

FIAPAC

International Federation of Professional Abortion and Contraception Associates

European transnational survey related to medical abortion in the first trimester of pregnancy

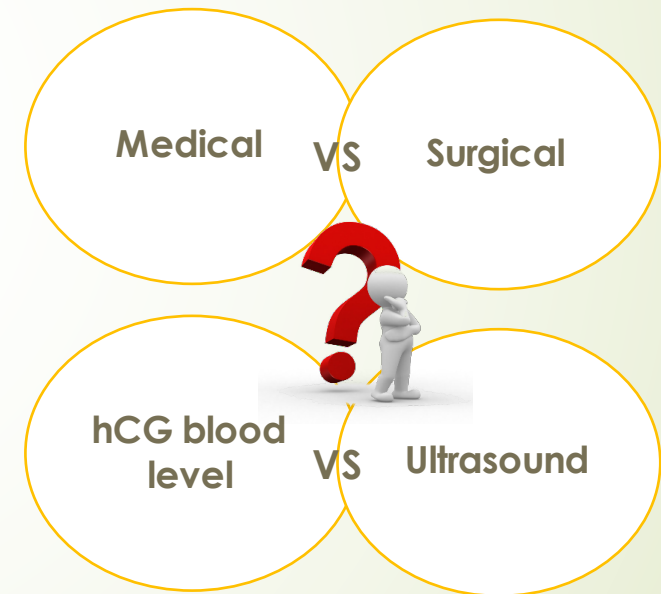
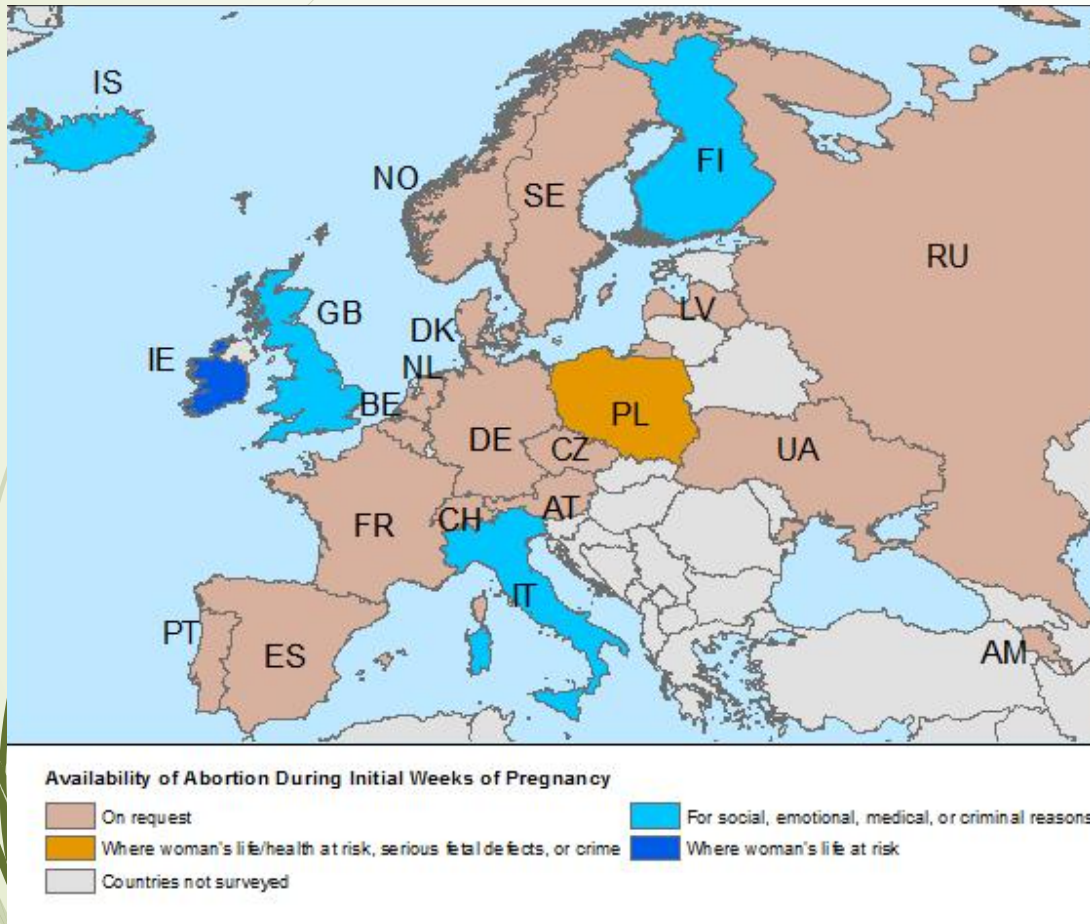
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²On behalf of Expert Group on abortion, European Society of Contraception and Reproductive Health (ESC)

