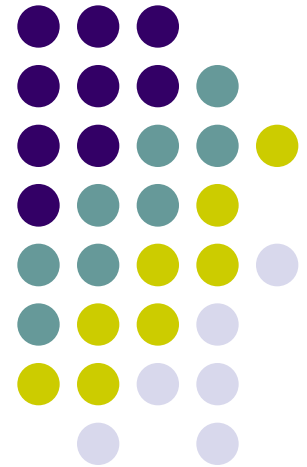


# Review of telephone follow-up of women having early medical abortion

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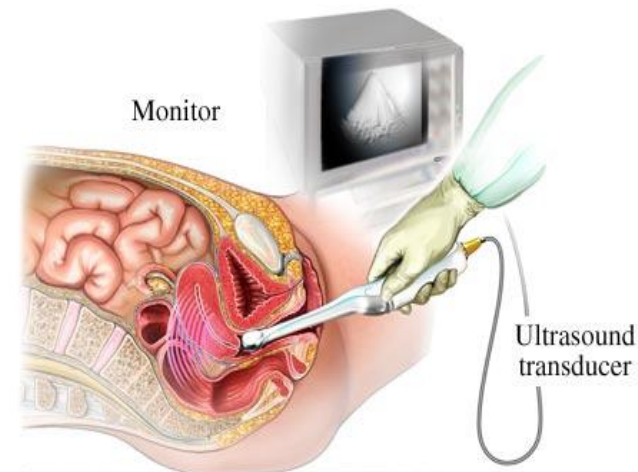
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# Introduction



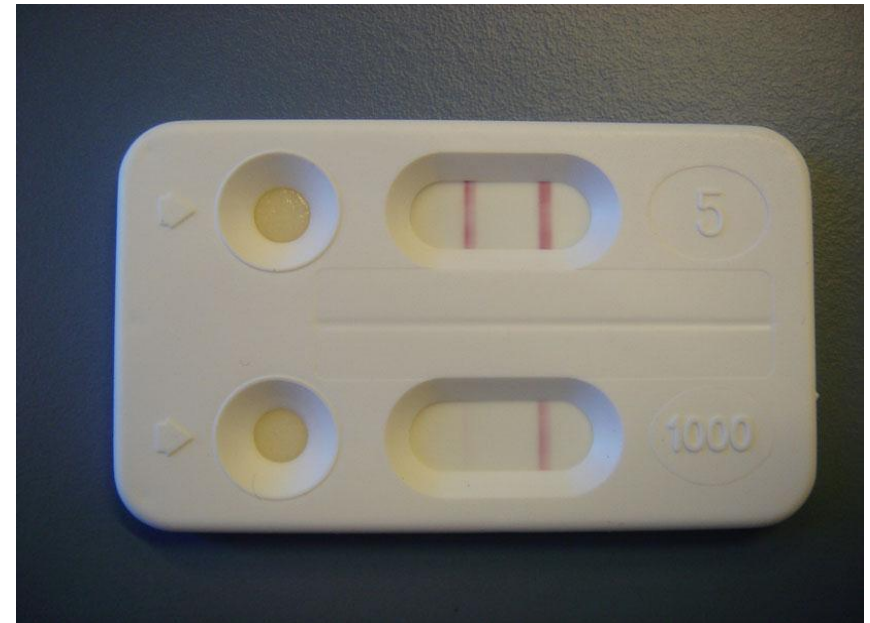
- Increasing numbers of women opt for early medical abortion ( $\leq 9$  weeks gestation) and choose to go home to pass pregnancy.
- Follow-up required to exclude an ongoing pregnancy.
- Ultrasound involves an extra clinic visit and a high proportion of these women will fail to attend.
- Lead to un-necessary intervention for clinically unimportant RPOC.
- Extra visit may deter women from medical method.



