

Complications, contraception, and subsequent pregnancies after abortion: a clinical audit of terminations in South Australia.

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Introduction

Safe and legal abortions have been provided in South Australia since 1970, with both surgical and medical methods of abortion having high efficacy and low complication rates. Medical abortions have grown in popularity in recent years, as they offer women the choice to complete their abortion in the comfort of their own home rather than undergoing surgery. It is important to measure complication rates for both medical and surgical abortions so that women can be fully informed about their options.

In South Australia, around 1/3rd of women presenting for abortion have had at least one previous abortion and so contraception choices and availability are important aspects of care for reducing the rates of subsequent unintended pregnancies. Pregnancy rates in women choosing injectable or oral contraceptive methods are consistently higher than those using implantable or intrauterine devices, and so it is important to offer education and access to long-acting reversible contraceptives (LARCs) before women are discharged from the health service.

The Pregnancy Advisory Centre clinic at Flinders Medical Centre (FMC) provides medical and surgical abortions through the public hospital system for women in the first trimester of pregnancy. Patients are provided counselling from two doctors, a social worker, and nurse specialising in contraceptive education.

Aims

Primary aims:

- To determine the prevalence rates and types of acute complications of medical and surgical terminations of pregnancy between August 2014 and August 2015 and compare these rates with previously published findings.
- To determine the rate of subsequent pregnancy within 12 months of an abortion, and whether these women had received a LARC at the time of their termination.

Secondary aims:

- To measure the differences in choices of abortion type and contraception made by patients based on Medicare coverage.
- To measure the ratio of women leaving the clinic with LARCs after a medical or a surgical abortion.
- To measure the number of sexually transmitted infections (STIs) detected by routine screening.

Methods

- Data was collected using using the 'single patient lookup' function of OACIS electronic medical record system covering 433 abortions between the start of August 2014 and the end of July 2015 conducted at FMC.
- Non-identifiable information was gathered into an Excel spreadsheet, which included medical or surgical abortion, Medicare status, sexually transmitted infection (STI) diagnosis, LARC administration, contraception type, subsequent pregnancy within 12 months of an abortion, ED attendance within 28 days of abortion and presenting complaints, admissions with complications of abortion, and subsequent D&C for retained products of conception or failed abortion.
- Complication rates were compared to previous published results reported for abortions provided in South Australia [Mulligan and Messenger, 2011].

Results

In the twelve months covered by this audit there was a total of 433 first trimester terminations of pregnancy performed at the FMC clinic, with seven additional genetic terminations, which were omitted. 285 (65.8%) of the abortions were surgical and 148 (34.2%) were medical.

