

Reducing Serious Infection Following Medical Abortion

E. Steve Lichtenberg, MD, MPH, Northwestern University

Mary Fjerstad, NP, CAPS Program, PPFA

James Trussell, PhD, Princeton University

Irving Sivin, PhD, Rockefeller Institute

Vanessa Cullins MD, MPH, MBA, VP Med Affairs, PPFA

Planned Parenthood: United States

- Largest US family planning provider network
- PPFA = federation's national umbrella org.
- 99 separate affiliated networks nationwide
- Each affiliate is financially separate
- Each affiliate may have many health centers
- All affiliates abide by PPFA clinical standards
- Clinical standards updated yearly

Planned Parenthood: United States

- Medical abortion: Jan-June 2008: 47,000
 - Current annualized volume ~95,000/year
- 2004: Chlamydia: 6.6%....GC: 1.1%
- 2004: medical abortion: 55,000
 - surgical abortion (1st Δ): 185,000
 - (2nd Δ): 14,700
 - TOTAL: 255,000

Events of importance

- **April 2006:** two deaths in the same month
 - change to buccal miso administration
 - screen/treat or routine antibiotic coverage
- **July 2007:** routine antibiotics more effective than screen-and treat up to 56 days
 - all patients switched to routine antibiotics
- **Jan 2008:** RCT enables increase to 63 days'
 - gestational limit raised to 63 days'

Group 1 versus Group 2

- Group 1 = all health centers that used screen-and-treat in Period 2
- Group 2 = all health centers that used routine antibiotic coverage in Period 2
 - Doxycycline 100 mg orally BID x 1 week

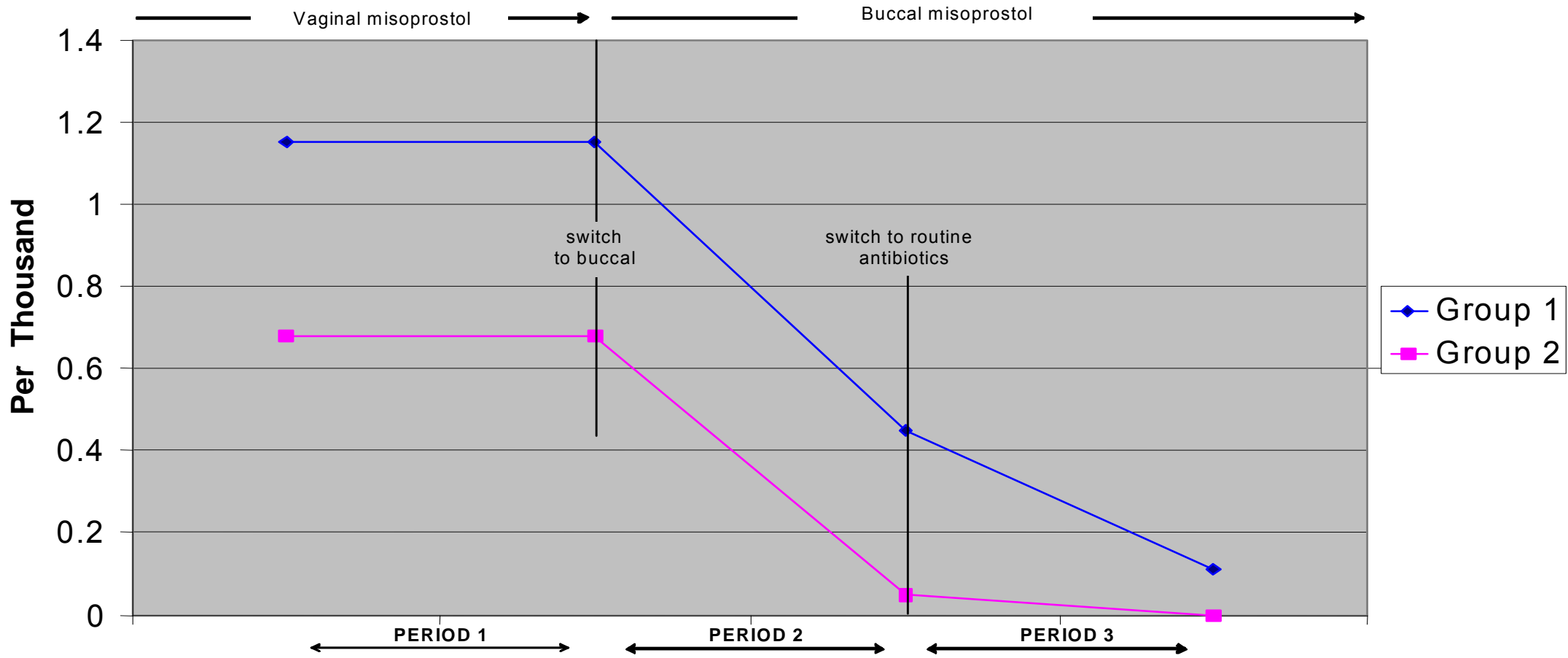
Changes to regimen

- **Period 1.** Vaginal miso & varied antiseptic measures: to 63 days
- **Period 2.** All were buccal miso and EITHER screen-and-treat (Group 1) OR routine antibiotic coverage (Group 2): to 56 days
- **Period 3.** All were buccal miso and routine antibiotic coverage: to 56 days
- **Period 4.** Same as 3 but up to 63 days

