



Comparing rates of retained placenta requiring manual removal with and without mifepristone for mid and late trimester terminations of pregnancy.

Rebecca Thompson, Joanna Hatzistergos, Sumathi Rajendran, Adrienne Gordon
Royal Prince Alfred Hospital, Camperdown, New South Wales, Australia

Introduction

Current college guidelines recommend the use of mifepristone with misoprostol as the best regimen in medical terminations of pregnancy (mTOP). Our study looked to assess whether the co-administration of mifepristone reduced the rate of retained placenta following medical terminations of mid and late trimester pregnancies.

Methods

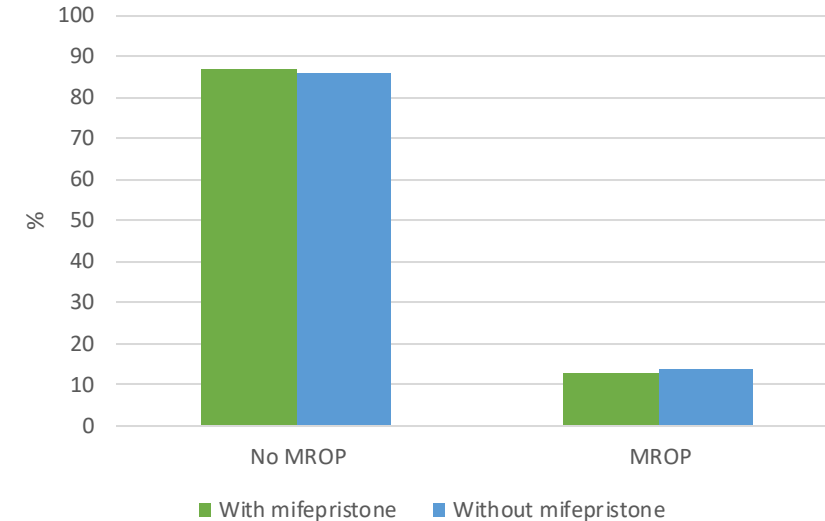
This was a retrospective study undertaken at a tertiary hospital in Sydney between 1/1/2014 and 31/12/2019, of women having mid to late trimester medical terminations of pregnancy. De-identified data was collected from electronic medical records and the infant loss registry, giving 149 women who had mTOP at 20 weeks gestation or greater. Results were excluded when no information was available regarding whether or not mifepristone had been administered.

Results

149 women were identified as undergoing a mTOP over a 6 year period. 28 women were excluded due to insufficient data, leaving 121 women who underwent a mTOP.

Of these women, 99/121 were administered mifepristone (82%) as part of the induction process. The average age in this group was 33 years old (SD ± 11) and the average gestation was 23 weeks (SD ± 3.2). 22/121 (18%) women did not receive mifepristone during their induction. In this group the average age of the women was 32 years old (SD ± 6.2) and the average gestation was 24 weeks (SD ± 5.1).

13/99 of the women receiving mifepristone (13%) had a retained placenta requiring manual removal in theatre, compared to 3/22 women who did not have mifepristone (14%) (P=0.73).



Discussion

Overall, in our hospital the proportion of women requiring a manual of removal of placenta following mTOP was similar between groups who did and did not receive mifepristone. However, these results did not reach statistical significance, and larger numbers are needed to investigate whether administration of mifepristone alters the rate of retained placenta following medical terminations of pregnancy.