic health records reviewed for referral indication, time to assessment and treatment, contraception provision, HIV screening, VTE assessment, anti-D administration and complications.



Geographical catchment

London 90
Kent 51
Essex 22
Sussex 2
Surrey 8
Scotland 1
Other English counties 19
Malta 1



Reson for referral

Co-morbidity	No.
BMI (high)	46
OTHER co-morbidity	33
Cardiac Hx	23
Bleeding disorder /anticoagulants	17
C section(s)/MAP risk	14
Fetal abnormality	14
Asthma	9
Fibroids	8

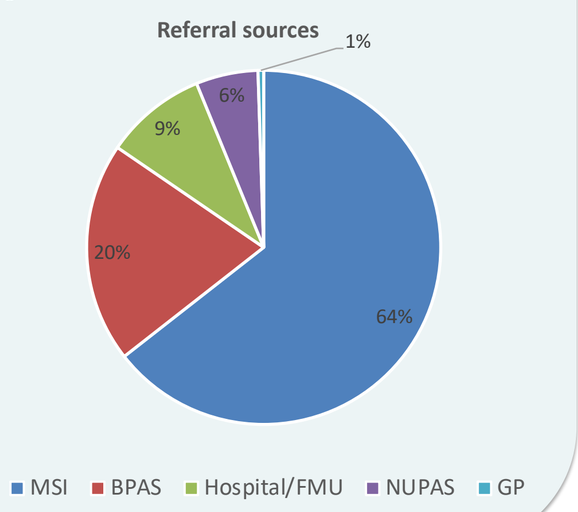
Co-morbidity	No.
SCD	7
Epilepsy/seizures	6
Diabetes	5
Thyroid disease	5
Respiratory (NOT asthma)	3
Anaphylaxis	2
HTN	2

Referral sources and demographics

High BMI 46 · Other medical comorbidity 33
Cardiac disease 23 · Bleeding disorders / anticoagulation 17
Placental risk 14 · Fetal anomaly 14

Ages 17-45yr
Highest parity – 6, one patient with x5 LSCS
Highest BMI 60
Gestation range 4+4 – 23+1 at referral

Referrer	No.
MSI	125
BPAS	39
Hospital/FMU	18
NUPAS	11
GP	1

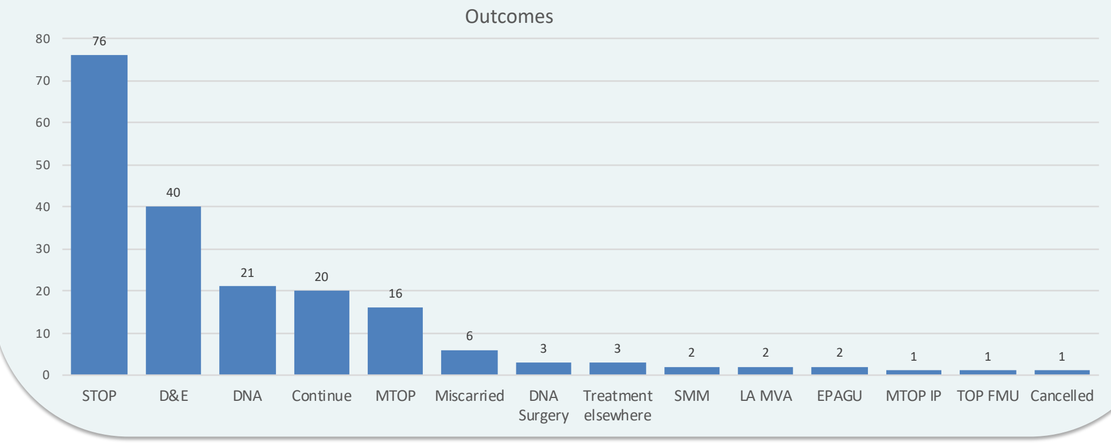


Outcomes & complications

Complications: 9 total
-7 hemorrhages (700-1100ml)
- 1 cervical laceration
- 1 Sickle crisis

3 required overnight admission
- 1 inpatient MTOP developed sickle crisis
- 2 hemorrhage patients (PAS/BMI 51, Placenta previa)

13 of 21 patients >20 weeks had feticide & 9 of 10 >22 weeks



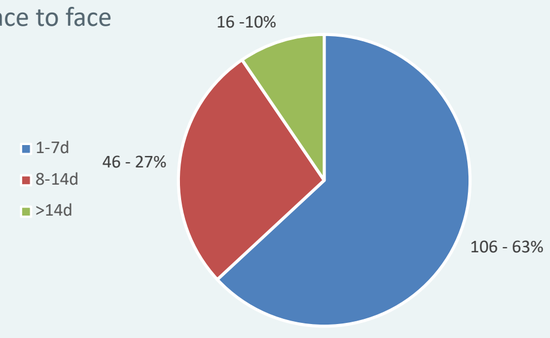
Timeliness of care

218 referred → 194 accepted → 168 assessed → 136 completed terminations

Time to assessment

168 assessed within the audit period – Telephone/Face to face
156 seen in clinic
26 – Never assessed:
Decided to continue pregnancy
DNA before first assessment

Average time: 7.0 days

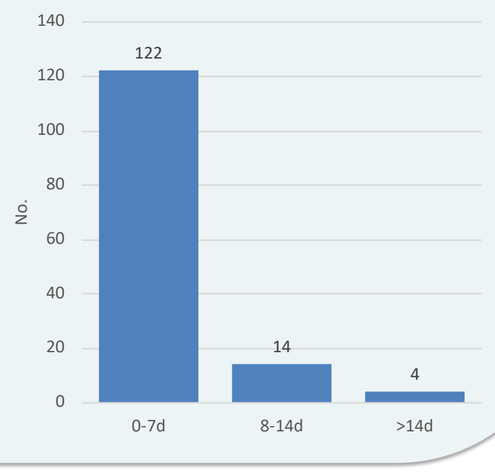


Time to treatment

-137 had treatment but 140 planned procedures (3 DNA to DSU)

-Average 2.4 days wait after assessment

-89% within 7 Days



Clinical standards

- 63% assessed within 7 days (106/168)
- 89% treated within 7 days of assessment (122/137)
- Contraception discussed: 100%,
  - 58% had contraception , 41 % LARC
- VTE assessment documented: 146/156
  - 7 not assessed, only 1 of these treated
- Anti-D appropriately administered: 100% of eligible patients
- HIV screening accepted/recorded: 18/168

Method	No. patients
Cu-IUD	11
LNG-IUS	23
Implant	17
Depot	6
POP	19
COCP	3
None	58

Conclusions & actions

This tertiary service manages a geographically dispersed population with substantial medical and obstetric complexity. Access to initial assessment and theatre capacity represented principal service constraints, while patients receiving treatment had timely care with high adherence to audit standards. Increased use of telephone assessment and implementation of opt-out HIV screening were identified as priorities for service improvement.

References: NICE NG140 Abortion care 2019; local KCH guidance