National Women & Infants Health Programme

QUICK SUMMARY DOCUMENT

Investigation and Management of Complications of Early Termination of Pregnancy

This Quick Summary Document (QSD) is a resource for all clinicians working in healthcare in Ireland who are involved in the care of women with complications of early Termination of Pregnancy (TOP).

Following a comprehensive literature review a number of evidence-based recommendations for investigation and management of complications of early Terminations of Pregnancy were agreed upon.

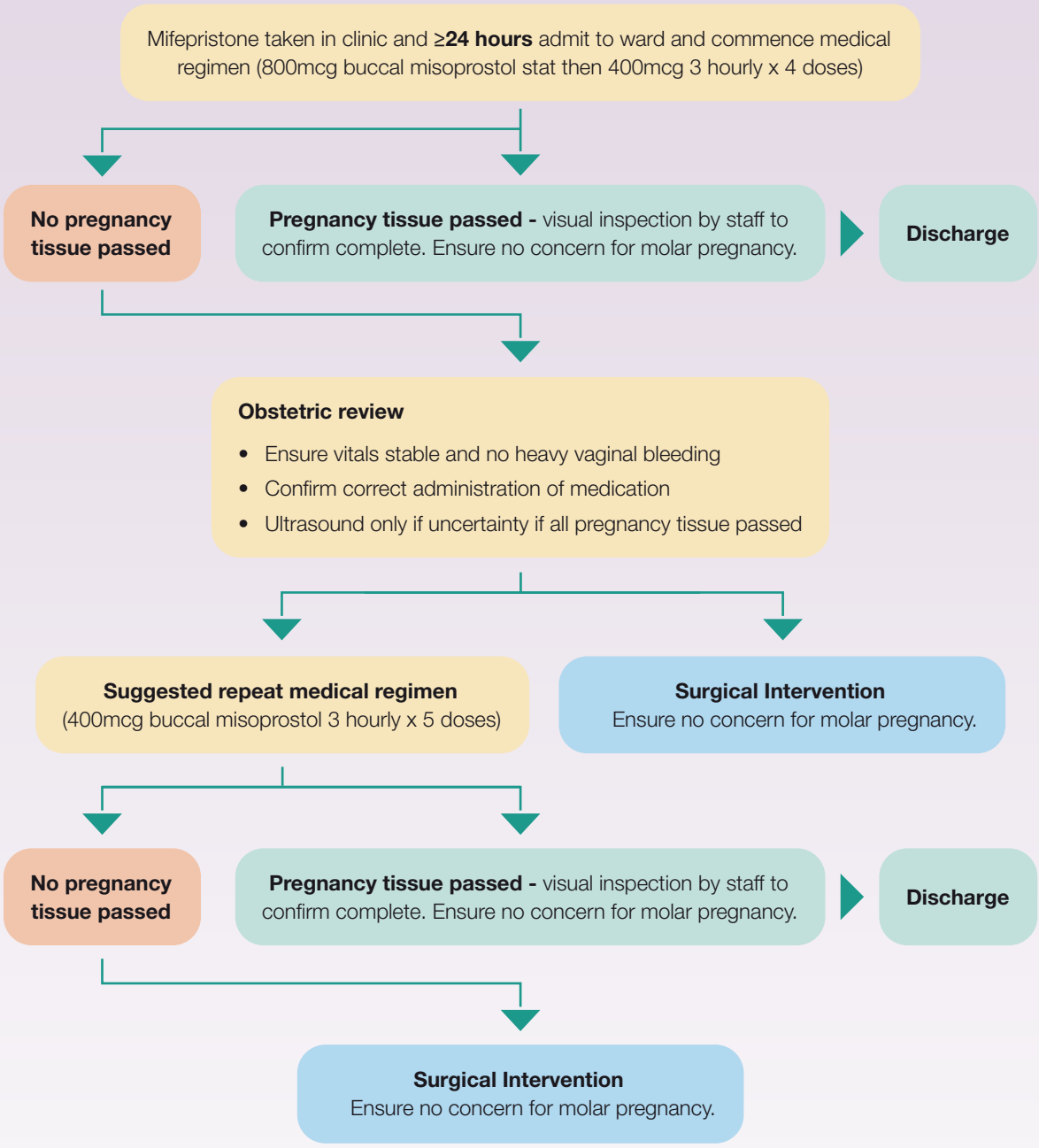
Key Recommendations

1. All healthcare providers, including those not directly involved in providing Termination of Pregnancy (TOP) should be aware that women with complications arising from TOP may present to any healthcare setting and should be treated appropriately and without prejudice.
2. Women should be counselled that Medical Termination of Pregnancy (MTOP) cannot be reversed, chance of ongoing pregnancy is less than 3% when both mifepristone and misoprostol have been taken and risk of major congenital malformation is approximately 4.2%.
3. We recommend, if there is little or no bleeding following early MTOP, referral to secondary care services for ultrasound assessment to rule out ongoing or ectopic pregnancy is considered.
4. We recommend, if any woman in early pregnancy has severe pain or is haemodynamically unstable, urgent assessment in secondary care should be considered to assess for ectopic pregnancy, major haemorrhage or sepsis.
5. There is no indication for routine ultrasound in women undergoing MTOP in secondary care prior to discharge if appropriate pregnancy tissue corresponding to ultrasound findings has been visualised following expulsion.
6. If there is uncertainty regarding completion of the early medical termination procedure in secondary care and an ultrasound is performed, the purpose of the ultrasound is to confirm that a gestational sac and its contents are no longer present.
7. We recommend that, if early MTOP in secondary care is unsuccessful, the woman should be offered further medical or surgical management until termination is complete.
8. We recommend that, if a woman has ongoing pregnancy symptoms or a positive low sensitivity urine pregnancy test following early MTOP in primary care, they should initially be reviewed by their primary care termination provider.
9. We recommend that women should be referred – in a timely fashion – to secondary care termination services if ongoing pregnancy is suspected/confirmed following MTOP.
10. We strongly recommend that healthcare workers providing MTOP should be familiar with potential complications such as heavy vaginal bleeding, ongoing severe pain and retained pregnancy tissue, and their respective management approaches.
11. We suggest that ectopic pregnancy be considered in any woman attending with severe, ongoing pain in the setting of minimal vaginal bleeding following MTOP.