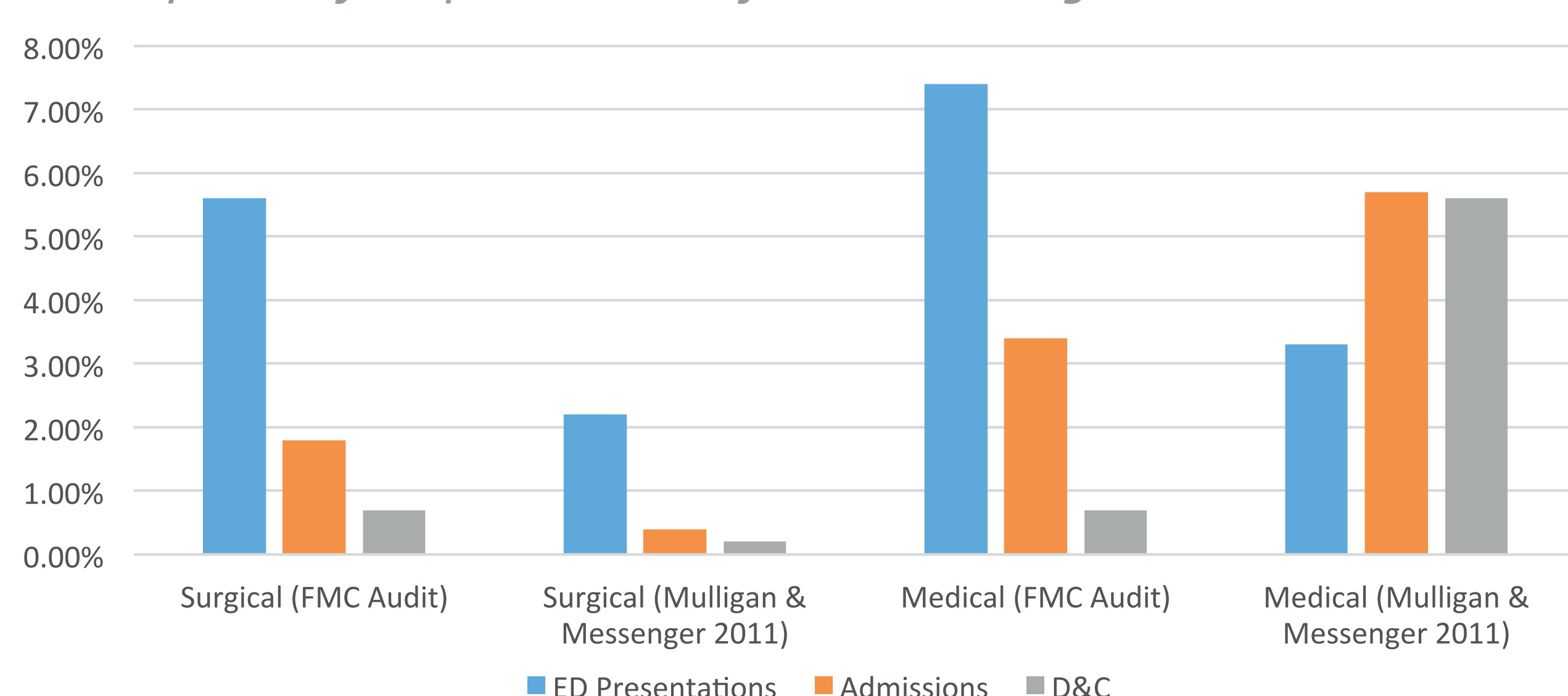
Complications:

- The presenting complaints/diagnoses recorded included pain/bleeding: 16 (59.3%), fever: 3 (11.1%), nausea/vomiting: 2 (7.4%), retained products: 1 (3.7%), urinary tract infection: 1 (3.7%), and no complaint recorded: 4 (14.8%). One patient presenting with pain/bleeding was found to have an undiagnosed tubal ectopic pregnancy and underwent subsequent laparoscopy.

Table 1: Complications of abortion at FMC between August 2014 and July 2015.

	ED attendance		Admitted		D&C	
	Number	Percentage	Number	Percentage	Number	Percentage
Surgical	16/285	5.6%	5/285	1.8%	2/285	0.7%
Medical	11/148	7.4%	5/148	3.4%	1/148	0.7%
Total	27/433	6.2%	10/433	2.3%	3/433	0.7%

Figure 1: Comparison of complication rates of medical and surgical abortions in South Australia



Contraception, subsequent pregnancy, and sexually transmitted infections:

- The total rate of new pregnancy within 12 months of abortion for all women was 12.7%.
- 30 of the women who left without a LARC (17.5%) had a repeat pregnancy within 12 months, compared to 25 women who chose a LARC (9.5%) and had a repeat pregnancy.
- 262 women (60.5%) chose LARCs, while 76 women (17.6%) left the clinic with no future contraceptive plans.
- Through routine STI screening of every woman who attended the clinic, 17 (4%) positive results were recorded.

Figure 2: Ratio of women choosing a LARC after a medical or surgical abortion.

