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

FIAPAC
Nantes
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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

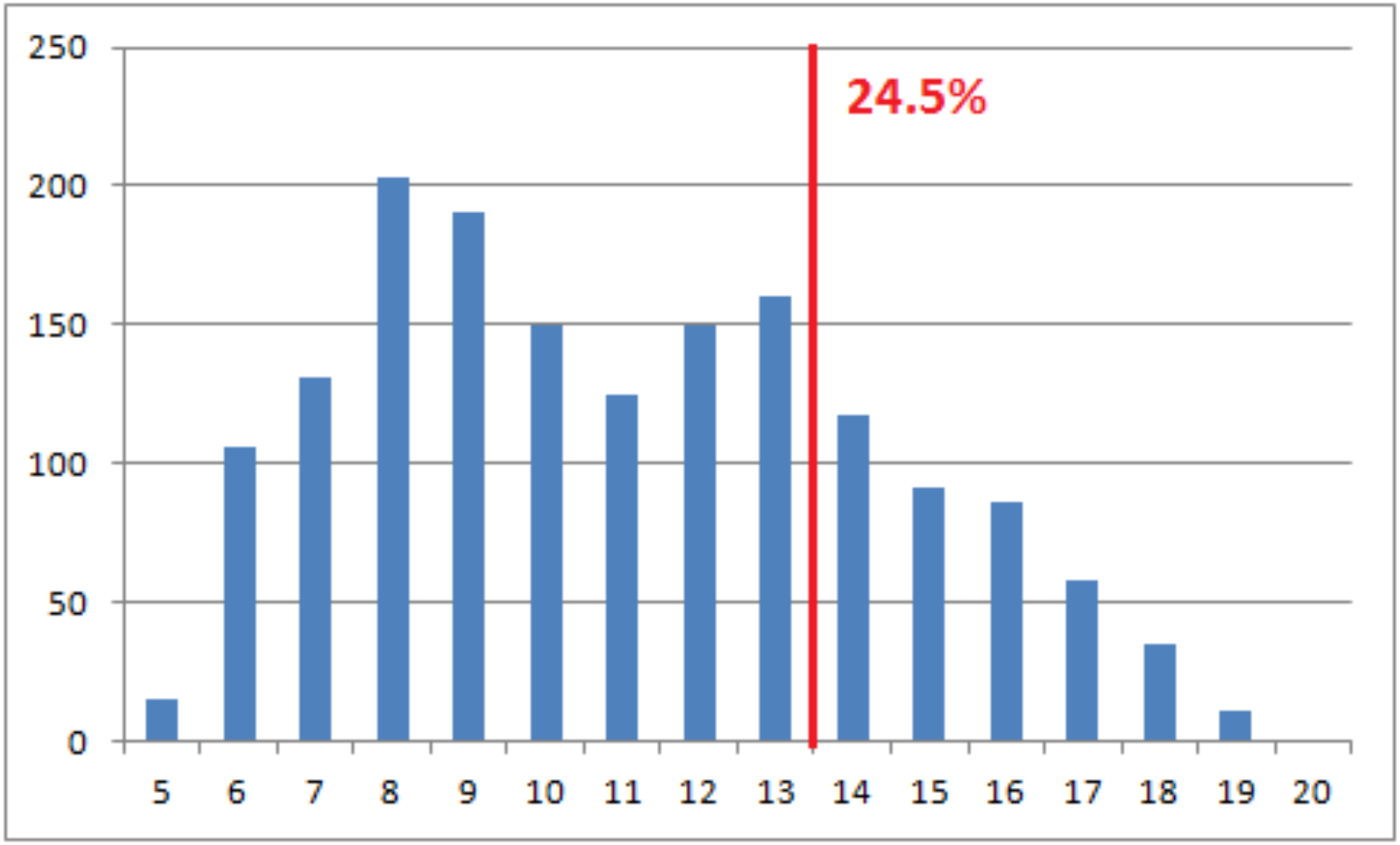
Pregnancy Advisory Service (PAS) at Birmingham Women's Hospital

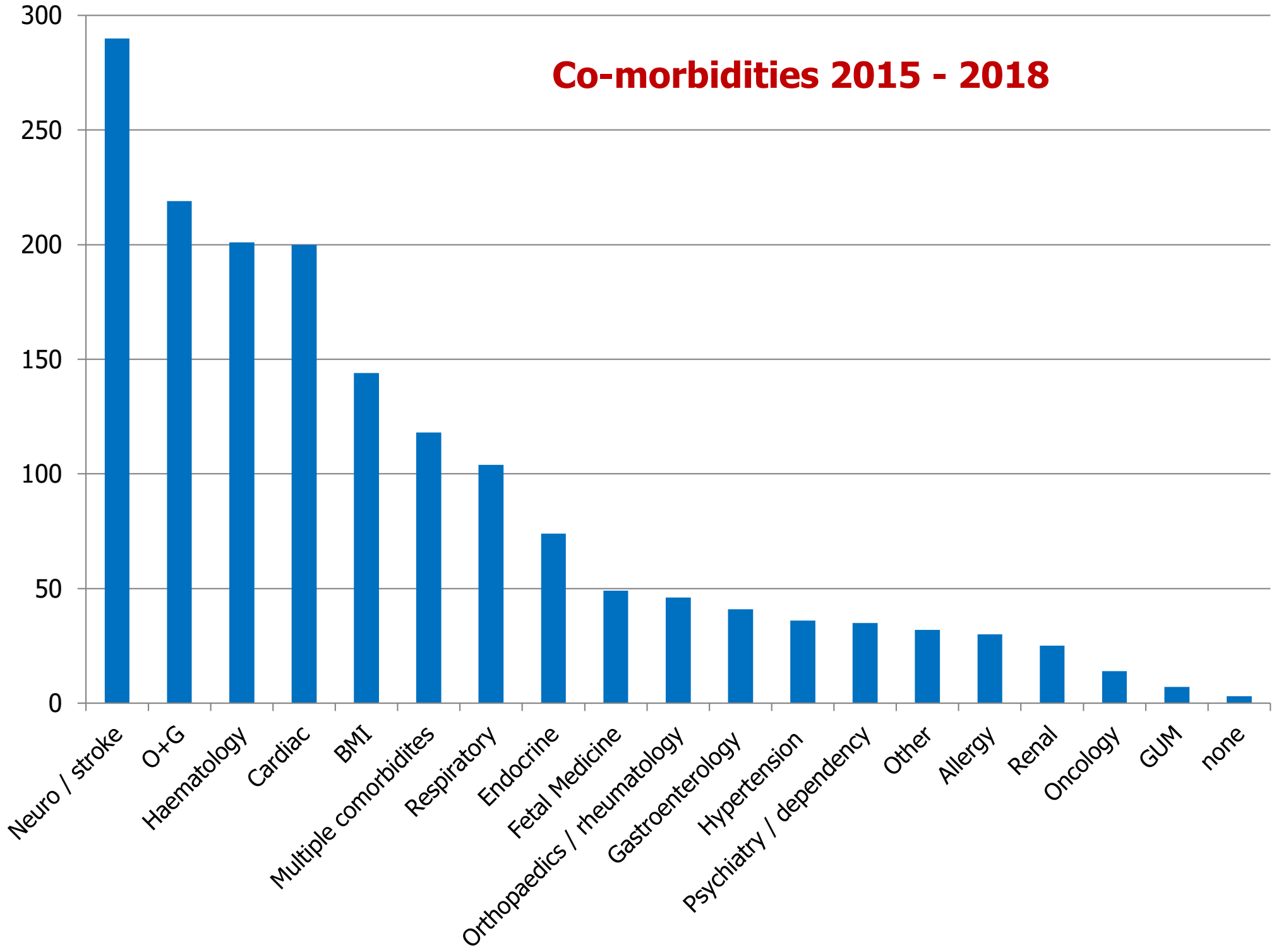
- Set up at the end of 2014 and operational in January 2015
- Designed to accept referrals for abortions from other providers for women with medical or surgical reasons that excluded them from stand alone clinics (e.g. BPAS, MSI)
- These women are high risk with complex co-morbidities
- Patients are 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

