



Medical abortion outside the hospital

The french compromise

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The french legislation: *a strict supervision of the practice*

- 1988: Legalization of mifepristone with sulprostone for retail
- 1992: Legalization with misoprostol
- 2001: Passage of the law allowing medical abortion without hospitalization
- 2004: Publication of the decrees

An agreement defining each party's respective duties must be signed by the physician and a referring hospital assigned to address any possible complications.

Duties of the primary physician

- Follow up with each patient including by telephone
- Follow an initial training program
- Remit a standard form to the hospital for statistical study and evaluation of the practice
- Charge the convention-established fee of 191,74 €

Obligations of the referring hospital

- Treat potential complications
- Answer doctors' questions and concerns
- Organize initial and ongoing training
- Implement a system for evaluating the network

Rules for a medical abortion outside the hospital

- Medical abortion must be possible
- Stage < 49 days
- Distance from home to the hospital < 1h
- Choice of the patient

Procedure

- C1: first abortion request
- C2: the patient confirms her decision
- C3: taking mifepristone
- C4: taking misoprostol
- C5: control

A care network for the Paris region:



To improve access to medical abortion outside the hospital

- State funds
- Independent management
- A joint direction by both hospital and private physicians



REVHO

- Helps centers to establish their local network by providing logistical support : patient information forms, communication forms
- Offers a one-day training session for private doctors
- Organizes follow-up meetings
- Maintains a central database which allows the evaluation of the quality of care, the satisfaction of the patients and the health care professional



REVHO : Activity in 2005

- 7 Centers et 51 physicians took part in the network
- Evaluation on the basis of 2503 valid communication forms



The physicians

- 10 gynecologist-obstetricians
- 27 medical gynecologists
- 14 generalists
- 5 doctors have performed more than 100 abortions
- Several doctors have performed only one



The patients

- Average age: 29
- Histories (known for 1410 patients):
 - Delivery (ies): 623 (39,3%)
 - Miscarriage(s): 114 (8,1%)
 - Surgical abortion(s): 492 (34,9%)
 - Medical abortion(s): 42 (3%)
 - Extra-uterine pregnancy: 16 (1%)



The abortion process

- Date :
 - Prior to 6 weeks: 8 %
 - 6th week: 33 %
 - 7th week: 48 %
 - After 7 weeks: 10 %
- Confirmation of the pregnancy dating:
 - 97,3 % ultrasound (including 30% with β -HCG)
 - 2,7% β -HCG alone



Follow-up visit

- Follow-up visit arranged: 83,5 %
- Attendance at these visits:
 - 93 % of scheduled visit are held
 - 79 % of the total number
- Interval abortion-follow-up visit: 16 days
- Monitoring:
 - Ultrasound alone: 85,8 %
 - β -HCG alone: 8,7 %
 - Ultrasound + β -HCG: 4,7 %
 - Clinical examination alone: 0,8 %



Abortion outcome :

98% success rate

5,2% complications:

- partial retention: 2,5 %
- complete retention: 1,2 %
- evolutive pregnancy: 0,7 %
- hemorrhagic: 0,7 %
- infection: 0,2 %



Abortion outcome: treatment of complications

- Aspiration: 2 %
- Repeated Misoprostol: 7,3 %
- Antibiotics: 0,3 %
- Transfusion: 0,04 % (only one)
- Success rate: 98 %

CONCLUSION

According to this initial evaluation the introduction of non surgical abortion outside the hospital appears to be both safe and efficient