

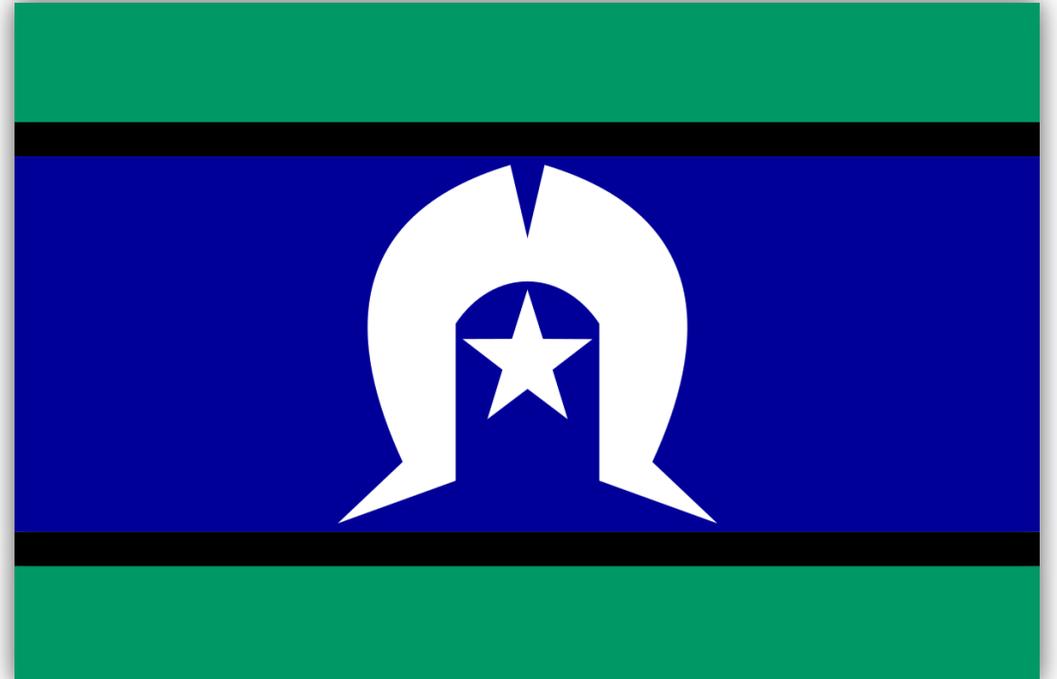
Remote follow-up for medical abortion using Australia's first low sensitivity urine pregnancy test

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Introduction: follow up after early medical abortion (EMA)

- National and International guidelines (RANZCOG, RCOG, NICE)
- Stipulated in product information for MS-2 Step (mifepristone, misoprostol)
- Purpose of follow up is to confirm success of abortion and to exclude complications
- Routine follow up is not recommended following surgical abortion



Options for follow up assessment

- Models of follow-up
 - face-to-face in clinic
 - telephone
 - self-assessment
- History of clinical events and (pregnancy) symptoms
- Clinical examination
- Serum human chorionic gonadotropin (hCG)*
- Urine hCG
- Ultrasound examination

*>80% decline at least 6 days after taking mifepristone is predictive of successful abortion ¹. Fiala C, et al. Verifying the effectiveness of medical abortion; ultrasound versus HCG testing. *Eu J Obstet Gynecol Reprod Biol* 2003;109(2):190-195)

Serum HCG

- Disadvantages
 - Invasive
 - Cost
 - Inconvenience
 - Delay in results
- Advantages
 - Early detection of decline in levels
 - Accessible
 - Useful for VEMA or POUL



Ultrasound

- Disadvantages
 - False positive
 - Difficulty interpreting results -> unnecessary intervention
 - Cost
 - Accessibility
 - Inconvenience
- Advantages
 - Empty uterus strongly reassuring
 - Immediate result



High sensitivity urine pregnancy(HSUP) tests

- HSUP tests detect hCG at a level of ≥ 25 IU/L HCG (some as low as 10IU/L)
- Not useful for early confirmation of a successful abortion as will remain positive for weeks



Low sensitivity urine pregnancy (LSUP) test

- LSUP test detects HCG levels above 1000 IU/L
- The amount of HCG in most women's urine will have fallen to this level by 2 weeks after abortion ^{1,2}
- Enables simple, inexpensive, remote, follow-up

1. B. van der Lugt, A.C. Drogendijk **The disappearance of human chorionic gonadotropin from plasma and urine following induced abortion. Disappearance of HCG after induced abortion** Acta Obstet Gynecol Scand, 64 (1985), pp. 547-552
2. H. Honkanen, S. Ranta, O. Ylikorkala, O. Heikinheimo **The kinetics of serum hCG and progesterone in response to oral and vaginal administration of misoprostol during medical termination of early pregnancy** Hum Reprod, 17 (2002), pp. 2315-2319