Definition of serious infection

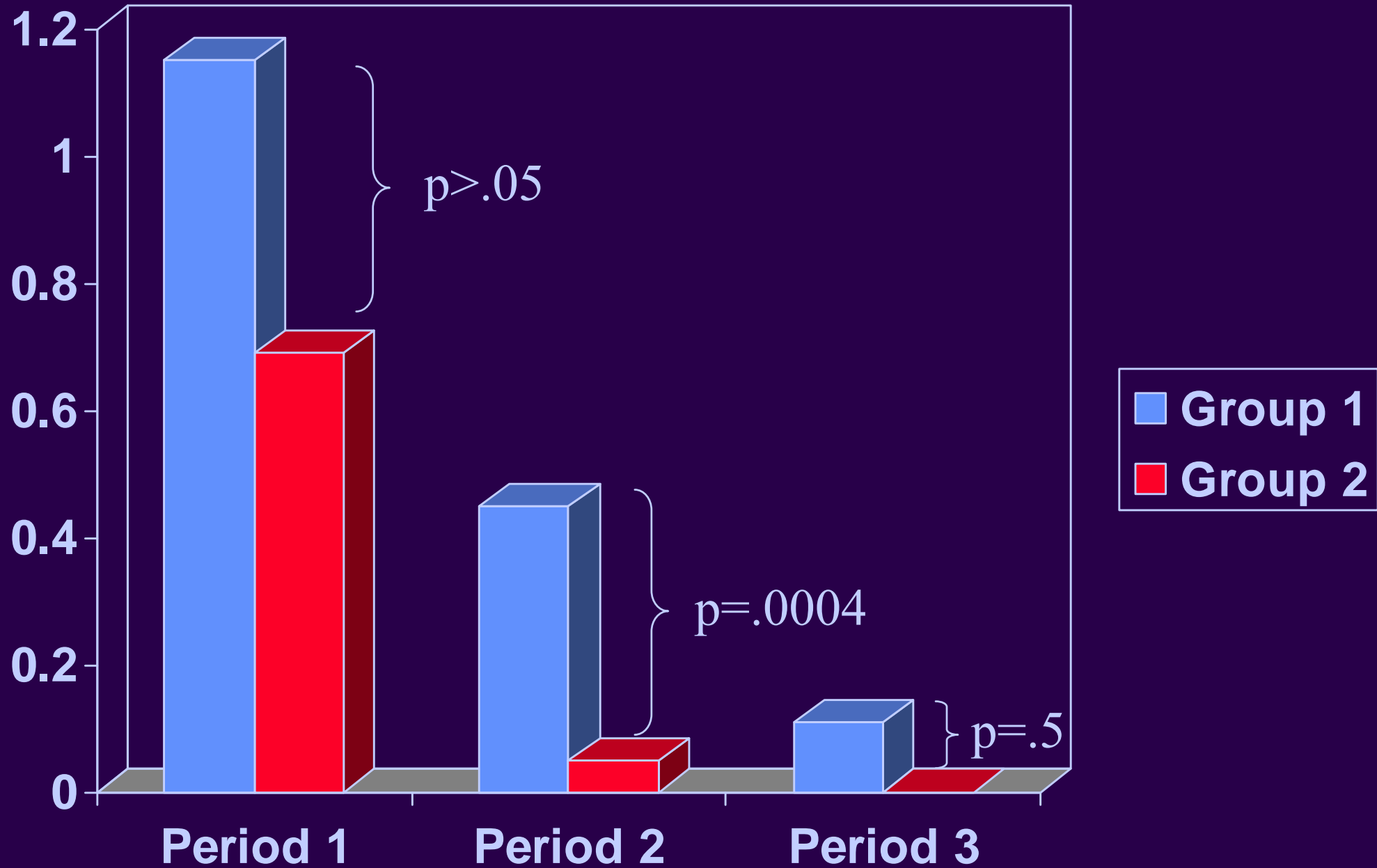
- Infection serious enough to require IV or IM antibiotics in an emergency department or in a hospital
- Included a few cases of non-pelvic infections
- Reported to health center→central databank
 - by a hospital or
 - by a patient or
 - by a treating clinician