12. Women who experience severe pain, that does not improve despite analgesia, following MTOP in the community, should be advised to contact their primary termination care provider. If out of hours, they should be advised to contact MyOptions.ie which is open 24/7 for medical advice, or the local emergency department, immediately.

13. We recommend that women should be advised to seek medical assessment if they experience heavy vaginal bleeding that soaks through two or more sanitary pads per hour for two consecutive hours post MTOP in the community.
14. We suggest that if a woman is clinically well with symptoms suggestive of retained pregnancy tissue they be managed conservatively in the community.
15. We recommend referral to secondary care if there is prolonged, ongoing bleeding or a suspicion of infection.
16. We recommend that in a haemodynamically unstable woman who has heavy vaginal bleeding, secondary to retained pregnancy tissue, prompt uterine evacuation should be performed.
17. We suggest that, if mild genital tract infection is suspected following examination, preliminary investigations can be performed in the primary care setting and oral broad-spectrum antibiotics should be commenced in accordance with local antimicrobial guidelines.
18. We recommend that, if severe genital tract infection is suspected following examination, resuscitative measures such as commencing intravenous fluids, broad spectrum antibiotics and providing supplementary oxygen should be given without delay.
19. We strongly recommend that healthcare workers providing Surgical Termination of Pregnancy (STOP) should be familiar with potential complications such as haemorrhage, cervical lacerations and uterine perforation, and their respective management approaches.
20. Following TOP, all women should be offered contraceptive information and, if desired, given the contraceptive method of their choice, or referral for this service.
21. Long-acting reversible contraception (LARC) is the preferred method of contraception (for clinicians) and so far as possible, should be commenced immediately at the time of TOP in both primary and secondary care services.
22. We suggest that women admitted to hospital with complications of TOP should be offered referral to the Medical Social Work (MSW) team and/or for counselling.
23. The GP TOP provider should be informed when a woman is admitted to hospital with complications of TOP, provided the woman herself consents to this communication. This communication can be via a discharge summary letter or directly by phone to the GP TOP provider.

Algorithm

Algorithm I: Management of first trimester medical termination of pregnancy in secondary care



Algorithm II: Management of acute haemorrhage following termination of pregnancy in secondary care

History

- Date of last menstrual period/estimated gestational age?
- When mifepristone/misoprostol were taken?
- Duration of bleeding/how much blood loss?
- Has any pregnancy tissue passed?
- Is there any foul smelling discharge/ abdominal pain?
- Previous uterine surgery?
- Regular medications and any other relevant medical history?

