

A six month audit of ultrasound services in abortion care during the Covid 19 Pandemic

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Timeline ..2020 *the year that changed it all....*

- 3rd March 2020 BPAS writes to Matt Hancock asking him to pass a law to allow women to take Mifepristone at home, along with a clinical proposal on how to do this
- We needed urgent pathways to reduce risk of transmission whilst recognising abortion as essential healthcare.
- On 21st March RCOG/BSACP/RCM/FSRH publish new guidelines which remove the need for routine scanning.
- Thankfully followed by legislation allowing the home use of Mifepristone



CLINIC DATE/TIME:

DECISION AID ON CLINICAL NEED FOR DIRECT USS ASSESSMENT

AIM: IDENTIFY WOMEN REQUIRING USS IN CLINIC

Estimating current gestational age		Maybe more than 10/40?	History suggestive of abnormal pregnancy?
Patient	Date.....		
LMP (date)			
Breastfeeding?			
Date UPT first positive			
USS result available?			
Risks for ectopic / HTM			
h/o PID			
Previous ectopic			
Conceived with ART			
Previous tubal surgery i.e. sterilised			
Previous uterine surgery including STOP			
IUC device in situ			
Previous HTM			
Signs of early pregnancy complications			
Abdominal pain (esp. unilateral iliac fossa pain)			
Vaginal bleeding			
Shoulder tip pain			
Collapse			

Discuss with doctor if unsure about dating by history only

Patient does not / does require USS assessment in clinic because.....

GLOSSARY of abbreviations used

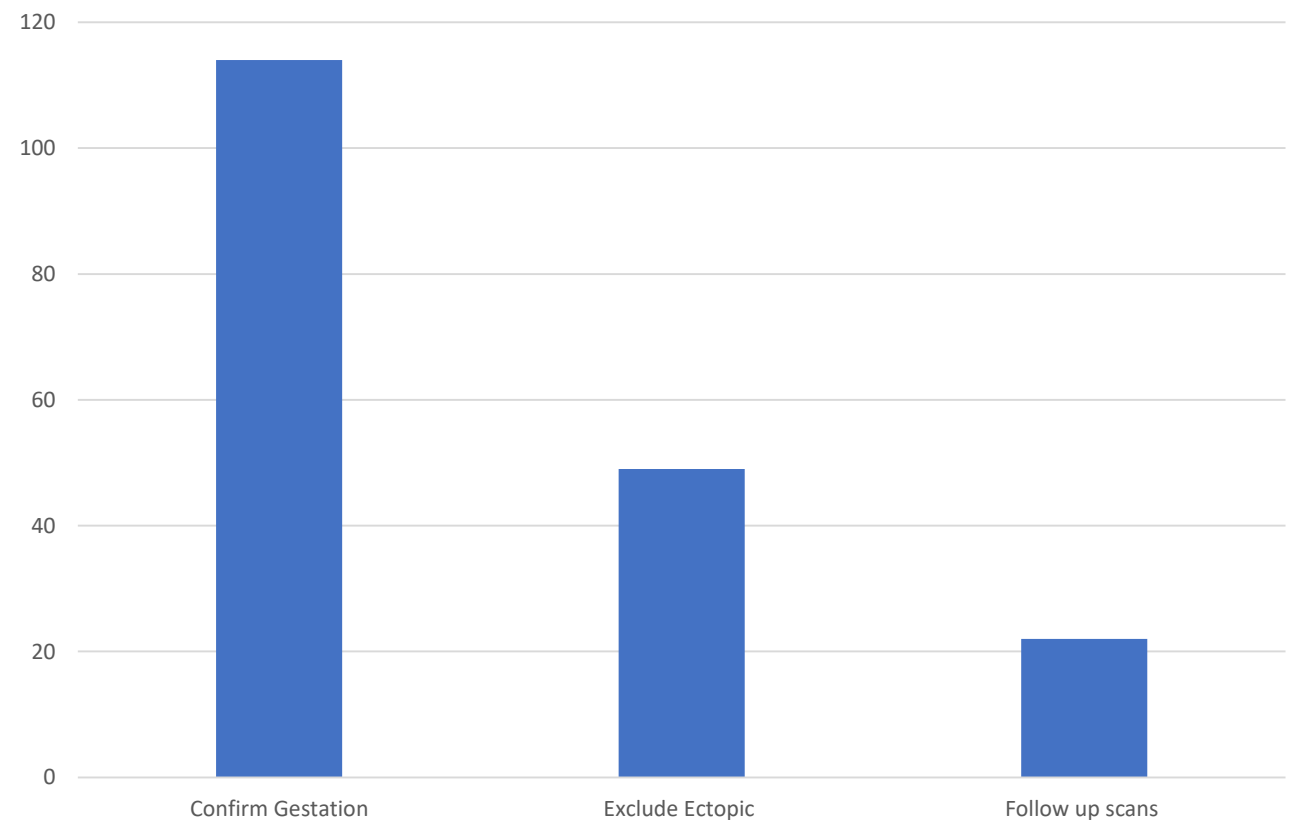
ART	Assisted reproductive technologies	IUC	Intrauterine contraception
LMP	Last menstrual period	HTM	Hydatidiform mole
PID	Pelvic inflammatory disease	GA	General anaesthetic
UPT	Urine pregnancy test	EMA	Early medical abortion
USS	Ultrasound Scan		

What did we do?