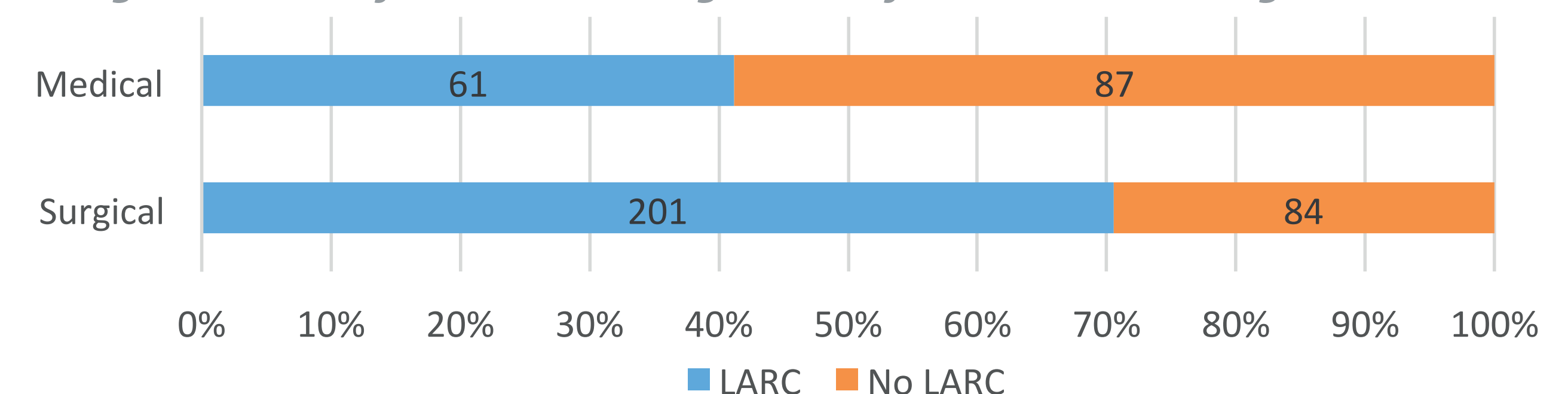


Figure 3: Subsequent pregnancies within 12 months of a medical or surgical abortion.

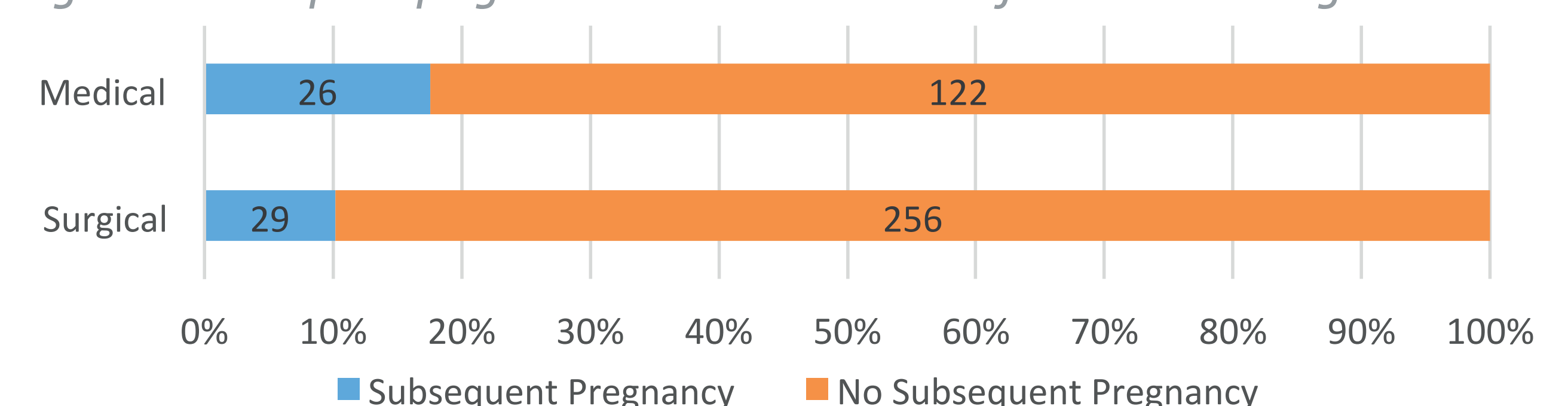
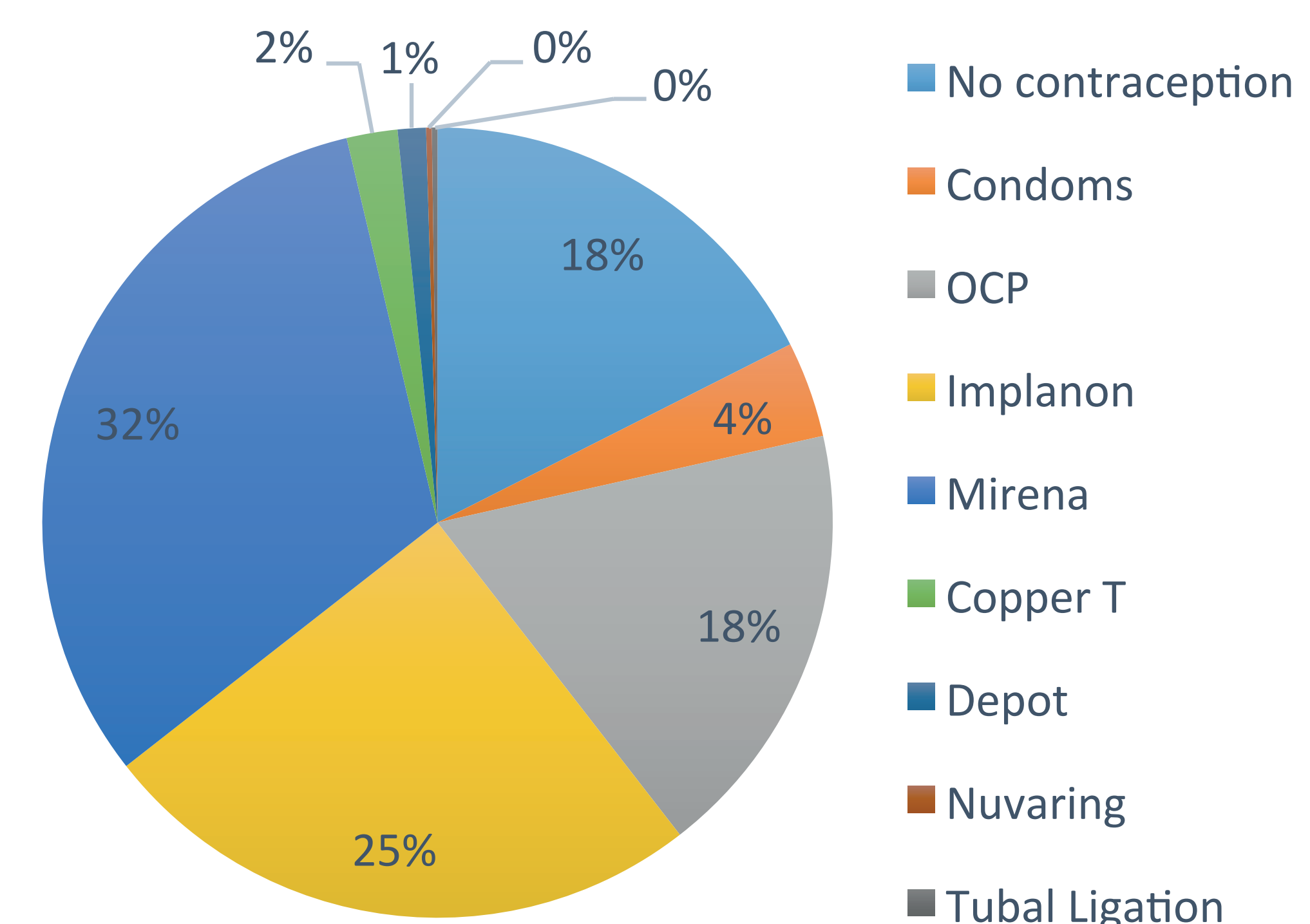