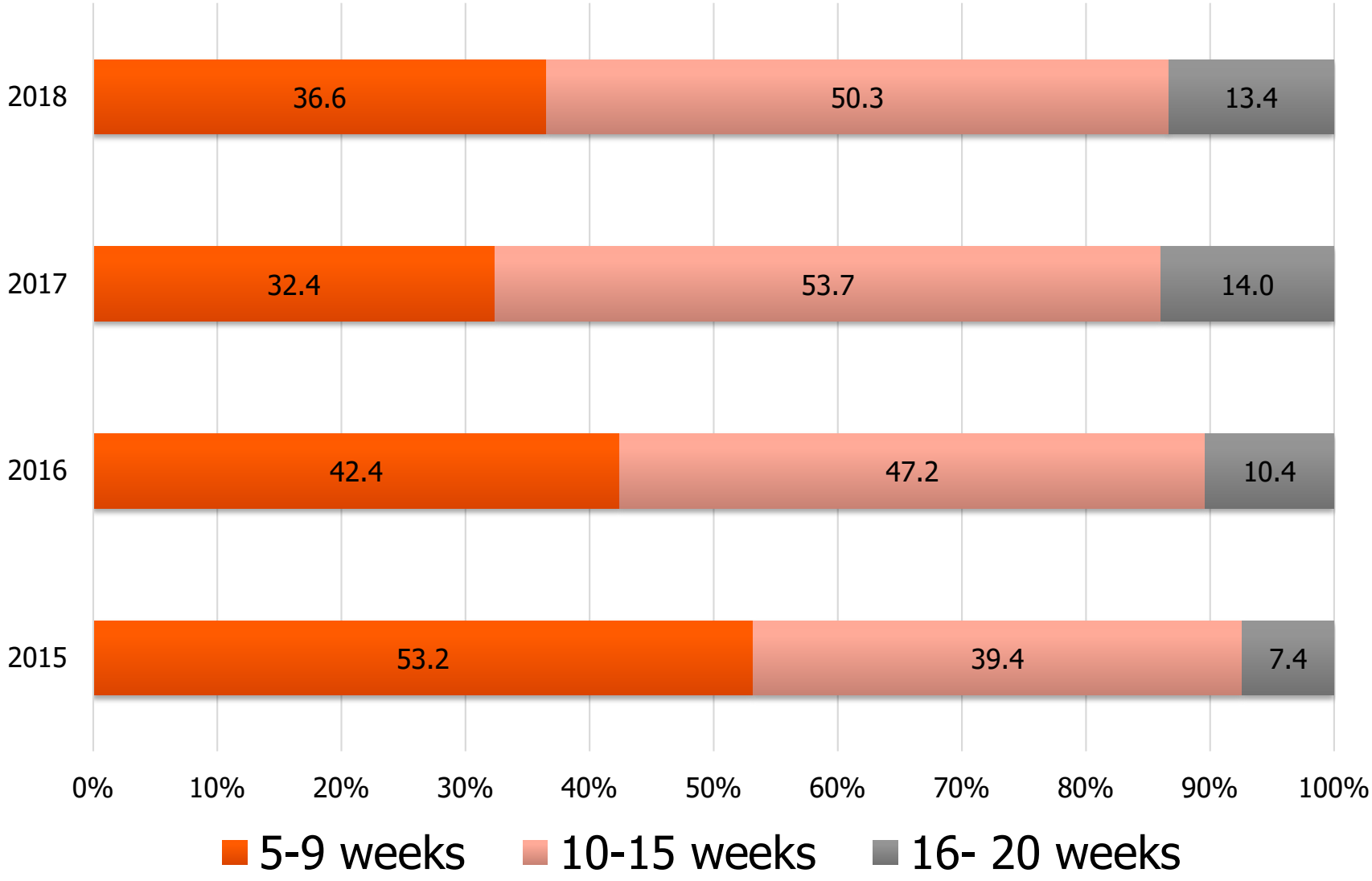
2015 - 2018 data

n = 1631

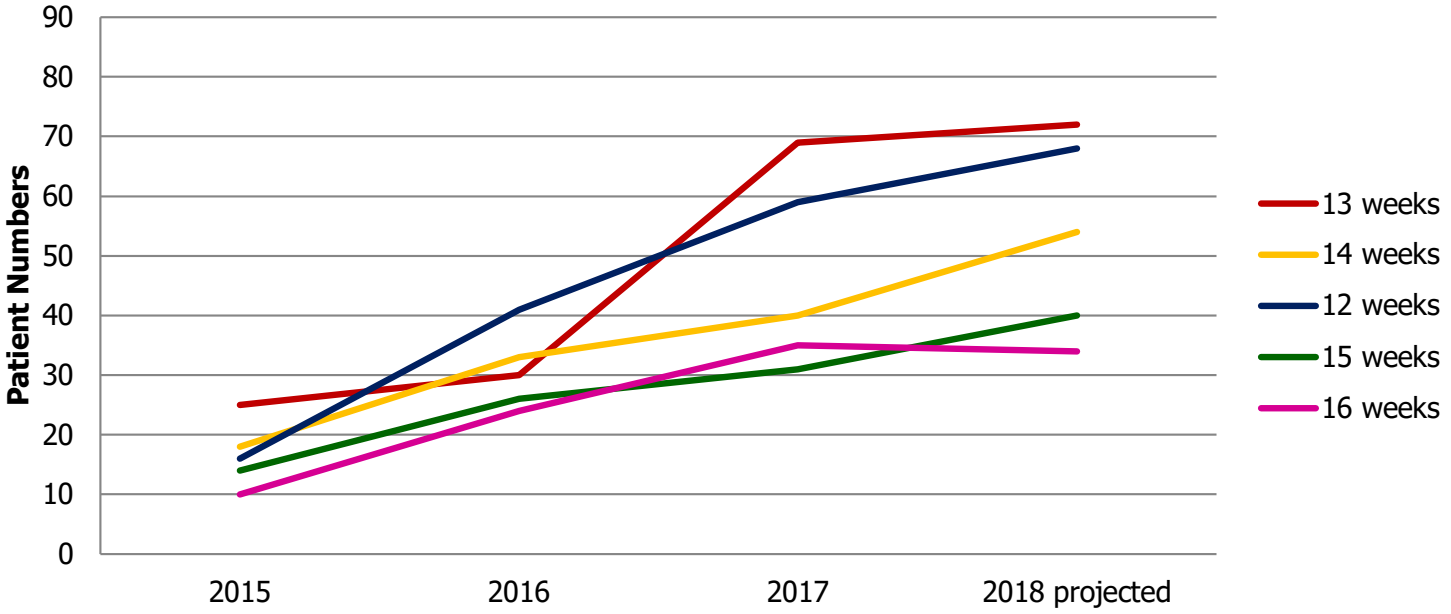



Co-morbidities 2015 - 2018
300
250
200
150
100
50
0
Neuro / stroke
O+G
Haematology
Cardiac
BMI
Multiple comorbidites
Respiratory
Endocrine
Fetal Medicine
Orthopaedics / rheumatology
Gastroenterology
Hypertension
Psychiatry / dependency
Other
Allergy
Renal
Oncology
GUM
none