Examination

- Vital signs
- Abdominal examination
- Speculum/bimanual examination

Unstable Patient

- Call for help – Senior Obstetrician/Midwife & Anaesthetist
- Resuscitation;
  - **A**irway
  - **B**reathing
  - **C**irculation
- 2x 14G cannula
- Full blood count (FBC), liver and renal function (U&E, LFT), coagulation profile including fibrinogen level, C-reactive protein (CRP), group & crossmatch (GXM)
- Point of care arterial or venous blood gas
- High flow oxygen
- Intravenous fluids
- Urinary catheter, hourly output monitoring
- Consider blood products; red cells, platelets, fresh frozen plasma, fibrinogen & clotting factors
- Transfer to theatre for evacuation of retained products of conception (ERPC)/manual removal of placenta (MROP)/explorative laparoscopy/laparotomy as indicated from history and examination

Ongoing/incomplete termination

- FBC, U&E, LFT, CRP, GXM
- 1st Trimester – consider ERPC (1st trimester) or MROP (2nd trimester) dependant on clinical scenario
- Consider broad spectrum antibiotics
- Bimanual compression
- Consider Uterotonics;
- Intramuscular/Intravenous oxytocin, intramuscular Syntometrine, intramuscular carboprost
- Consider use of intravenous tranexamic acid, Fibrinogen and clotting factors

Infection

- FBC, U&E, LFT, CRP, GXM
- High vaginal swab (HVS), urine for microscopy and culture +/- blood cultures
- Intravenous broad spectrum antibiotics
- Consider ultrasound to out rule retained pregnancy tissue

Uterine Rupture

- FBC, U&E, LFT, CRP, GXM
- Emergency Laparotomy
- Antibiotics/Blood products

Auditable standards

Audit using the key recommendations as indicators should be undertaken to identify where improvements are required and to enable changes as necessary, and to provide evidence of quality improvement initiatives.

Auditable standards for this Guideline include:

1. Number of women referred from primary care to secondary care TOP service pre TOP and indication for same *(e.g.; beyond gestational age for community TOP, medical co-morbidities, request for surgical TOP procedure)*
2. Number of women post MTOP in the community managed in primary care for complications *(e.g.; mild infection, retained pregnancy tissue)*
3. Number of women attending out of hours as an emergency to secondary care following MTOP in the community, timing and indication for same *(e.g.; pain, bleeding, generally unwell)*
4. Number of women referred from primary care to secondary care TOP service post MTOP, timing and indication for same *(e.g.; suspected ongoing pregnancy, suspected ectopic, retained pregnancy tissue, infection)*
5. Numbers of confirmed ongoing pregnancies following MTOP in the community and gestational age at time of confirmation
6. Number of confirmed ectopic pregnancies following MTOP in the community
7. Complication rate following MTOP in secondary care.
8. Complication rate following STOP in secondary care.

Recommended reading:

1. Full Clinical Guideline – https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/
2. HSE Nomenclature for Clinical Audit – https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf
3. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines at https://www.hse.ie/eng/about/who/qid/nationalframeworkdevelopingpolicies/
4. IOG Interim Clinical Guidance: Termination of pregnancy under 12 weeks. IOG, RCPI; 2018. https://pregnancyandinfantloss.ie/interim-clinical-guidance-for-termination-of-pregnancy-under-12-weeks/
5. Horgan T, Harte K. Quick Reference Guide: Clinical Support for Termination of Pregnancy in General Practice. ICGP; 2021.
6. Joint statement on 'Abortion reversal': The Royal College of Obstetricians and Gynaecologists (RCOG), The Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Midwives (RCM) and the British Society of Abortion Care Providers (BSACP) [Internet]. 2022. Available from: https://www.rcog.org.uk/media/nbahkgvo/rcog-fsrh-abortion-reversal-position-statement.pdf
7. Best practice in post-abortion care. RCOG – Making Abortion Safe. RCOG; March 2022. https://www.rcog.org.uk/media/k4df0zqp/post-abortion-care-best-practice-paper-april-2022.pdf
8. WHO Abortion Care Guideline: Geneva: World Health Organisation. WHO; March 2022. https://www.who.int/publications/i/item/9789240039483

Authors

Boyd S, Feeney S, Harte K, Hayes S, McCarthy C, Hayes-Ryan D. National Clinical Practice Guideline: Investigation and Management of Complications of Early Termination of Pregnancy. National Women and Infants Health Programme and The Institute of Obstetricians and Gynaecologists. December 2022

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/