Background

Abortion laws in Europe - 2015



Objectives

► **Principal:**

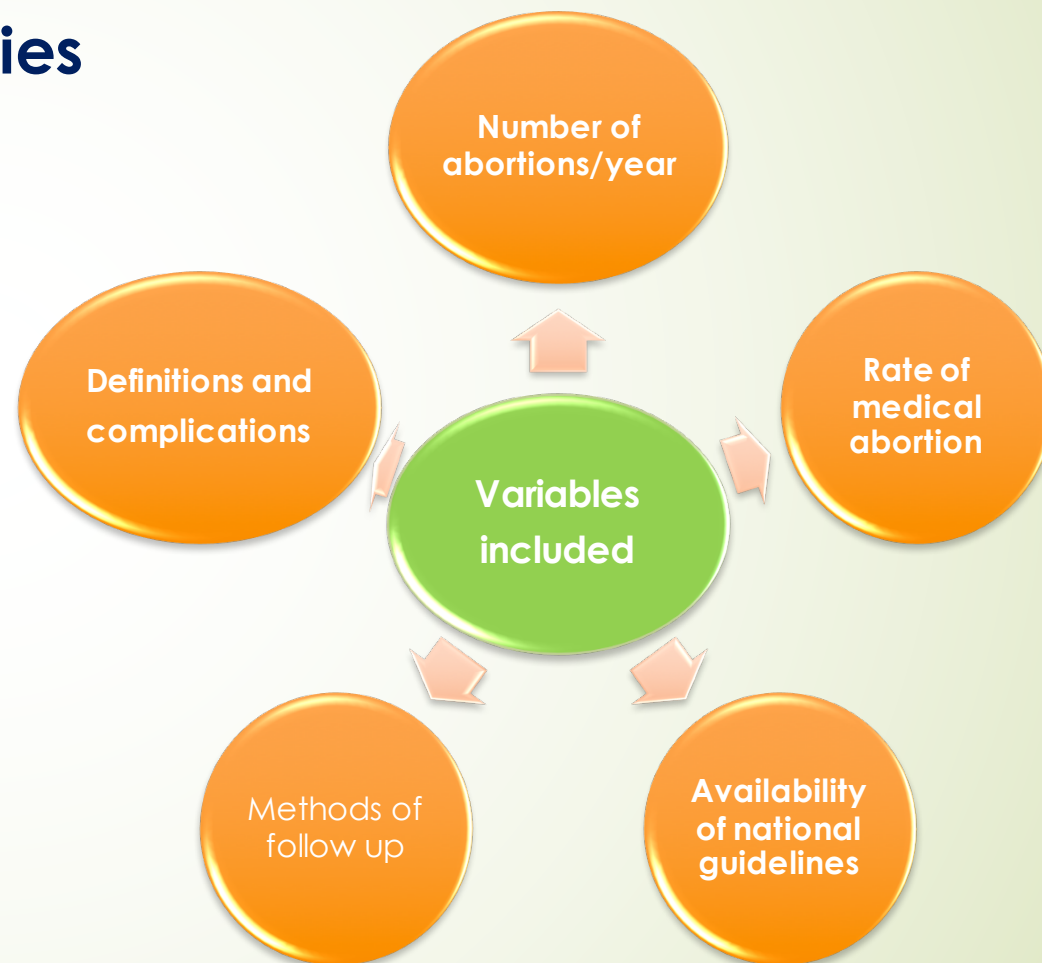
- Evaluation of the clinical practice on medical abortion in the first trimester

► **Secondary:**

- Availability of national guidelines and reports on abortion;
- Collected data about:
 - the protocols of medical abortion used;
 - methods used at follow-up;
 - the definitions used on: complete abortion; incomplete abortion; failure of the procedure.