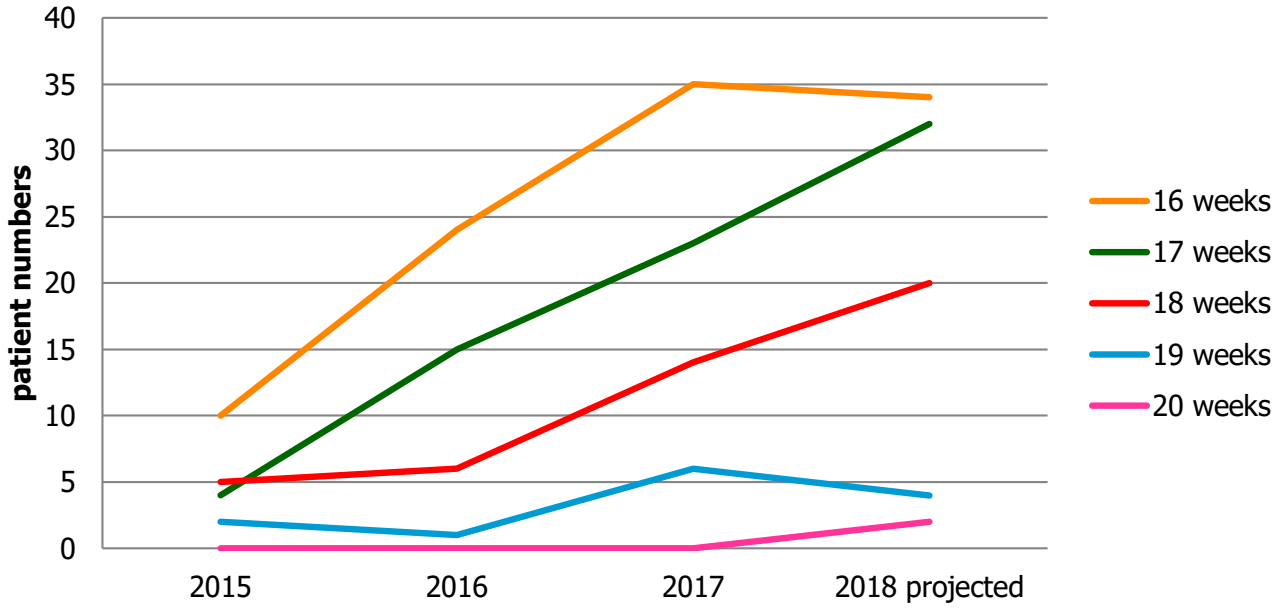
Gestations Seen per Year



Increases in patient volume gestations 13 to 16 weeks

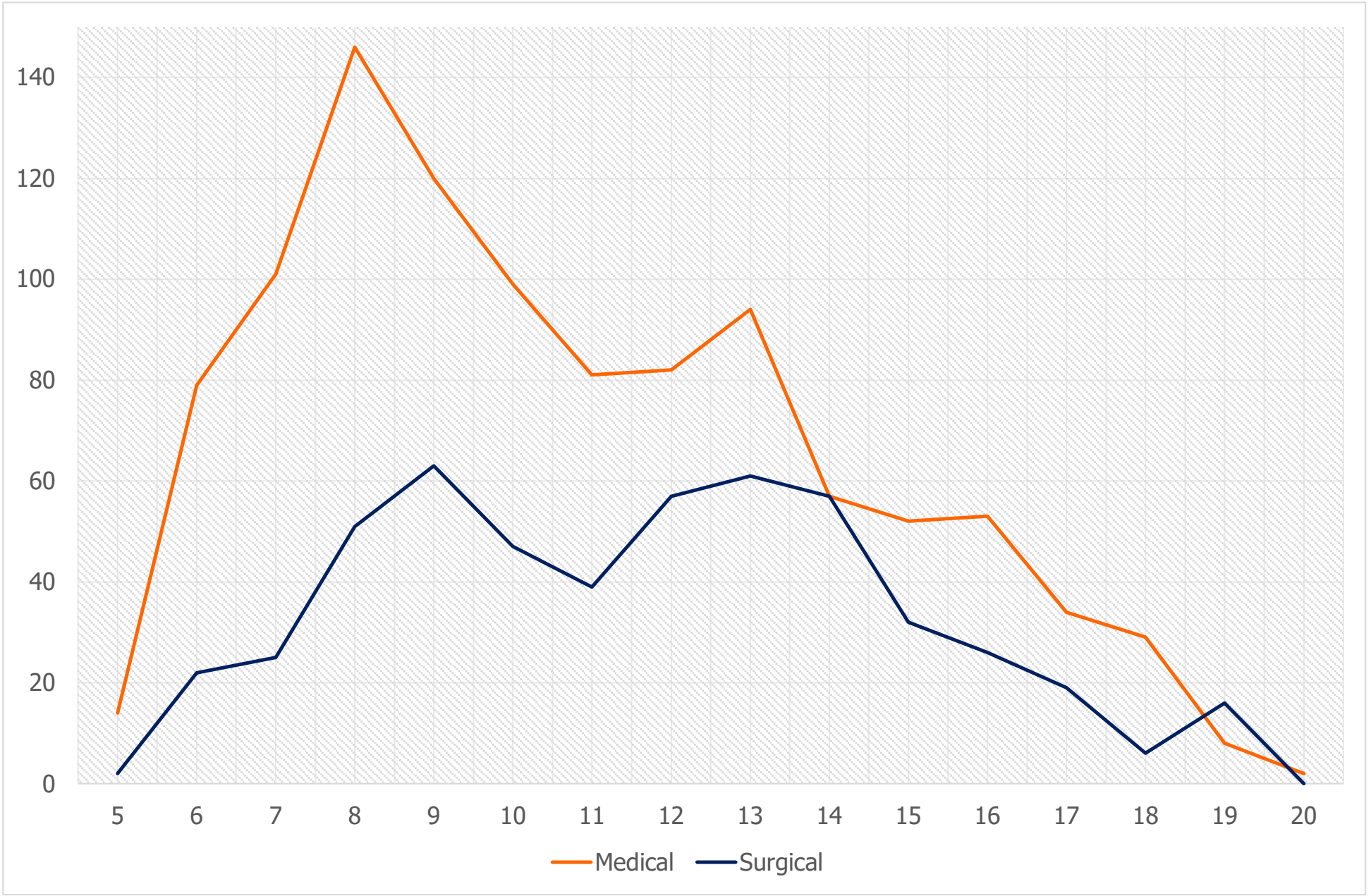