- We introduced remote abortion care in March 2020, with a revised *Covid 19 pathway* using the RCOG screening tool for ultrasound assessment.
- This is a six month retrospective audit of ultrasound services within the revised “covid 19 pathway” in Cwm Taf Morgannwg health board from March to September 2020.
- Aims : **To evaluate the decision aid for Ultrasound assessment**
 - Patient safety
 - Service provision
- Methods: The information was collected directly from our hospital database, and then notes reviewed as to the purpose of the ultrasound and the outcome.

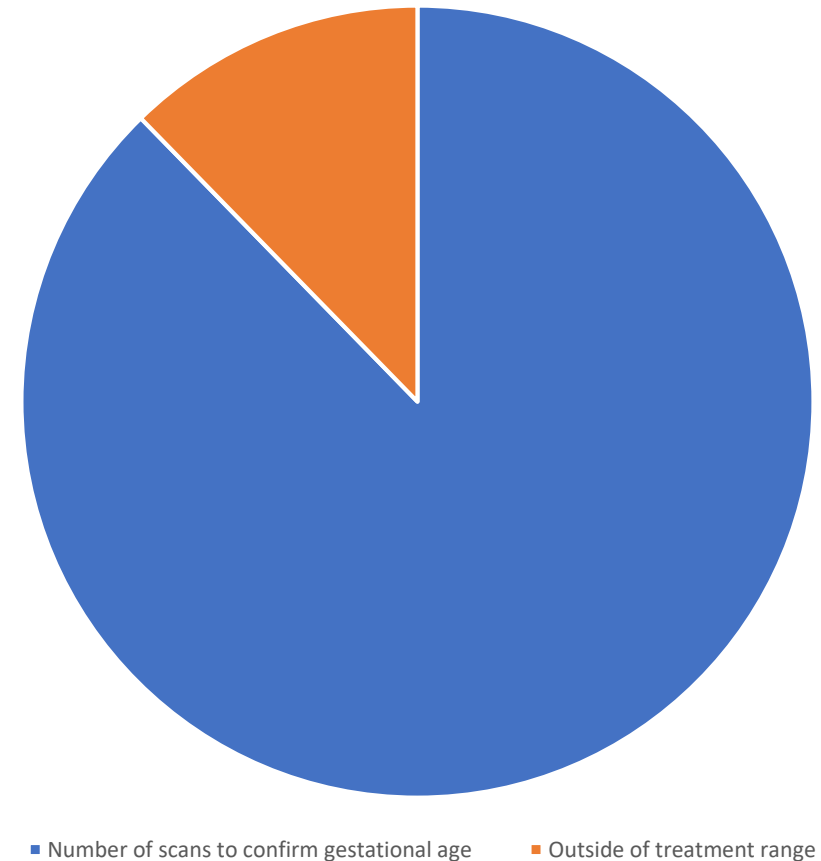
Reason for ultrasound scan

- There were **185** ultrasound scans performed during this period of time compared to an estimated **700** pre Covid in the same time frame. (with no reduction in overall referrals)
- 114 to confirm gestation
- 49 to rule out early pregnancy complications
- 22 follow up scans