Figure 4: A breakdown of the contraceptive choices that women made after attending the FMC clinic.



Medicare:

Table 2: Choice of abortion method, LARC uptake, and new pregnancy within 12 months based on whether women were covered by Medicare or not.

	Number of Patients		Surgical		Medical		LARC		Further Pregnancy?	
	n	%	n	%	n	%	n	%	n	%
Medicare	378	87.3%	255	67.5%	123	32.5%	236	62.4%	51	13.5%
No Medicare	55	12.7%	30	54.5%	25	45.5%	26	47.3%	4	7.3%

Conclusions

- Both medical and surgical abortions are conducted safely and effectively at FMC in South Australia, with results comparable to previously published levels.
- The rate of complications remains low and as health care professionals become more comfortable with the use of misoprostol for managing complications in an outpatient setting, the rate of unplanned admissions and subsequent D&C procedures should remain low.
- Easier access to LARC insertion closer to the time of abortion when patients are most motivated to use effective contraception may help to reduce the rate of subsequent unplanned pregnancies and abortions.
- Women with no Medicare cover may have additional financial obstacles to receiving effective long acting contraception.

References

- Mulligan E, Messenger H. *Mifepristone in South Australia: The first 1343 tablets*. Australian Family Physician. 2011; 40(5):342-5.
- South Australian Abortion Reporting Committee, (2014). *Tenth Annual Report- For the Year 2012*. Adelaide, pp1-15