Increases in patient volume gestations 16 to 20 weeks

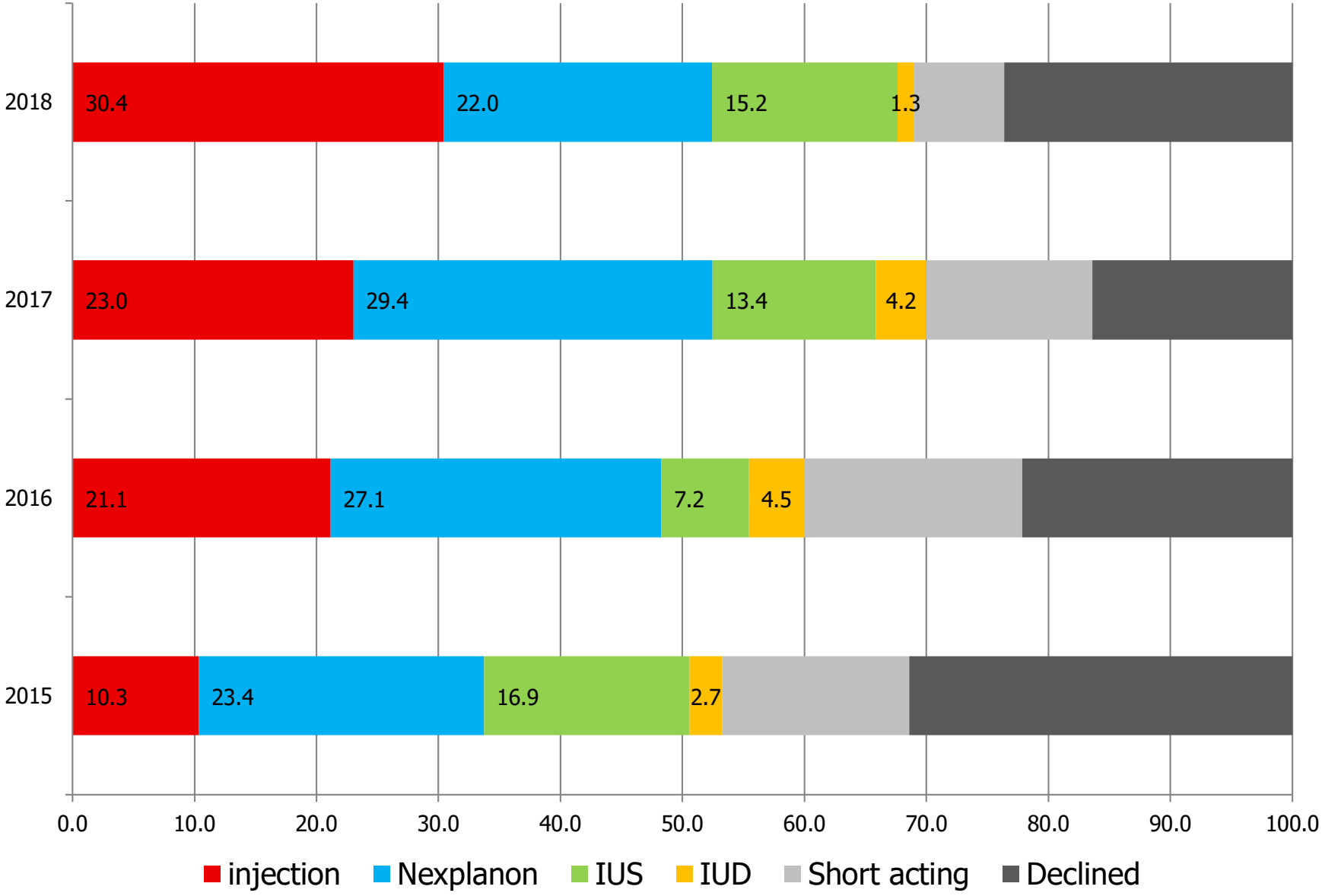


Medical vs Surgical – 2015 - 2018