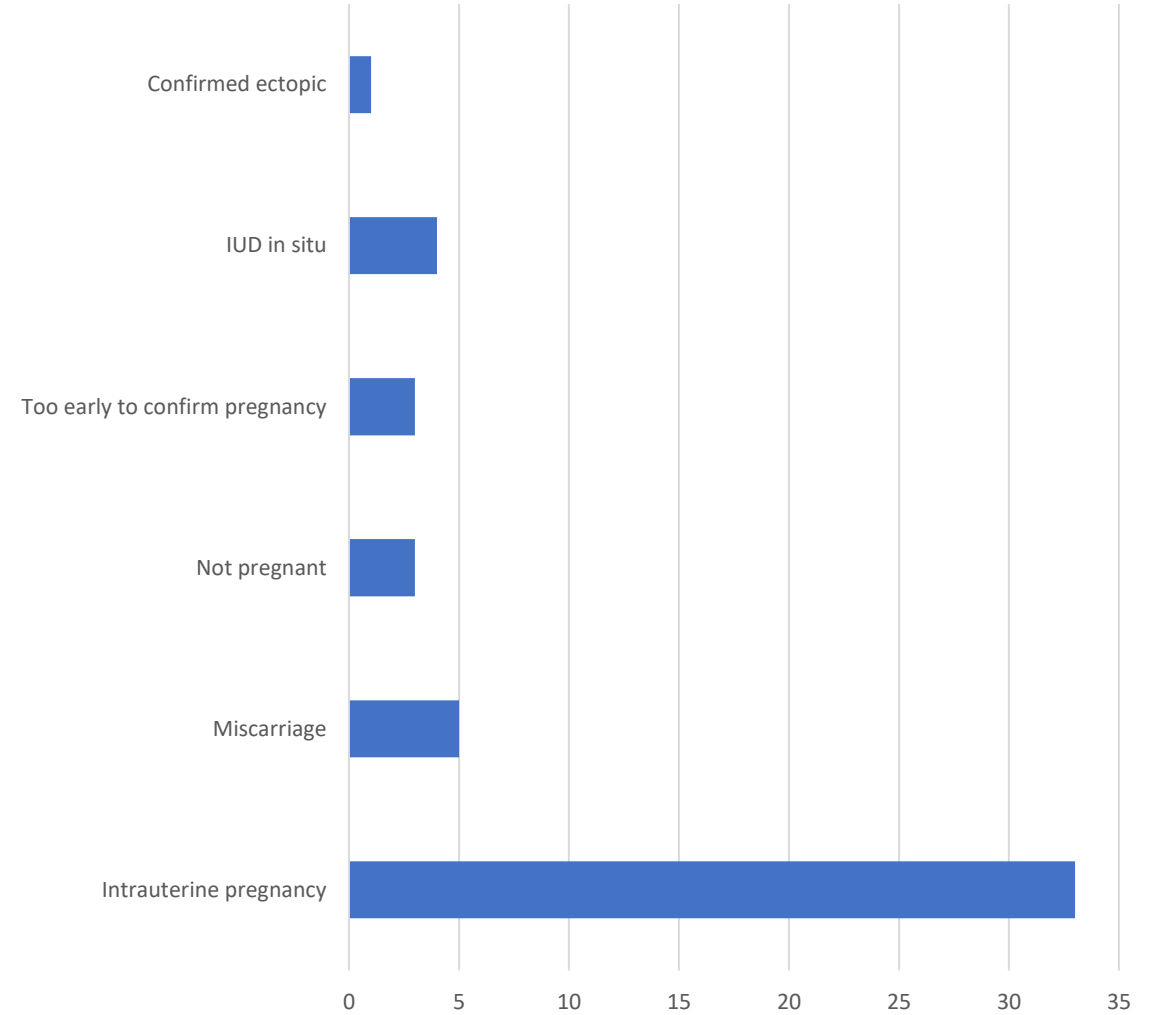
Ultrasound performed to confirm gestational age

- 114 women were scanned because of uncertainty regarding their gestation (62% of total scans performed)
- Of these only 16% were outside of the treatment range for EMA.




USS performed for risk of ectopic or early pregnancy complications as per the screening tool

- 26 were performed for Abdominal pain
- 17 for vaginal bleeding
- 2 for location of IUCD
- 4 for a history of previous ectopic



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Follow up scans n = 22

- 9 Failed Early medical abortion's
 - Of which one patient was outside of treatment range at time of EMA
 - 6 intrauterine pregnancy detected (previously too early)
 - 3 retained products of conception
 - 2 complete procedures
 - 1 ectopic pregnancy (Cornual Ectopic) following failed EMA
 - Patient had previously had STOP
 - 1 query molar pregnancy
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Freedom of information data



We have looked at our recorded outcome data for Abortion care from 2020 in order to give some context to this audit.

One patient who presented with a later than anticipated gestation after failed EMA. Not led to any changes in the pathway.

We had no missed ectopic pregnancies in our service (but we are aware that some have been reported as would be expected)

There were no serious complications of sepsis, haemorrhage or perforation reported by the HSA4

The outcome data is comparable with 2019 with no obvious increase in complications



Recommendations

- We are cautiously reassured that this data supports the efficacy of the ultrasound screening tool during the challenging first 6 months of remote EMA provision.
- Women who were unsuitable for EMA were identified.
- Those patients with signs of failed EMA were signposted to the correct treatment pathways by use of a robust ultrasound follow up pathway.
- During this time the reduction in ultrasound service provision allowed our referral to treatment time to reduce to an average of 2.6 days, allowing treatment much earlier than in 2019.
 - Fewer late medical abortions and fewer surgical referrals
- *This more individualised and accessible approach to the management of abortion serves to put women at the centre of care.*





Thank you