**Project ECHO: West Vic PHN Hub – Population Health Network: Reproductive Health Series**

**Series 1 - Session 9, Thursday 31st of August 2023**

**Bianca Forrester (Session facilitator & Clinical Lead of Innovation and Learning): Introduction**

* Project ECHO – panel & participant discussion about population health
* Early medical abortion: clinical care provision in regional Victoria
* Acknowledgment of countries

**Dr Alexandra Bonner (Obstetrician & Gynaecologist & Lecturer): Barwon Health & Deakin Uni**

* MS2Step: Mifepristone/Misoprostol 🡪 up to 9 weeks gestation, confirmed IU pregnancy
* Cost is $39.5 for Medicare care holders and $6.8 for Healthcare card holders
* bHCG must be greater than 1500 to see IU pregnancy by U/S
* MS2Step website and resources: how to assess and prescribe MTOP
* MS2Step positives: choice, ability to avoid anaesthesia, privacy, convenience
* MS2Step negatives: prolonged bleeding, number of clinic visits, uncertainty of completion
* Expectations: 95% lead to complete abortion 🡪 5% require surgical completion of abortion
* Expectant management of retained products is appropriate up to 2-4 weeks
* Do not U/S everyone who has bleeding > 7 days
* Effects of abortion: cramping and vaginal bleeding (mean bleeding 9-13 days)
* Treatment of pain and bleeding with NSAIDS
* Severe bleeding requiring curette is 1%, blood transfusion rate 0.1% and RPOC 4%
* RPOC treatment: expectant (<1.5cm), medical (repeat misoprostol if <3.5cm) or surgical
* Surgical management of RPOC recommended if >3.5cm, vitally unstable or infection
* Surgical TOP: Geelong (<16 weeks), Ballarat (<12 weeks), Warrnambool (<12 weeks)
* Refer for surgical abortion when: patient preference, contraindications to MS2step or >10 weeks
* Commence contraception if required after next menstrual period
* Contraindications to MS2Step: chronic adrenal failure, severe disease requiring steroid administration, hypocoagulation diseases, anticoagulation therapy, allergy to medication

**Case presentation (Anonymous GP)**

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| Situation: * 32 year old mother with 2 school aged children
* Unintended pregnancy at 5 weeks gestation
* Rural location 1hr from health service (no surgical termination provided at this site)

Background: * Accessed Telehealth via Marie Stopes 🡪 able to get U/S and bloods in timely manner
* Provided with e-script for MTOP and information about pharmacies
* Posted low-sensitivity urine tests for follow up and emergency contact number
* Initial bleeding 🡪 heavier with 1 pad 2 hourly at 7 days
* Called Marie Stopes advice line 🡪 told to present to ED

Assessment: * Came into GP as not keen to present to ED as she had friends there: vitally stable
* No products in cervical os on examination

Recommendation: * Arranged urgent bloods (Hb94) and U/S (RPOC in cervical canal)
* Gynae not able to review or admit directly 🡪 advised to present to ED

Questions for the group:1. Do I have to tell ED that this was an early medical abortion (patient’s question)
2. If there was an ongoing pregnancy 🡪 how can we arrange review for urgent surgery?
3. What if it was a failed early medical abortion without bleeding and ongoing pregnancy?
4. What are the pathways for surgical termination of pregnancy (STOP)?
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**Clarifying questions:**

* Has the GP checked Health Pathways?
* What are the patient’s supports at home?
* What would you do with an early miscarriage (similar presentation)?
* How big are the retained products of conception?

**Recommendations:**

* Low-sensitivity bHCG should be undertaken 2 weeks after MTOP (not high-sensitivity bHCG)
* If the RPOC are <1.5cm and the patient is well can manage them expectantly
* Could also manage this patient with further medical MTOP medication
* Call 1800 My Options or Royal Women’s Hospital for advice with complications of MTOP