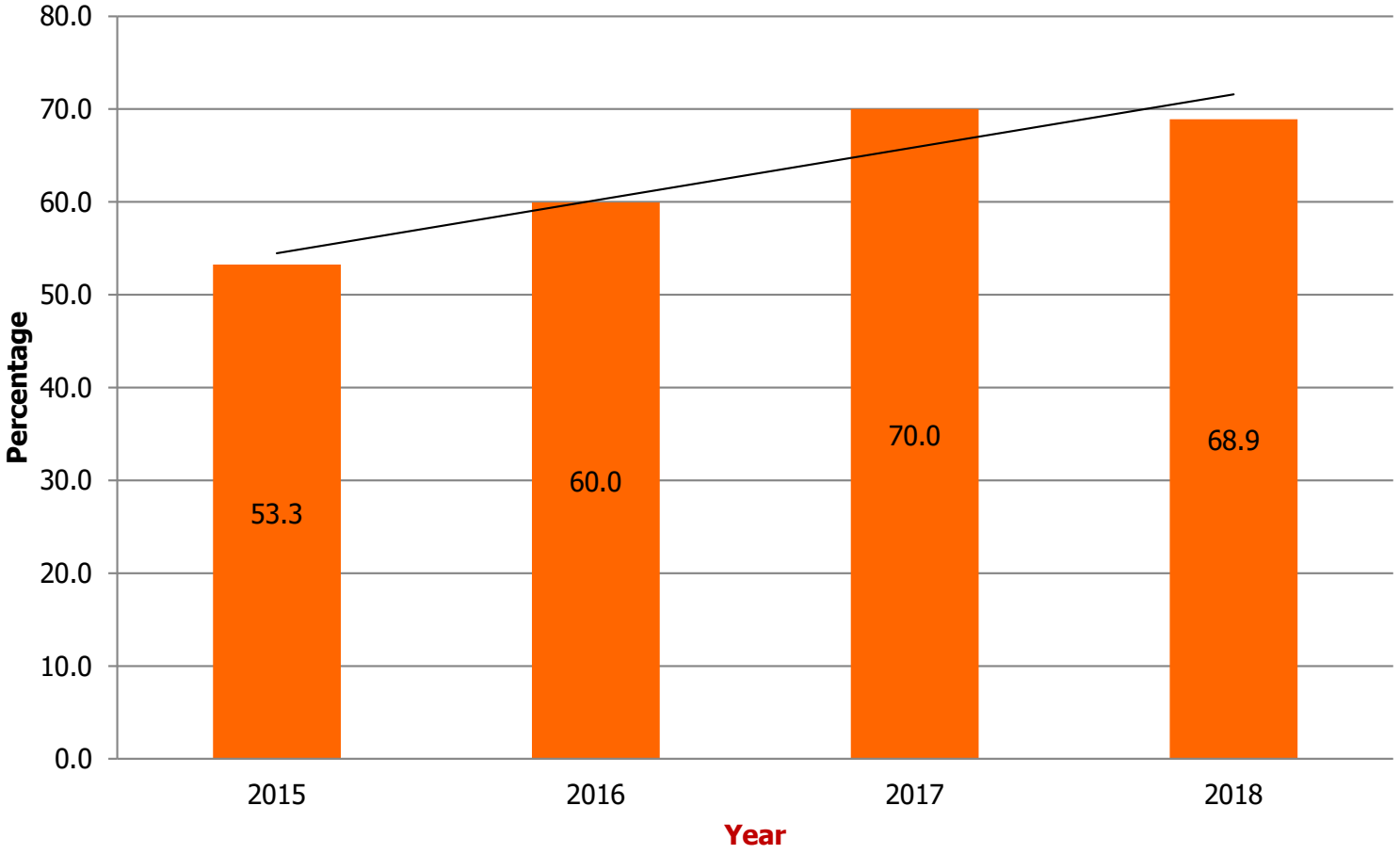
n = 1631



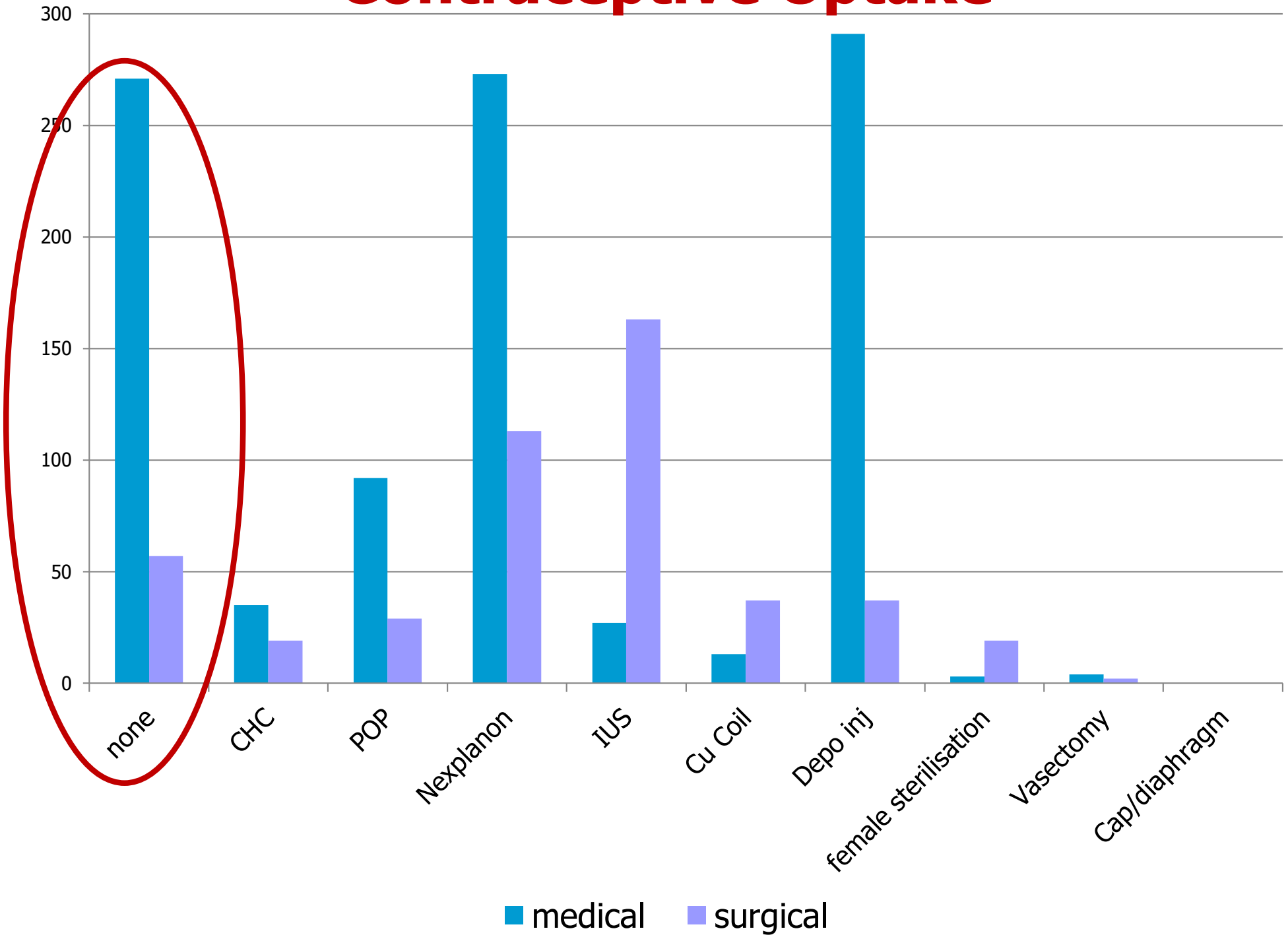
Contraception at time of discharge



