

The establishment of a termination of pregnancy service in secondary care; A year in review.

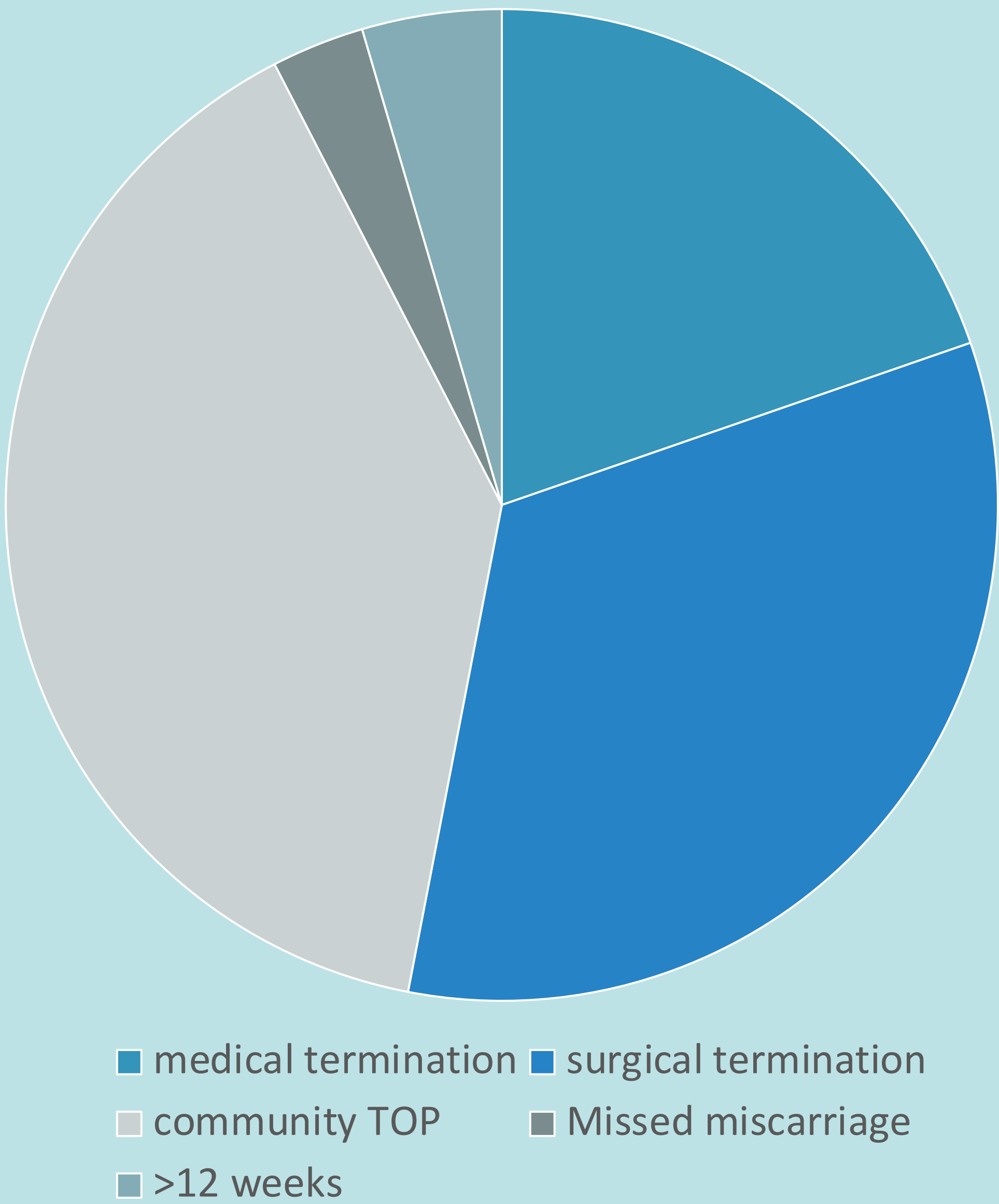
N Fee, M Traynor, F Armstrong.
Our Lady of Lourdes Hospital, Drogheda, Ireland.

Background

Termination of pregnancy (TOP) was regulated in Ireland in December 2018 and the roll out of services began in January 2019. As termination of pregnancy had not been legal in Ireland prior to this time a service had to be developed in a short period of time to meet the needs of patients. Termination prior to 9 weeks is performed in primary care; patients with a gestation from 9+0 to 12+0 will undergo termination within hospital. A retrospective analysis was performed to ascertain current service provided, incidence of complications and scope for improvement.

Methods

A retrospective analysis was performed for all patients who attended the TOP clinic at a level two hospital over a 12-month period from 1st July 2021 to 30th of June 2022. Data was collected from paper records and analysed using excel.



Results

There were 66 patients who attended the TOP clinic over this time period. Patient age ranged from 16 to 43 with a median of 29. Gestation ranged from 7+0 to 14+0. There were 13 MTOP, 22 STOP and 26 patients were referred following a early medical abortion (EMA) in primary care. There were 2 patients diagnosed with a miscarriage and 3 patients were beyond the 12 week limit. All patients undergoing a MTOP were given mifepristone at decision and had misoprostol under 48 hours post mifepristone. There was one patient with retained products following an MTOP and underwent an ERPC. There were 22 STOP and all patients had antibiotic prophylaxis with no complications. An Intrauterine device was inserted at the time of STOP in 10 patients. Of the 26 patients referred from primary care with a positive urinary HCG following an EMA there was 20 with retained products. All patients were initially managed medically with misoprostol however 4 patients subsequently required an ERPC. There was one patient who required a blood transfusion due to heavy bleeding. Contraception was provided to 48.5% (n= 32); LARC in 19.7% (n=13). There were 39 admissions with length of stay varying from 6 hours to 36 hours and a median of 10 hours.

Table 1. Demographic information of women attending the TOP clinic. (N=66).

	Range	Number	%
Age (years)	16–43		
Gestation (weeks+days)	7+0 – 14+0		
Previous Pregnancy			
Yes		46	69.7
No		20	30.3
Previous delivery>24weeks			
Yes		44	66.7
No		22	33.3
Previous TOP			
Yes		4	6.1
No		62	93.9

Conclusion

- A safe and effective and successful termination of pregnancy service between primary and secondary care has been implemented.
- A clear referral pathway with primary care with a specialist nurse available for direct communication with referrers provides timely access to care within this unit.
- Women require termination services throughout their reproductive life, and it is not limited to a particular age demographic.
- This service offers a framework for development of termination services.