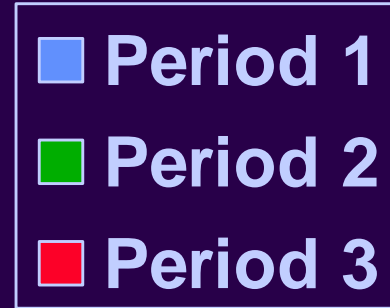
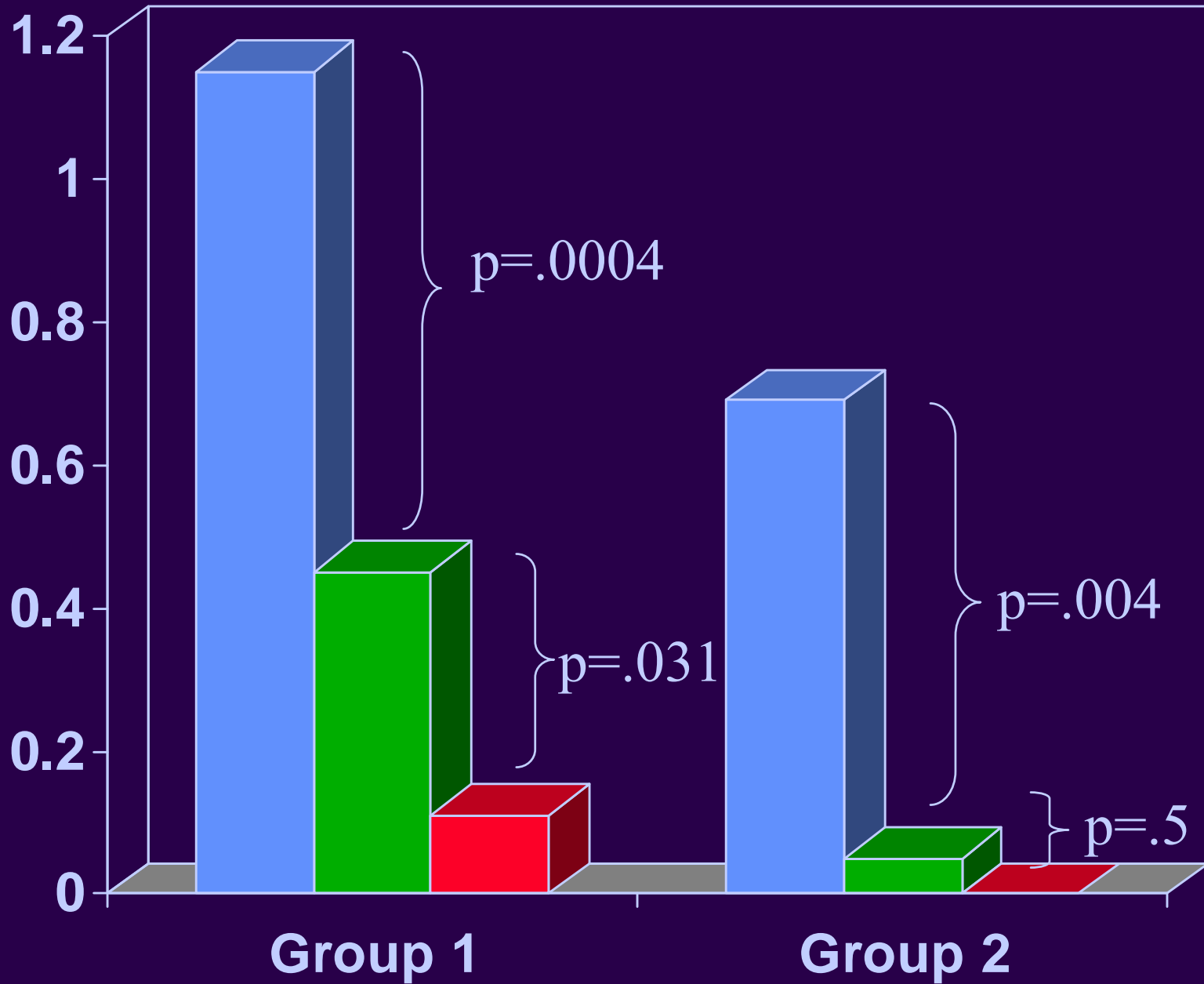
Rate of Serious Infection



