the women's
the royal women's hospital

Principles of post early medical abortion care

Establish accurate expectations for normal pain and bleeding following administration of MS2Step.

- Heavy bleeding with clots in the first 24 hours is expected.
- Over 7 days bleeding will gradually become lighter.
- On average bleeding lasts for 10 to 16 days and may continue for up to 30 days or until next menstrual period.
- Cramping pain may be experienced for several days.

Clinical assessment is the key to management.

Be guided by the presenting signs and symptoms and use this to determine the need for investigation and ongoing management.

Distinguish between expected but troublesome bleeding and abnormal or pathological bleeding.

Assess bleeding pattern: duration, volume, passage of clots.

Troublesome bleeding may be considered as bleeding that the woman perceives as problematic however is within normal parameters. Normal bleeding can last for up to 4 weeks, but should be becoming lighter without clots or significant cramping.

Consider the role of any hormonal contraception used since the abortion procedure and its influence on the bleeding pattern.

Abnormal or Pathological bleeding patterns include:

At 7 days:	• bleeding is heavier than the normal menstrual period or contains clots • persistent cramps unrelieved by simple analgesia • bleeding that waxes and wanes and has been as heavy as a normal period for at least the past 24 hours
At 14 days:	• bleeding is heavy or persistent • bleeding that has not markedly reduced since Misoprostol administration
At 4-5 weeks:	• bleeding is ongoing after next expected menstrual period.

At any time:

- Heavy bleeding is considered to be 2 (or more) saturated sanitary pads per hour for 2 consecutive hours or passing large clots; woman feels faint or perceives the bleeding as heavy

Routine use of ultrasound scan (USS) is not recommended

Routine USS is NOT recommended as blood clots, debris, or thickened endometrium are common findings and are not usually clinically relevant. Endometrial thickness is not clinically useful for predicting the need for surgical intervention. ***Follow the symptoms not the scan result.***

USS investigation earlier than 2 weeks post Misoprostol is unlikely to assist management when the patient is clinically well, and ßhCG is dropping.

Ultrasound scan is indicated in the following presentations:

- Suspicion of ectopic
- An increasing ßhCG from baseline is suspicious for ongoing pregnancy
- Persistent symptoms of pregnancy
- Abnormal bleeding patterns
  - significant increase in bleeding after initial passage of products of conception (POC)
  - at 14 days post Mifepristone - persistent and/or heavy bleeding
  - at 30 days post Mifepristone - ongoing bleeding
  - following Misoprostol - absent or light bleeding or bleeding less than four days.

Diagnosis of incomplete abortion/ retained products of conception (RPOC)

RPOC indicates an incomplete abortion and refers to nonviable placental or fetal tissue retained in the uterine cavity or cervical canal.

Management of RPOC is based on signs and symptoms, clinical stability, patient preference and access to surgery. Asymptomatic or incidental findings of RPOC do not routinely require management.

Consider concurrent infection.

Infection

The most common infections are endometritis, urinary tract infection and undefined genital tract infection.

May present with prolonged or return of bleeding and/or crampy pain.

Examine patient to:

- take endocervical and high vaginal swabs,
- check any tenderness or pain over uterus or cervix

Commence empirical treatment while waiting for results.

Risk of STI: if possible check pre procedure screen, any treatment prescribed & administered. Consider risk of new STI infection associated with new or untreated partner.

Use ßhCG measurement to assess resolution of pregnancy

Follow up on the clinical signs and symptoms and use an objective measure i.e. serum beta or low sensitivity urine hCG to confirm the abortion procedure.

- Serum beta hCG pathology taken between day 8 -16. A decrease in serum beta hCG levels of 80 percent or more from ingestion of Mifepristone (if ßhCG taken within 72 hours) excludes an ongoing pregnancy.
- Low sensitivity urine hCG self-administered at day 14 -21 detects a hCG level of 1000 mIU/mL and above. A negative result excludes an ongoing pregnancy.

For management of RPOC consider:

Expectant management: allows for spontaneous passage of products of conception (POC). Allow up to 2 weeks for spontaneous resolution and expect and manage ongoing pain and bleeding over this time,

Or

Medical management:
Prescribe: misoprostol 800mcg (4 x 200mcg tablets) buccal followed by a repeat dose of 400mcg (2 x 200mcg tablets) 4 hours later if POC not yet passed. Prescribe analgesia and anti-emetics. Arrange follow up. Ensure patient is aware of side effects associated with misoprostol.

Surgical management recommended if:

- hemodynamically unstable
- evidence of infection
- unacceptably heavy bleeding
- moderate to severe anaemia

Further resources:

See: Early medical abortion webpage:
thewomens.org.au/health-professionals/clinical-resources/early-medical-abortion-ema

Clinical guidelines
thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps
Abortion: Medical management to 9 weeks of pregnancy
Abortion or Miscarriage Management of presentation following medical or surgical abortion or miscarriage