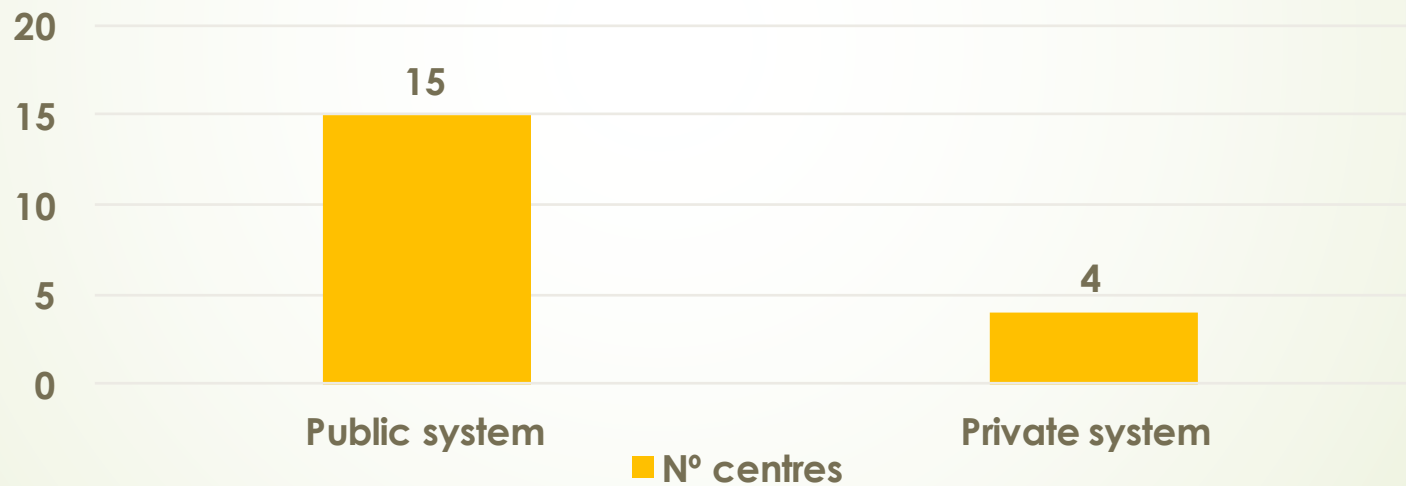
Methods

20 medical centers - 19 countries



Results

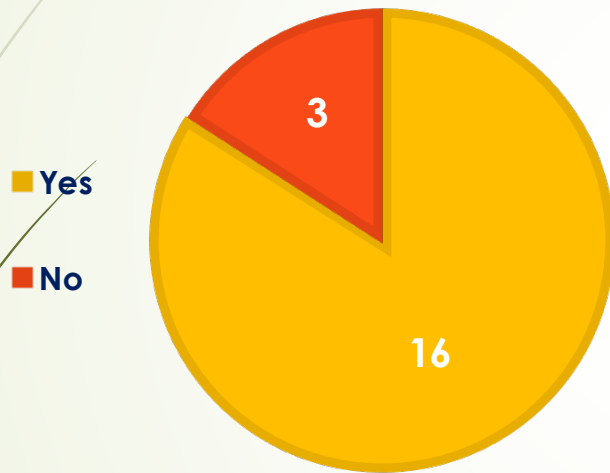
- ▶ 19 centers answered (95%), 18 countries (2 centers – Russia)
- ▶ Global: 21,925 abortions registered in the past year
 - ▶ Minimum: 20 – Belgium
 - ▶ Maximum: 3700 – The Netherlands



▶ Only **1 centre** provides both private and public systems for abortion on request

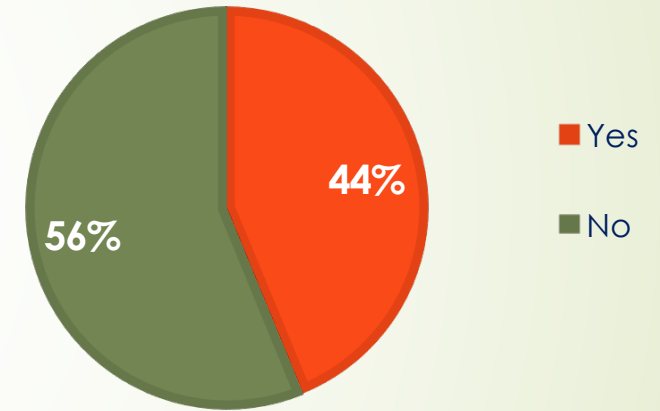
Results

MEDICAL ABORTION (N=19)



- **Medical abortion:**
 - **Minimum: 9% - Russia**
 - **Maximum: 100% - United Kingdom**

MEDICAL ABORTION AS A FIRST LINE METHOD (N=21925)