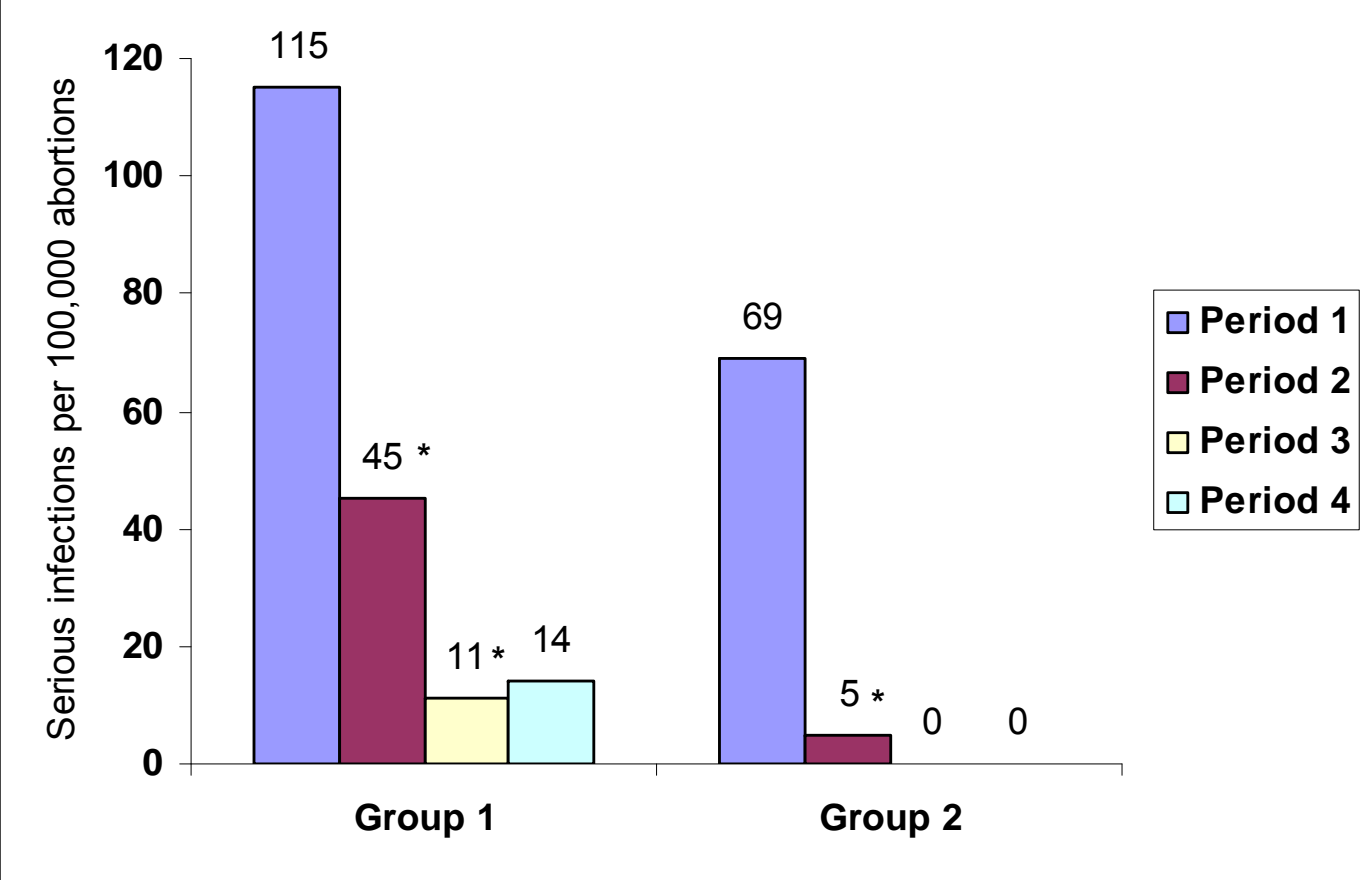
Events of importance

- **April 2006:** two deaths in the same month
 - change to buccal miso administration
 - screen/treat or routine antibiotic coverage
- **By July 2007:** routine antibiotics more effective than screen-and treat up to 56 days
 - all patients switched to routine antibiotics
- **By Jan 2008:** New RCT: OK ↑ to 63 days'
 - gestational limit raised to 63 days'





Serious Infection Rates in Groups 1 (screen) and 2 (routine antibiotics) over 42 Months



Conclusion

- 228,000 women over 42 months
- Changes:
 - from vaginal to buccal miso = 67% of effect
 - routine abx coverage (doxy x 1 week) = 33%
- Reduced the rate of serious infection by 93%, from 92.8 to 6.1 per 100,000

Statistical Outcome

Serious infection was reduced from

1:1,000 to 1:16,000

following medical abortion
up to 63 days of gestation

Results in Perspective

Serious infections are already rare everywhere

STI prevalence is high in the US

Political climate is hostile in the US

Medico-legal system is predatory in the US

Doxycycline can have mild side effects for some

**OUR DECISION MAY NOT BE THE MOST
PRUDENT ONE FOR YOUR MEDICAL
SETTING**