A Retrospective service evaluation of Early Medical Abortion at Home by a District General Hospital during the COVID 19 pandemic – 2020 to 2022.

Barnsley Hospital NHS Foundation Trust

Dr M Griffin, A Wheater, W Carter, Dr S Guruswami, Mr R Sarkar

'The College strongly supports the availability of abortion being an essential aspect of safe healthcare delivery, and stands with healthcare professionals across the world in protecting patients' access to care.'

RANZCOG 2022

'Abortion care is an essential part of health care for women: services must be maintained even when non-urgent/elective services are suspended'

RCOG - 2020

Introduction

March 2020 the UK goes into a national lockdown, reducing footfall to hospitals and limiting face to face contact within the NHS.

This included the counselling and the drug administration during early medical abortions (EMA). This is for women of a gestational age of less than 10 weeks.

The government's response to the pandemic was the legalisation of EMA at home for Mifepristone as well as self-referral, virtual counselling and document signing.
Misoprostol had already been legislated for the same use in 2018.

The aim of this project was to evaluate the EMA at home service offered by Barnsley Hospital in response to the COVID19 pandemic.

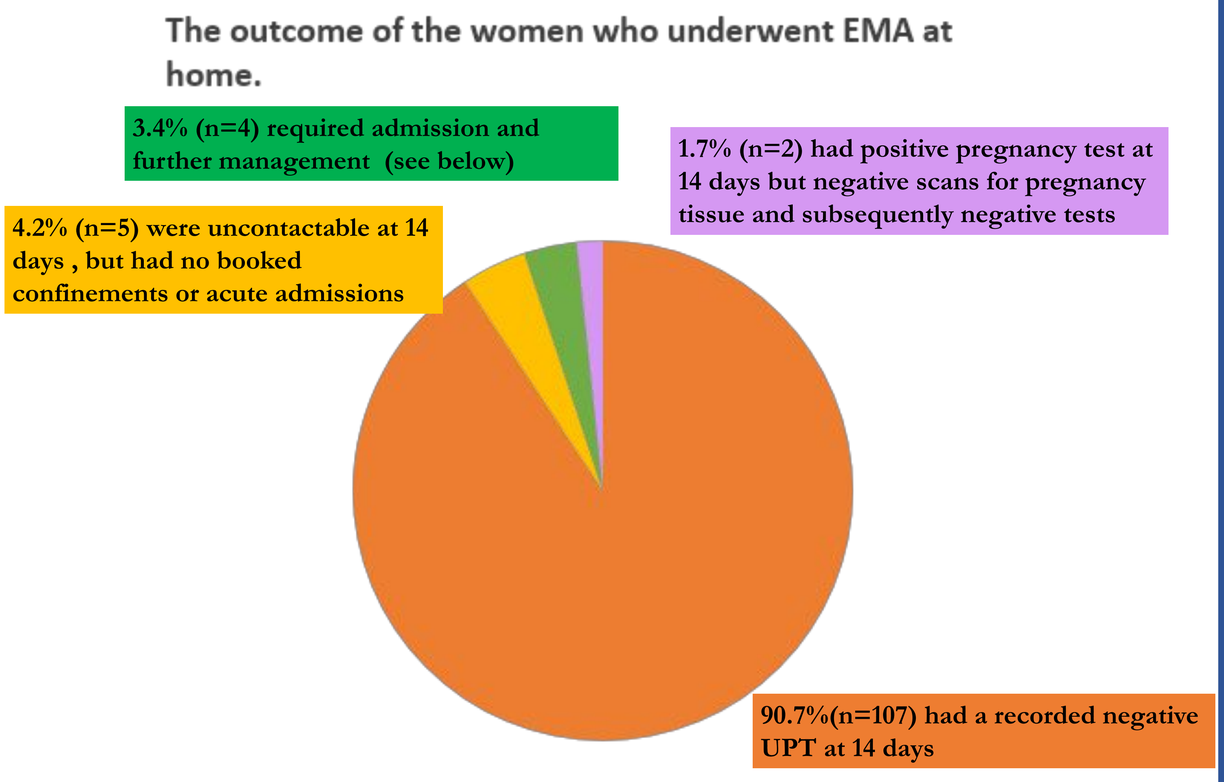
Method

After registration with the Clinical Audit department, Data was collected from the start of the programme – July 2020 to 31st January 2022 (UPT done before that date).

Each patient had a standardised clinical management proforma assigned. The outcome measurement of success was a negative urine pregnancy test (nUPT).
All women underwent a high vaginal swab, routine bloods and dating scan to ensure suitability. EMA outcome was completed with telephone follow-up, at 72 hours and 3 weeks to ensure a nUPT.

Results

118 women underwent EMA at home.

