

A review of the women who had failed outpatient early medical abortion (EMA) in the first year of telemedicine at Liverpool Women's Hospital

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Objective: To review the cases of women who had a failed early medical abortion (EMA) during the first 12 months of telemedicine at Liverpool Women's Hospital (LWH) to ensure the safety and effectiveness of the service provided. To assess each case and identify any recurring or common themes.

Method: Failed EMAs were identified using the incident reporting system in the trust and were highlighted by the ward manager. Electronic case notes were reviewed and data collected on parity, gestation, if the patient had an ultrasound scan, gestation when failed EMA was diagnosed and final method of abortion.

Results: In this case series of 2365 early medical telemedicine abortions conducted at LWH in the first twelve months of telemedicine, there were 11 cases of failed EMA. This represents a 0.47% failure rate. Although there is a possibility of cases lost to follow-up, this is significantly lower than failure rate of 1% which we quote to patients. At diagnosis of failed EMA, pregnancies ranged from 7 to 17 weeks, indicating that there were some delays in presentation and attending for follow-up.

	Gestation when diagnosed as failed EMA by ultrasound scan	Outcome
Case 1	10+4 (23 days later)	Manual vacuum aspiration
Case 2	<6 (11 days later)	Manual vacuum aspiration
Case 3	6 (21 days later)	Repeat medical abortion
Case 4	12+5 (21 days later)	Surgical abortion @ BPAS
Case 5	9+0 (6 days later)	Surgical abortion
Case 6	17+4 (78 days later)	Late medical abortion
Case 7	12+2 (27 days later)	Surgical abortion @ BPAS
Case 8		
Case 9	12+4 (26 days)	Surgical abortion @ BPAS
Case 10		
Case 11	12+4 (21 days)	Surgical abortion @ BPAS

Conclusion: This review adds to the existing body of evidence for the safety of telemedicine EMA and demonstrates a low failure rate in our patient population at LWH. There are unfortunately gaps in the data. However, it highlights the importance of emphasising to women to take the follow-up low-sensitivity pregnancy and contact the service if positive, to ensure that failed EMAs can be managed in a timely manner.