Evidence supporting LSUP test for follow up

- Cameron S T , Glasier A, Dewart H, et al. *Telephone follow-up and self-performed urine pregnancy testing after early medical abortion: a service evaluation.* *Contraception.* 2012; 86: 67–73
- Michie L, Cameron ST. *Simplified follow-up after early medical abortion: 12-month experience of a telephone call and self-performed low-sensitivity urine pregnancy test.* *Contraception.* 2014 May;89(5):440-5
- Oppegaard KS, Qvigstad E, Fiala C, et al. *Clinical follow-up compared with self-assessment of outcome after medical abortion: a multicentre, non-inferiority, randomised, controlled trial.* *Lancet.* 2015 Feb 21;385(9969):698-704
- Millar SL, Cameron ST. *Comparison of two low-sensitivity urine pregnancy tests for confirming the success of early medical abortion* *BMJ Sexual & Reproductive Health* Jan 2018, 44 (1) 54-57

Australia's first low sensitivity urine pregnancy test

- Check4[®] LSUP approved by the Therapeutic Goods Administration in November 2019



Follow up protocols MSI Australia

Former follow up protocol

- In clinic appointment made ≥ 14 days after mifepristone administration
- Clinical assessment and routine ultrasonography undertaken

New follow up protocol (March 2020)

- Virtual appointment made for telephone call with a nurse 14-21 days after mifepristone administration
- Follow-up questionnaire administered and result of LSUP test noted
- In clinic follow up available

Methods: Evaluation of new protocol

- Data collected from March – July 2020
- Follow up proformas were analysed to yield outcomes for all clients who had a positive LSUP necessitating a return to clinic
- Complication rates were compared to benchmark

Results

- 2617 clients underwent new protocol from 26th March – 31st July 2020
- 198 had a positive LSUP (7.5%)
 - Mean age 30 years (17-44yr)
 - Mean distance to clinic 30 km (maximum travelled 355 km)



Outcomes

- 197 clients who returned to the clinic and completed review*:
 - 53 complete abortion -> discharged from care (26.9% of +ve LSUP)
 - 133 incomplete abortion (67.5% of +ve LSUP)
 - 11 continuing pregnancies (5.5% of +ve LSUP) -> Surgical abortion
- Management of incomplete abortion:
 - 47 surgical
 - 46 medical
 - 38 conservative
 - 2 “other”

*1 client left clinic before doctor review after HSUP found to be negative

Limitations of evaluation

- During this period approx. 1/3rd clients did not attend their follow-up appointment (in-clinic and remote)
- Non-attendance at follow up cited at 50-84% in most studies
- Clients may return to another provider with complications

Research conclusions

- 92.5% of telephone follow up clients did not require an in-clinic review appointment
- Complication rates are within benchmark
- Protocol confers benefits during the COVID-19 pandemic and beyond
- Model offers another step towards self-managed abortion care and could particularly benefit people living in rural and remote areas of Australia

Home pregnancy test 

Check4® is a urine pregnancy test for use after an abortion to check that the treatment has been effective.

You may only do this test between 14 - 21 days after Step 1 of your treatment (on the morning of your telephone follow-up appointment). **Please do not do the test any sooner than 14 days after the procedure.**

It is best to do the test first thing in the morning, as your urine is more concentrated.

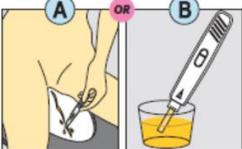
Instructions

DO EITHER **A** OR **B**.

A Hold the thin, absorbent tip of the test directly in your urine stream for 5-10 seconds (take care that no urine enters the test window).

OR

B Collect your urine in a clean and dry container. Dip the absorbent tip into the urine for at least 5-10 seconds in order for it to be completely soaked.



THEN: Place the test on a flat surface, window side up and wait 5 minutes then read the result. Do not check before 5 minutes has passed, or after 10 minutes has passed as the result will NOT be valid.

Results

Negative test result



Only one pink coloured band appears in the Control window (the smaller window) and no band appears in the Test window (the largest window). The test is negative.

Negative: ONE pink line in the smaller window (the handle end).

Positive test result



TWO pink lines can be seen, one in each window.

Inconclusive test result




No pink lines at all OR one pink line in the larger window.

If your test is Positive or Inconclusive the next steps will be discussed during your telephone follow-up appointment. It is essential that you keep this appointment.

Subsequent developments

- Surgical intervention rate post EMA has declined:
 - Q1 2020 = 3.57%
 - Q1 2022 = 3.05%
- Client led follow-up instigated March 2022 using LSUP and self-administered questionnaire
- New LSUP coming to market

Questions?

