

Efficacy of Very Early Medical Abortion

Isabella Bizjak, Christian Fiala, Helena Kopp Kallner, Ingrid Sääv, Kristina Gemzell Danielsson

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





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:

 \rightarrow no visible gestational sac

 \rightarrow the presence of an intrauterine anechoic structure without defining features of gestation, such as a yolk sac or fetal structure

• Gestations \leq 49 days





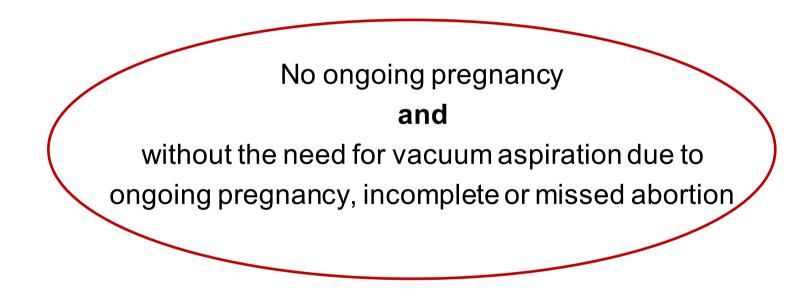
Register based multicenter cohort study

- Comparing 443 women with no confirmed IUG to 888 with IUG
- Gestations \leq 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



Evaluated at 1 month following the abortion treatment





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

Evaluated at 1 month following the abortion treatment:





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





Thank you!

Isabella Bizjak