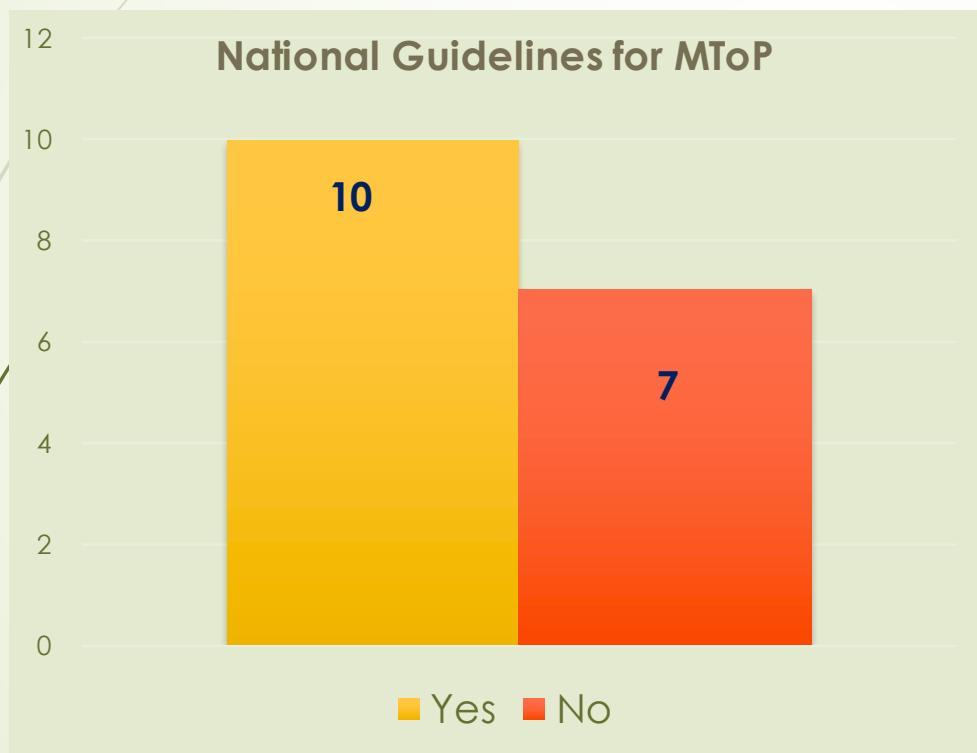


Centers that use MToP as first line

Finland (85%)	Switzerland (68%)
Sweden (80%)	United Kingdom(100%)
Portugal (98%)	Estonia/Austria (50%)

Results

National Guidelines for MToP ?



National Guidelines MToP	No National Guidelines MToP
Belgium	Austria
Estonia	Croatia
Finland	Czech Republic
France	Italy
Netherlands	Russia (2)
Portugal	Slovenia
Russia (1)	Spain
Sweden	
Switzerland	
United Kingdom	

Results

➤ **MToP:** all centers use a combination of *mifepristone* and *misoprostol*

Protocol of medical abortion used:

1. Mifepristone (200mg) PO + Misoprostol (800 mcg vaginal) 36-48 hours after
2. Mifepristone (600mg) PO + Misoprostol (400 mcg oral) 36-48 hours after
3. Mifepristone (200mg) PO + Misoprostol (400 mcg oral) 36-48 hours after
4. Other :
 - a) Mifepristone (600mg) PO + Misoprostol (400 mcg sublingual) 36-48 hours after
 - b) Mifepristone (200mg) PO + Misoprostol (600 mcg vaginal) 24-36 hours after
 - c) Mifepristone (200mg) PO + Misoprostol (800 mcg vaginal) 24-36h hours after

N° of
centers

10

4

3

1

1

1

➤ Since 2014, WHO protocol recommends use of misoprostol 24-48h after mifepristone

Results

➤ **MToP:** all centres use a combination of *mifepristone* and *misoprostol*

Centers using 200 mg of Mifepristone + 800 mcg of Misoprostol <u>WHO protocol</u>	Centers using 200 mg of Mifepristone (other dose of misoprostol)	Centers using 600 mg of Mifepristone
Austria	Estonia	Austria
Belgium	Russia (1)	Czech Republic
Estonia	Russia (2)	Russia (1)
Finland	Spain	Russia (2)
The Netherlands		France
Portugal		Italy
Slovenia		
Sweden		
Switzerland		
United Kingdom		

Results

Follow-up

Methods of follow-up		Interval of time for follow-up		
Ultrasound	hCG *	<1 week	2 weeks	3 weeks
16	10	2	11	3
Other: <ul style="list-style-type: none">• Telephonic interview (1)• Low-sensitivity urinary pregnancy test (1)		Other: <ul style="list-style-type: none">• Follow-up only for IUD insertion (1)• No regular follow-up visit (1)		

