When there is no one left to care for women with complex medical conditions

FIAPAC
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http://mymds.bham.ac.uk/mast
Declarations

- Unrestricted Educational grants and Travel costs for Training workshops and lectures for Medicem
- Advisor for Femcare-Nikomed
Pregnancy Advisory Service (PAS) at Birmingham Women’s Hospital

- Set up at the end of 2014 and operational in January 2015
- Designed to accept referrals for abortions from other providers for women with medical or surgical reasons that excluded them from stand alone clinics (e.g. BPAS, MSI)
- These women are high risk with complex co-morbidities
- Patients are referred from a wide geographic area
- 3 consultant led clinics run per week with CSRH trainees actively involved
- Contraception counselling key part of the service
Birmingham Women’s PAS Service
2015 - 2018 data
n = 1631

24.5%
Gestations Seen per Year

- **2018**: 36.6 in 5-9 weeks, 50.3 in 10-15 weeks, 13.4 in 16-20 weeks
- **2017**: 32.4 in 5-9 weeks, 53.7 in 10-15 weeks, 14.0 in 16-20 weeks
- **2016**: 42.4 in 5-9 weeks, 47.2 in 10-15 weeks, 10.4 in 16-20 weeks
- **2015**: 53.2 in 5-9 weeks, 39.4 in 10-15 weeks, 7.4 in 16-20 weeks

Legend:
- **5-9 weeks**
- **10-15 weeks**
- **16-20 weeks**
Increases in patient volume gestations 13 to 16 weeks

Increases in patient volume gestations 16 to 20 weeks
Medical vs Surgical – 2015 - 2018

n = 1631
Contraception at time of discharge

- **Injection**: Red
- **Nexplanon**: Blue
- **IUS**: Green
- **IUD**: Yellow
- **Short Acting**: Grey
- **Declined**: Black

<table>
<thead>
<tr>
<th>Year</th>
<th>Injection</th>
<th>Nexplanon</th>
<th>IUS</th>
<th>IUD</th>
<th>Short Acting</th>
<th>Declined</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>30.4</td>
<td>22.0</td>
<td>15.2</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>23.0</td>
<td>29.4</td>
<td>13.4</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>21.1</td>
<td>27.1</td>
<td>7.2</td>
<td>4.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>10.3</td>
<td>23.4</td>
<td>16.9</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LARC Uptake

Year | Percentage
--- | ---
2015 | 53.3
2016 | 60.0
2017 | 70.0
2018 | 68.9
Contraceptive Uptake

- Medical
- Surgical

- none
- CHC
- POP
- Nexplanon
- IUS
- Cu Coil
- Depo inj
- Female sterilisation
- Vasectomy
- Cap/diaphragm
Change in contraceptive method between initial preference and discharge

- none
- CHC
- POP
- Nexplanon
- IUS
- Cu Coil
- Depo inj
- female sterilisation
- Vasectomy
Previous Caesarean Sections
2015 – 2018 n = 112
Patients with CS also had other factors

- Placenta accreta suspected
- Previous large blood loss at CS
- Classical CS
- Placenta over CS
- Suspected CS scar ectopic
Synthetic osmotic dilators for cervical preparation prior to abortion—
An international multicentre observational study

Rohan Chodankar\textsuperscript{a,1}, Janesh Gupta\textsuperscript{b,1}, Daniela Gidovinova\textsuperscript{c,1}, Mary Jane Bovo\textsuperscript{d,1}, Jiri Hanacek\textsuperscript{e,1}, Natalia Kan\textsuperscript{f,1}, John Roizin\textsuperscript{g,1}, Victor Tyutyunnik\textsuperscript{f,1}

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\textsuperscript{e} Institute of Care for Mother and Child of 3rd Medical College, Prague, Czech Republic
\textsuperscript{f} Federal state budget institution «National Medical Research Center for Obstetrics, Gynecology and Perinatology named after Academician V.I. Kulakov» of the Ministry of Healthcare of Russian Federation, Moscow, Russian Federation
\textsuperscript{g} Abesewn Women’s Center, Bethlehem, Pennsylvania, United States

\textbf{ABSTRACT}

\textbf{Objectives:} To evaluate the outcomes with the use of Dilapan-S for cervical preparation prior to medical or surgical abortion.

\textbf{Study design:} International, multicentre, prospective observational study in women between 6 ± 0–24 ± 0 weeks’ gestation. The study was conducted across 7 study sites in 4 countries, between 1/5/2015 to 31/12/2016. The primary outcomes studied were the number of dilators used and the duration required for cervical preparation prior to abortion. Secondary outcomes were complications of dilator use and infection. Participants were followed-up for 4 weeks post procedure to capture any delayed complications.

\textbf{Results:} A total of 483 women were enrolled with 459 women eligible for analysis. Medical abortion was performed in 38\% (n = 175) and surgical abortion in 62\% (n = 274). For medical abortions and surgical abortions, an average of 3 osmotic dilators for time interval of 4–7 hours provided effective cervical preparation. Medical abortions were performed as day-case procedures (<12 h) in 81% of women. There was no difference in using either adjunctive misoprostol or Dilapan-S followed by misoprostol for cervical ripening effect to achieve complete medical abortion. Dilapan-S permitted surgical abortions to be performed as same-day procedures (<12 h), in 85% of women regardless of gestational age and without the need to use adjunctive or additional misoprostol.