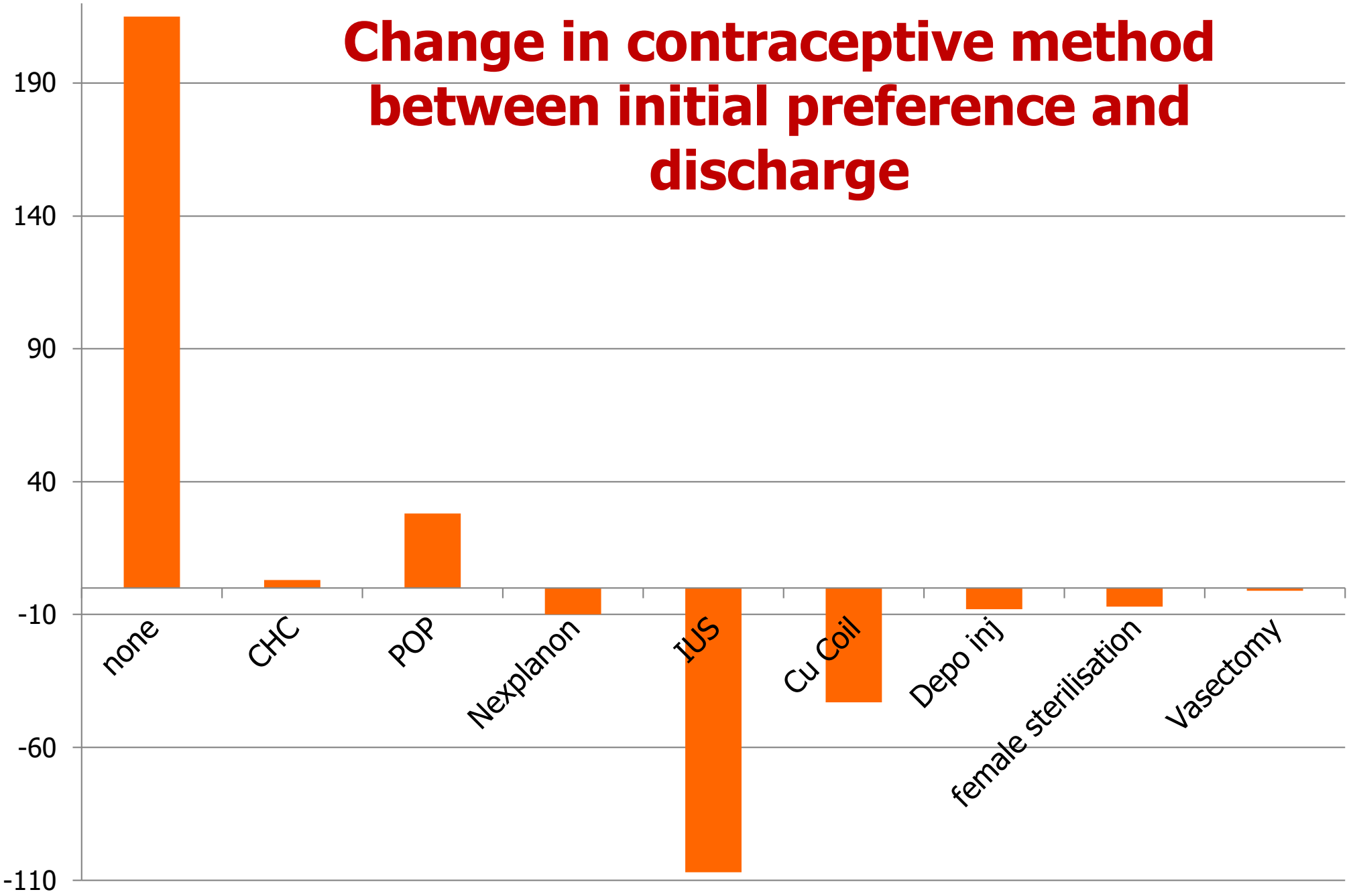
LARC Uptake


80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Percentage
53.3
60.0
70.0
68.9
2015
2016
2017
2018
Year