# An alternative method - telephone follow-up.



- Pilot study of >450 women in Edinburgh.
- Telephone follow-up at 2 weeks & self-test Low Sensitivity Urine Pregnancy Test (LSUP)
- Questions symptoms, bleeding, LSUP result
- 87% contacted
- 15% (n=60) screened 'positive'  
3 ongoing preg
- NPV 99.7% (95% CI 98.4-99.9)





# Aims and Methods

- Is telephone follow-up to detect ongoing pregnancy still an effective method of follow-up a year on from its introduction?
- All women having early medical abortion ( $\leq 9$  weeks) and going home to pass pregnancy, over 12 month period (March 2011 – February 2012).
  - Retrospective computerized database review.
  - Regional maternity database checked.



# Results - Demographics

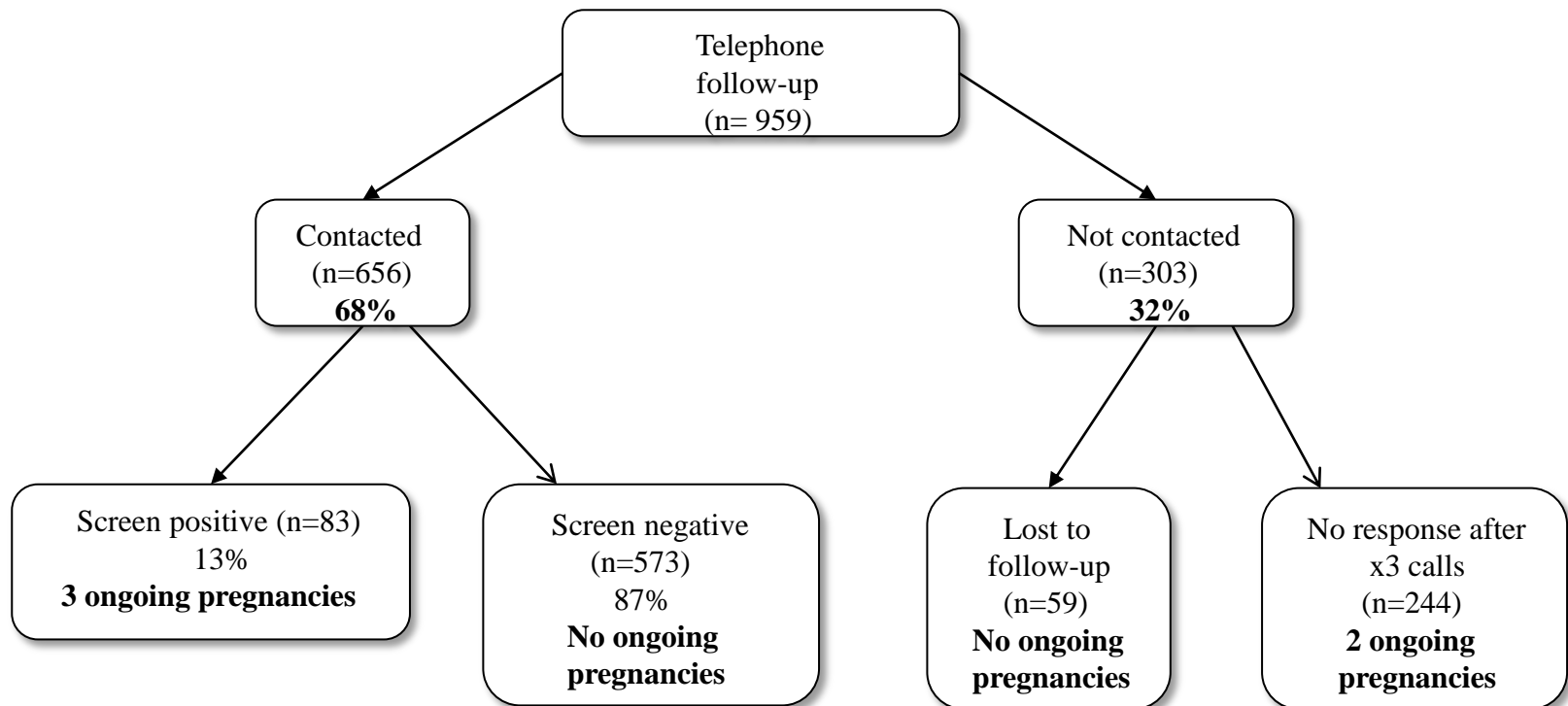
- 78% of abortions (1698 of 2180 total) in Edinburgh are medical abortions  $\leq 9$ wks gestation.
- 64% (1084) of women opted to go home to pass pregnancy following administration of misoprostol.
  - Mean age 25 years.
  - 31% previous abortion.
  - 56%  $\leq 7$ wks gestation.

