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Efficacy of Very Early Medical Abortion

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Background

- An increasing number of women present very early for their abortion.



- Potential advantages of a very early medical abortion (VEMA)
 - psychological level, less bleeding, less pain.
 - opportunity to screen for, detect and treat ectopic pregnancy in early gestation.

Background

- Most healthcare providers require confirmation of an intrauterine gestation by ultrasound before initiation on of abortion treatment



- Limited data on VEMA
- Fear of adverse effects on a possible ectopic pregnancy

Background

What do we know about VEMA?

- Effective for terminating very early pregnancies for women with no confirmed IUG?
- More likely to experience VEMA failure (ie continuing pregnancy, incomplete abortion)?
- What about the risk of ectopic pregnancy?
- Few studies.. (Goldstone et al.Contraception 2013)(Shaff et al.Contraception.2001)



Overall Aim

- To assess the efficacy and safety of medical abortion in women with very early pregnancy and no confirmed intrauterine gestation (IUG) - VEMA.



- In order to increase access to abortion care and avoid unnecessary waiting periods

Overall Aim

VEMA definition:

- Ie on ultrasound:
 - no visible gestational sac
 - the presence of an intrauterine anechoic structure without defining features of gestation, such as a yolk sac or fetal structure
- Gestations \leq 49 days

Study design



Register based multicenter cohort study

- Comparing 443 women with no confirmed IUG to 888 with IUG
- Gestations ≤ 49 days
- Matched in regard to age, parity, initiation of abortion treatment
- GynMed Clinic, Vienna
- Years of register 2004 - 2014

Main outcome measure

Successful completion of abortion

No ongoing pregnancy
and
without the need for vacuum aspiration due to
ongoing pregnancy, incomplete or missed abortion

Evaluated at 1 month following the abortion treatment

Secondary outcome measures

- Rates AE/SAE
- Ectopic pregnancies
- Surgical treatment
- Medical treatment related to the medical abortion (mife/miso)

Evaluated at 1 month following the abortion treatment:

Results

Efficacy of very early medical abortion

| STUDY GROUP | VEMA n = 443 | CONTROLS n = 888 | SIGNIFICANS |
|---------------------|-----------------|---------------------|-------------|
| Ongoing pregnancy | n=3 (0,68%) | n=6 (0,68%) | p=0,977 |
| Ongoing+Surgery(VE) | n=6 (1,4%) | n=13 (1,5%) | p=0,872 |
| Missed ab | n=3 (0,68%) | n=7 (0,79%) | p=0,821 |
| Ectopic | n=3 (0,68%) | - | p=0,008 |
| Surgery (VE) | n=4 (0,90%) | n=13 (1,5%) | p=0,353 |

Conclusion

VEMA failure (ie ongoing pregnancy or incomplete abortion)

- NOT more likely in women with no confirmed IUG compared to confirmed IUG, gestations ≤ 49 days
- Findings support that VEMA is effective and safe

Recommendation

Avoid unnecessary delay!
Offer medical termination accordingly





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Thank you!

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