*Some centers use both methods

Results

Definition of Success:

1. Complete abortion (WHO 2014): all products of conception are expelled or no additional intervention will be needed.

YES	16	NO	1
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2. Other: **N=1**

a) Significant reduction of hCG, indicating expulsion; or gestational sac expelled in US

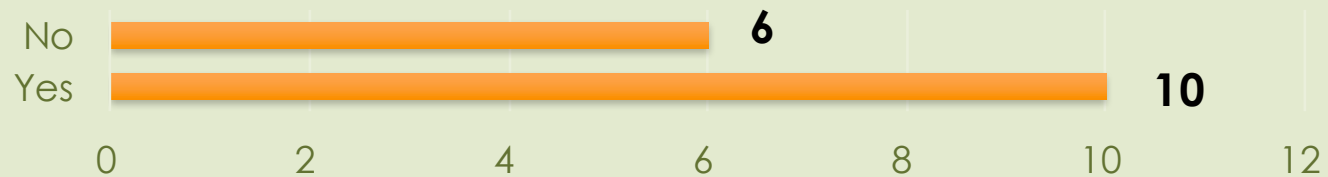
Results

Definition of Failure/No success of medical abortion:

1. Failure (WHO 2014): Ongoing pregnancy or recourse to a surgical or medical procedure after medical abortion

YES	16	NO	1
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Repeat the method – misoprostol



2. Missed abortion (WHO 2012): Fetus has no cardiac activity but the fetal tissue and placenta are retained in the uterus

YES	17	NO	0
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Results

Definition of Complication	Yes	No
Death (resulting from severe bleeding, infection, anaphylactic shock, other cause)	14	1 (Russia)
Heavy bleeding (need for surgical/medical intervention for hemostasis/need for transfusion)	16	1 (Russia)
Infection (clinical situation that requires IV antibiotic, some centers also include requirement for oral antibiotic)	10 (4)	3 (Austria, Russia, Slovenia)
Severe Pain (clinical situation that requires IV analgesic)	13	4 (Austria, France, Italy, Switzerland)
Incomplete abortion (WHO 2014: although the fetus is expelled part or all the placenta is retained)	14	3 (Austria, Netherlands, Switzerland)
Other: allergy/intolerance to drugs; Vomiting, diarrhea	4	-

Results

1. Are you required to notify each abortion to the Health Ministry?

YES	16	NO	1 (Austria)
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2. Do you have official national statistics on induced abortion?

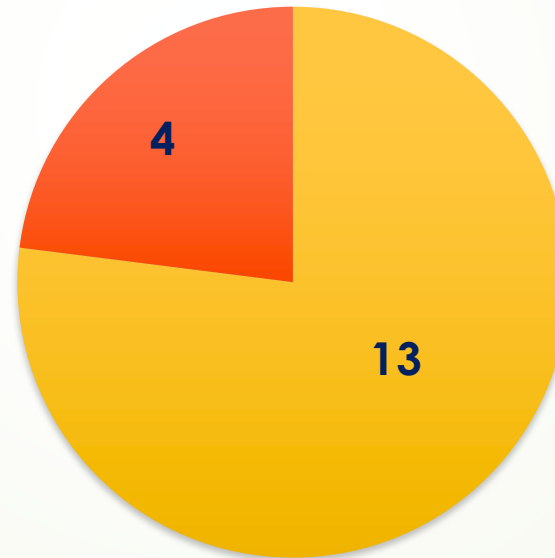
YES	17	NO	1 (Austria)
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3. Published: Yes/No

YES	17	NO	1 (Austria)
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Results

Having more precise definitions for success of medical/surgical abortion would be beneficial? (N=17)



■ Yes ■ No

Conclusions

- ▶ **Medical abortion is used by the majority of the centers, but not at all;**
- ▶ **The regime of medical abortion is not uniform despite of the WHO recommendations;**
- ▶ **Methods of follow-up are mainly ultrasound and HCG;**
- ▶ **Most of the centers repeat medical treatment in case of failure after the first cycle of treatment;**
- ▶ **The majority of the surveyed institutions agree this would be an important step towards improving the definitions and optimize the management of the procedure;**
- ▶ **Only one country of the survey doesn't have national reports on abortion.**

Thanks to

- ▶ Christian Fiala from the Austrian Center
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