# No telephone follow-up necessary (n=125)

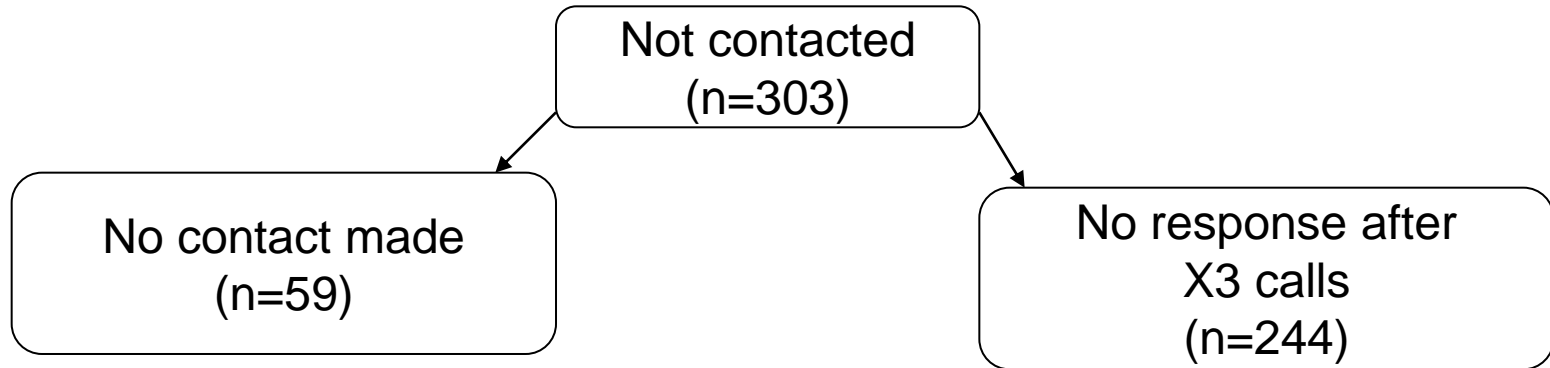


- 3 - complete abortion confirmed in hospital.
- 112 – chose clinic follow-up. No ongoing pregnancies.
- 10 (1%) - of 969 – had an unscheduled clinic visit due to pain and/or bleeding.
  - **1 ongoing pregnancy**