Contraceptive Uptake

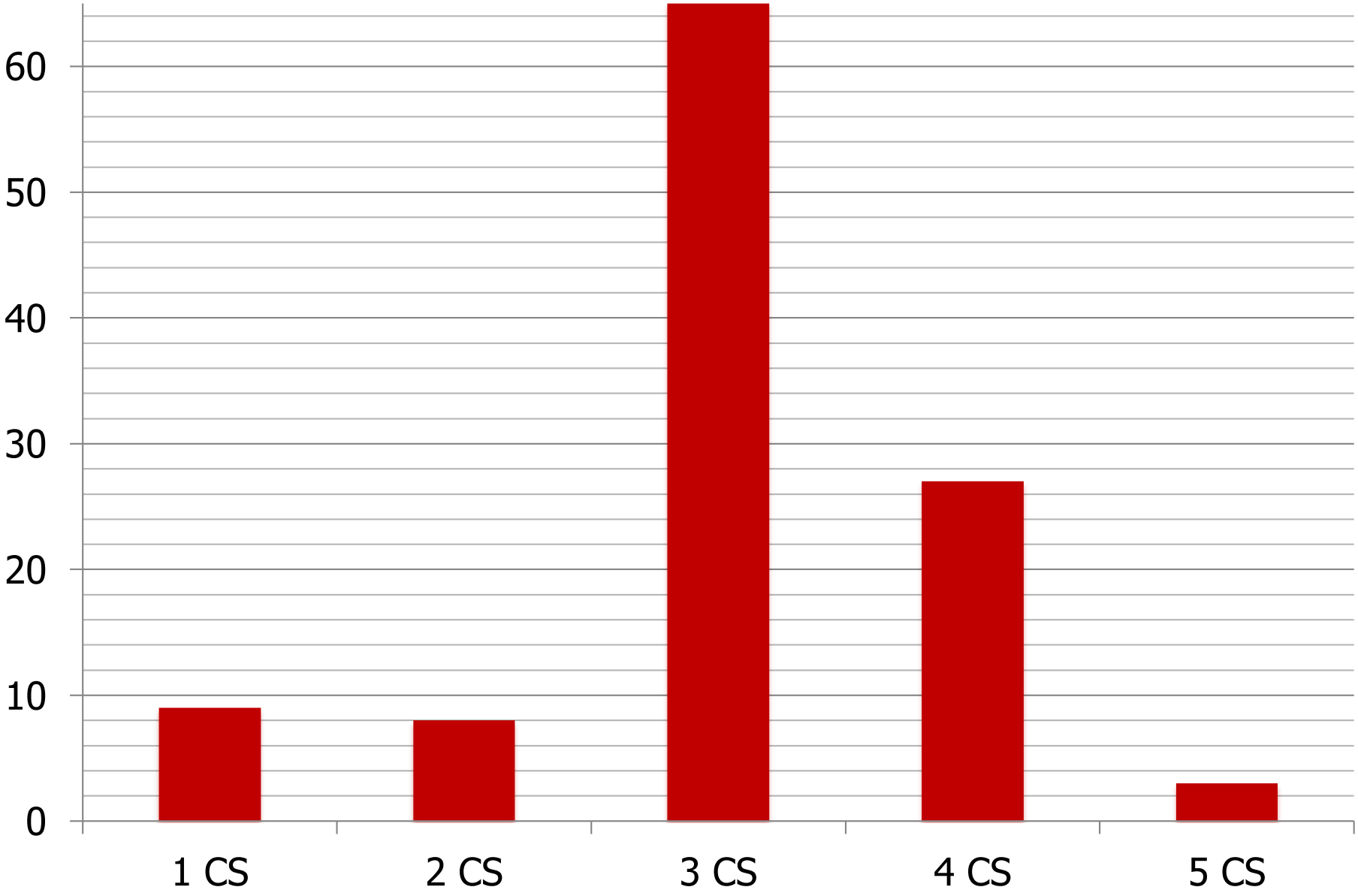


Change in contraceptive method between initial preference and discharge



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

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Full length article

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

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ABSTRACT

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

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.

Results: A total of 483 women were enrolled with 439 women eligible for analysis. Medical abortion was performed in 38% (n = 165) women 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.

There were no serious adverse events reported with the use of Dilapan-S, including in women with a previous caesarean section. The overall infectious morbidity was 0.9% of cases with no causal relationship with the use of synthetic osmotic dilator use (for a length <24 h). In addition, Dilapan-S was reported as easy to insert and remove in over 90% of women.

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:

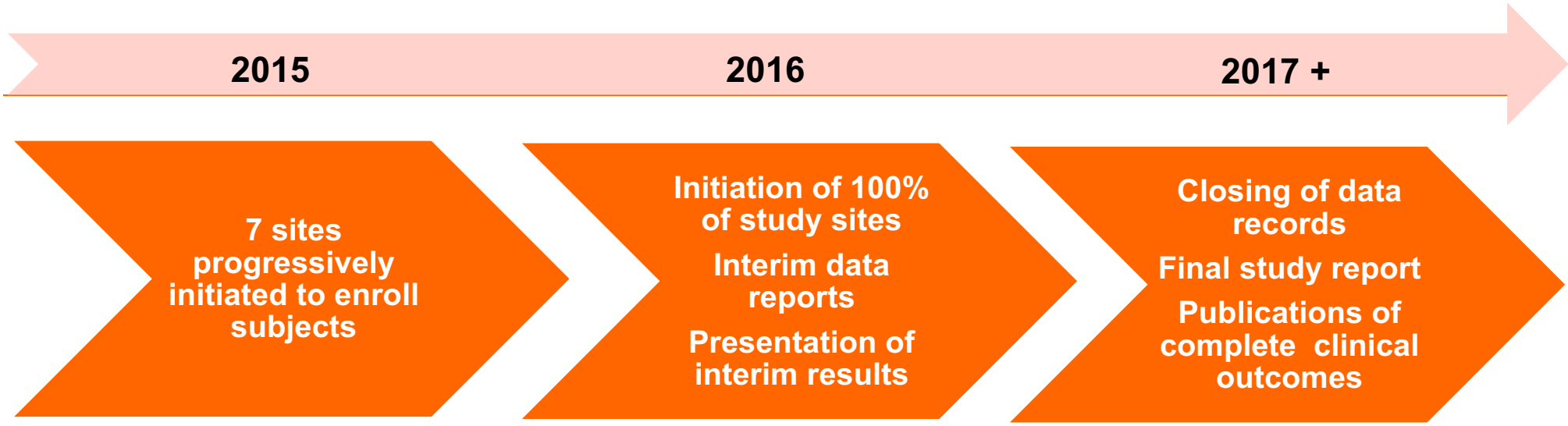
To monitor post market clinical outcomes of the use of synthetic osmotic dilator for **cervical priming prior to surgical or medical termination of pregnancy** with regard to the **number of dilators used** and **duration of dilator´s insertion**.