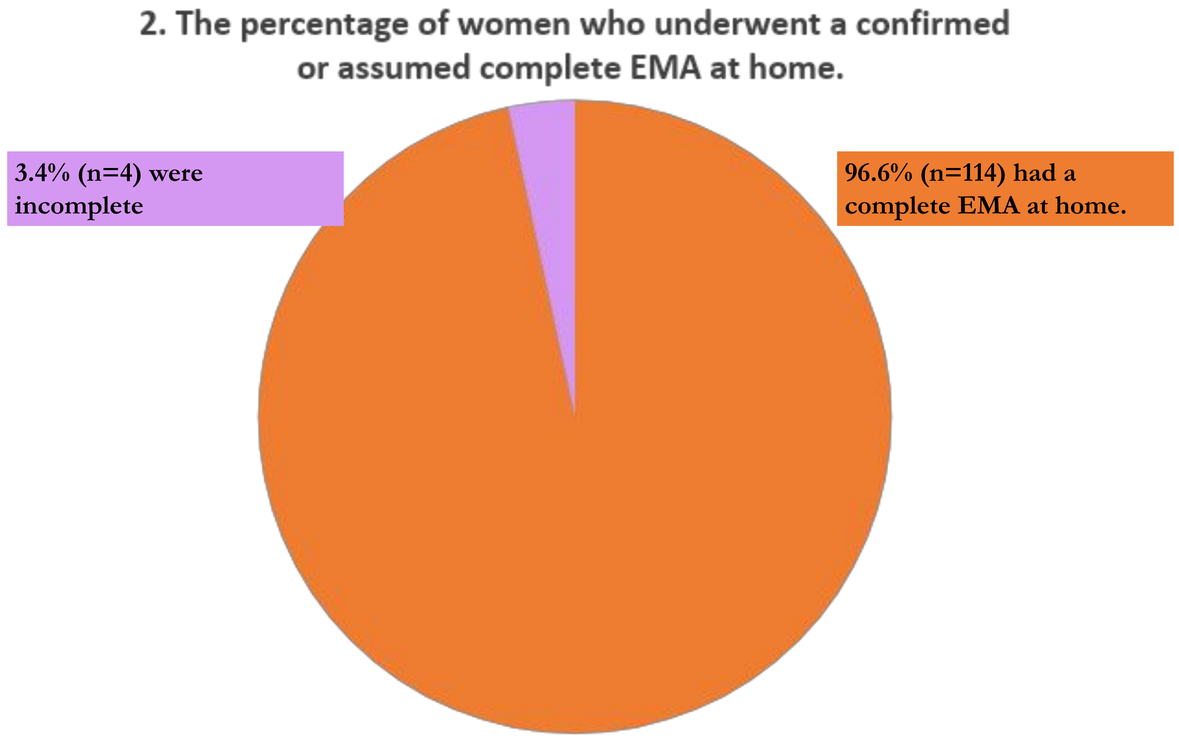


Complications were as followed

1 had a major haemorrhage requiring RESUS and an emergency surgical abortion

1 had severe vomiting requiring admission for IV fluids and MTOP

2 had pUPT at 2 weeks with failed abortions on USS requiring MTOP



A 96.6% (n=114) confirmed and assumed complete EMA at home

Discussion

Before the outbreak of COVID 19, Barnsley District General Hospital only preformed EMA as an outpatient where the women attended multiple times and without taking any medication at home. This was common practice across the region. When creating the Standard Operating Procedure (SOP), multiple different sources of information were used to ensure best practice was achieved. Following the release of the Royal College of Obstetrics and Gynaecology Green Top guidelines 'Coronavirus (COVID-19) infection and abortion care' discussions were had with the local tertiary hospital, The Royal Hallamshire Hospital, Sheffield to confirm a regional plan.
As a unit, the decision was made to opt against the telemedicine approach favoured by the college.

Differences between RCOG Green Top Guidelines[1] and BDGH SOP

1. Face to Face consenting
2. Dating Scan – ensuring viability and suitability of pregnancy
3. Mifepristone given in hospital – Not at home
4. Prophylaxis Metronidazole given to all women

The Scan and consenting was done in one covid safe hospital appointment before returning at a later date for the mifepristone.

One limitation of the service evaluation was that a record was not kept of the women who underwent an USS for the EMA at home, and were found to be unsuitable for the procedure; reasons included, unknown ectopic pregnancies, concealed pregnancies actually dated at 20+ weeks.

A study in Scotland showed that a 98% success rate in women who underwent a full EMA at home during a 3 month period in 2020 (n=663). This was a tele-medicine service, with out routine scanning, but 22.3% of the women still underwent dating scans as LMP was deemed unreliable. 18.5% (n=123) had telephone consultations, and 8.4% (n=56)went on to have face to face appointments. Importantly, the women were asked to complete a questionaries about the service offered, which had a 95% acceptability rating. [2]
Another study in Belgium, who also kept the face to face appointment and dating scan found 99% of patients had a success abortions at home compared to 92.9% in hospital, although the difference was not statistically important (p=0.054). Again the women who underwent the abortion at home found it an acceptable practice. [3]

Conclusion

The EMA at home service set up in response to COVID 19, had proven to be both successful and safe, with low complication rates.

Based on this audit, BDGH decided to continue the programme as an outpatient service despite the relaxation of restrictions.

On 24th August 2022, the UK government announced that abortions via telemedicine and the legalisation of taking both misoprostol and Mifepristone at the patient's registered address will become national legislation.

1. Royal college of Obstetric and Gynaecology:2020. Coronavirus (COVID-19) infection and abortion care. Availible at: https://www.rcog.org.uk/media/bbhpl2qa/2020-07-31-coronavirus-covid-19-infection-and-abortion-care.pdf.
2. Reynolds-Wright JJ, Johnstone A, McCabe K, et al. Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic. BMJ Sexual & Reproductive Health 2021;47:246-251.
3. Mezela I, Van Pachterbeke C, Jani JC, Badr DA. Effectiveness and acceptability of "at home" versus "at hospital" early medical abortion - A lesson from the COVID-19 pandemic: A retrospective cohort study. Eur J Obstet Gynecol Reprod Biol. 2021 Dec;267:150-154.