# Outcome of telephone follow-up (n=959)



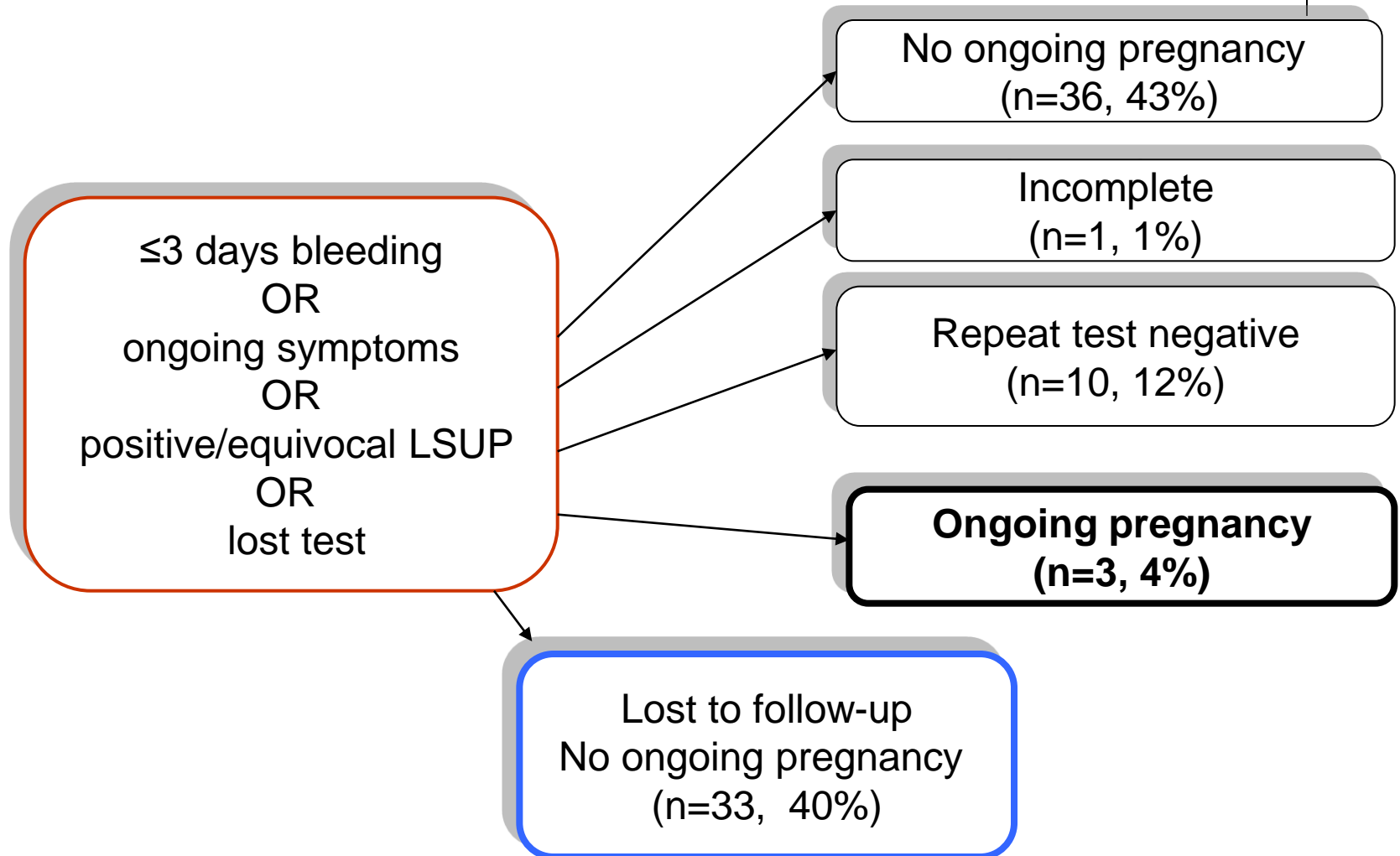
# No telephone contact (n = 303, 32%)



- ♦ wrong/no number
- ♦ no longer in area
- ♦ No ongoing pregnancies.
- ♦ 2 ongoing pregnancies at 12+wks and 20+wks.



# Screen positive (n=83, 13% of women contacted)



# Conclusion

## How good is telephone follow-up?



- Follow-up in 68%
  - significantly lower than in previous pilot study (87%)  
 $p < 0.0001$
  - similar to follow-up with clinic visit
- No false negative screens identified.
- 13% (n=83) screened positive, 3 ongoing pregnancies.
- Sensitivity of 100%, Specificity of 88% (95% CI 84.9-90.1)
- NPV - 100% (95%CI 99.1-100)
  
- Effective and alternative method of follow-up.
- Other abortion services should consider this in women having early medical abortion.