Project overview:

7 study sites / 4 countries (UK, CZ, USA, Russia)

Electronic data collection; combined on-site and centrallized data monitoring

483 subjects enrolled / 439 subjects eligible for analysis



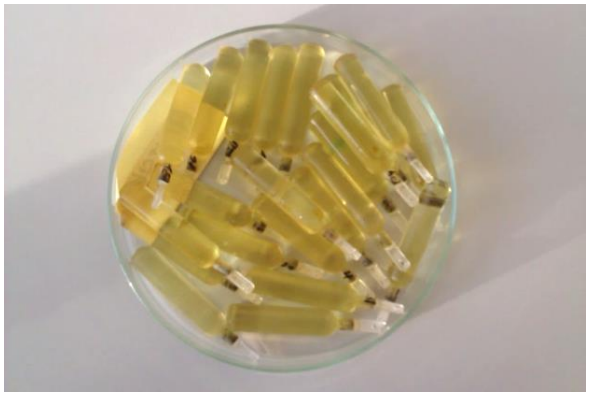
Cervical Osmotic Dilators

Laminaria

100% natural, made of a sea-grown plant

DILAPAN-S / DILACERVIX

Synthetic, made of patented hydrogel AQUACRYL



	Laminaria limitations	DILAPAN-S / DILACERVIX
Time to minimal effect	6 hrs	2 hrs
Time to maximum effect	12-24 hrs	4-6hrs*
Maximum dilation achieved	Approx. 3 times dehydrated diameter	Approx. 4 times dehydrated diamater
Predictability and consistency of action	Its properties, shape and dimensions are inconsistent since it is a natural product	High thanks to pre-defined synthetic material
Risk of allergic reactions	Natural material. Residues of sterilising agent can be present.	Lower / innert synthetic material
Risk of infections	Higher. More difficult to sterilize. Natural product can transfer spores.	Lower because of synthetic material

Fox et al.: Cervical preparation for 2nd trimester surgical abortion prior 20 weeks of gestation. SFP Clinical Guidelines, 2013-14. Contraception 89, 2014

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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

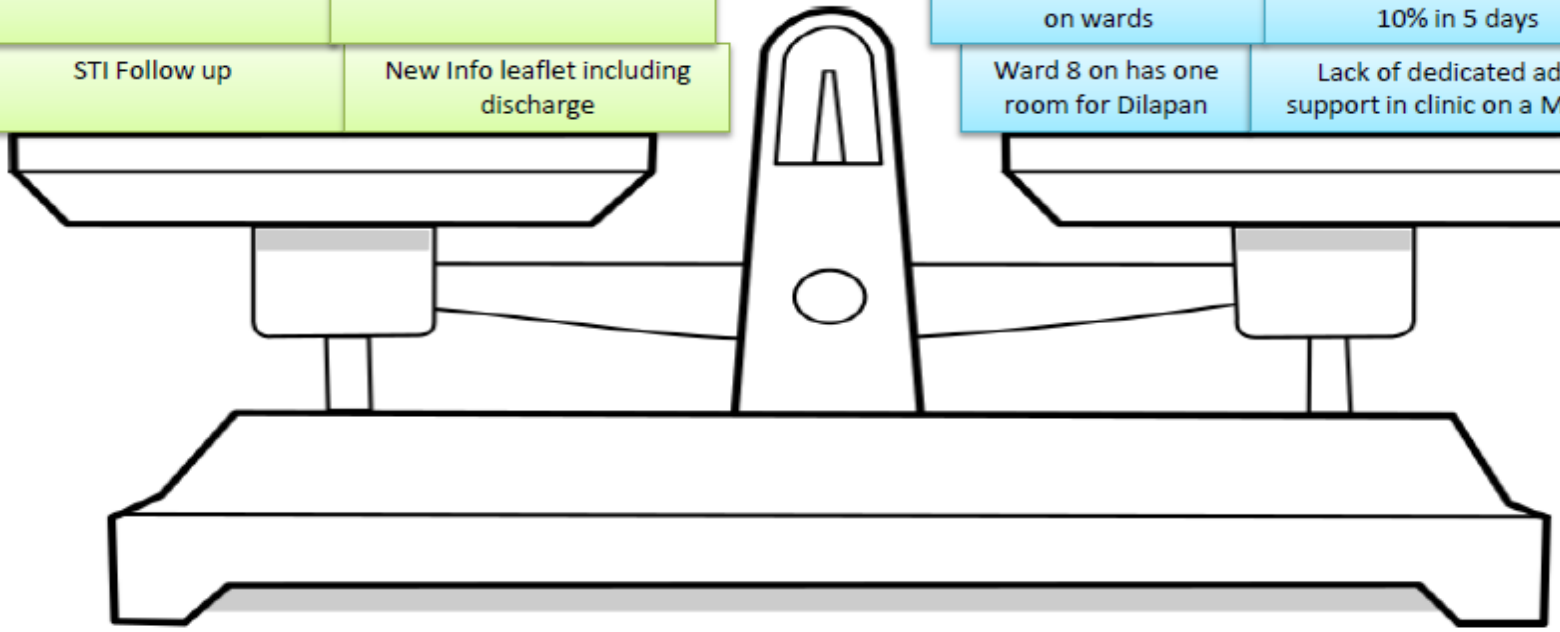
Major Complications

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

- 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 + Misoprostol 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



- 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 Ruchira Singh (Consultant)
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- Nikkita Carden (Nurse Specialist)
- Lisa Caveney (Theatre Nurse / Sister)
- Francesca Acquah (Ward Sister)

Dr Rachel Barlow-Evans (CSRH trainee)

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