\textbf{Conclusion:} Dilapan-S is a safe and effective method for cervical preparation for medical and surgical abortions up to 24 weeks’ gestation. It allows medical and surgical abortions to be performed as day case procedures and is associated with a low complication rate. Future research should aim at directly comparing Dilapan-S and preferred pharmacological agents in a randomised controlled trial.
International Dilapan-S E-Registry

Main objective:
To monitor post market clinical outcomes of the use of synthetic osmotic dilator for cervical priming prior to surgical or medical termination of pregnancy with regard to the number of dilators used and duration of dilator’s insertion.

Project overview:
7 study sites / 4 countries (UK, CZ, USA, Russia)
Electronic data collection; combined on-site and centralized data monitoring
483 subjects enrolled / 439 subjects eligible for analysis

2015
7 sites progressively initiated to enroll subjects

2016
Initiation of 100% of study sites
Interim data reports
Presentation of interim results

2017 +
Closing of data records
Final study report
Publications of complete clinical outcomes
Cervical Osmotic Dilators

<table>
<thead>
<tr>
<th>Laminaria limitations</th>
<th>DILAPAN-S / DILACERVIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to minimal effect</td>
<td>6 hrs</td>
</tr>
<tr>
<td>Time to maximum effect</td>
<td>12-24 hrs</td>
</tr>
<tr>
<td>Maximum dilation achieved</td>
<td>Approx. 3 times dehydrated diameter</td>
</tr>
<tr>
<td>Predictability and consistency of action</td>
<td>Its properties, shape and dimensions are inconsistent since it is a natural product</td>
</tr>
<tr>
<td>Risk of allergic reactions</td>
<td>Natural material. Residues of sterilising agent can be present.</td>
</tr>
<tr>
<td>Risk of infections</td>
<td>Higher. More difficult to sterilize. Natural product can transfer spores.</td>
</tr>
</tbody>
</table>

Synthetic osmotic dilators for cervical preparation prior to abortion—An international multicentre observational study

Rohan Chodankar\textsuperscript{a,1}, Janesh Gupta\textsuperscript{b,1}, Daniela Gdovinova\textsuperscript{c,1}, Mary Jane Bovo\textsuperscript{d,1}, Jiri Hanacek\textsuperscript{e,1}, Natalia Kar\textsuperscript{f,1}, John Roizin\textsuperscript{g,1}, Victor Tyutyunnik\textsuperscript{h,1}

Highlights

• For medical abortions and surgical abortions, an average of 3 osmotic dilators (Dilapan-S) for 4–7 hours provided effective cervical preparation.

• Medical abortion and surgical abortions can be performed as day-case procedures (<12 h) in 81% and 85% of women respectively.
Regimes - Medical

We aim for day case procedures

- ≤ 9 weeks
  - Mifepristone (200mg) and Misoprostol (800ug)
    24-48 hours later

- > 9 weeks – inpatient until complete

- Over 14 weeks (previous LSCS, BMI)
  - Mifepristone 200mg
  - 24-48 hours later - upto 5 Dilapan rods for 4 hours
    then remove
  - Vaginal 800ug misoprostol (additional 400ug oral)
  - >90% success rate achieved
  - Signs of life after 16 weeks
Regimes - Surgical

- All procedures performed with real time USS
- Under 12 weeks – 800ug misoprostol given at least 2-3 hours before
- Dilapan-S (up to 5 rods)
  - > 12 weeks
  - at least 4-6 hours before surgery
  - BMI > 35
  - previous LSCS
  - > 18 weeks - overnight Dilapan-S
Major Complications
2015 – 2018 (n = 1631)

- **Previous LSCS - Surgical 17 weeks**
  - bleeding after discharge
  - Rusch balloon used in another hospital
  - Likely to be scar placenta

- **Hysterectomy**
  - Failed medical regime after 2 courses of misoprostol at 12 weeks gestation
  - Previous x2 LLETZ and previous LSCS
  - Surgical attempt resulted in perforated uterus
Successes vs Remaining Barriers

**Successes**
- Automated text service
- Space improved (Wd7/CBB)
- SOP for fetal med
- Quality Refs
- Clearer transfer pathways from providers
- Planned Theatre list with dedicated Anaesthetist and surgeon
- Theatre Staff attending clinic and ward to improve awareness
- Double Clinic on a Monday
- Kings Review – Dilapan + Miso 4 hours later
- Theatre and Ward Abortion Care Competencies
- HSA1 Form Complete
- Volunteer Support
- Dedicated Medical Secretary
- Planned Theatre list with dedicated Anaesthetist and surgeon
- Treatment of medical patients within 5 days
- Training for recovery team – managing post op patients
- Dedicated TOP List
- 70% LARC Uptake
- STI Follow up
- New Info leaflet including discharge

**Remaining Barriers**
- Only 1 surgeon trained in late gestation TOP
- Delays in triage
- Patient may defer
- No STOPs under local anaesthetic
- Dedicated space
- Lack of psychological support
- Handwritten HSA4
- Contraception not commissioned
- Lack of bed spaces for medical patients
- Shortage of nursing staff on wards
- Delay caused by capacity – 10% in 5 days
- Ward 8 on has one room for Dilapan
- Lack of dedicated admin support in clinic on a Monday
Birmingham Women’s PAS Team

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Dr Rachel Barlow-Evans (CSRH trainee)
Thank You