



Management of medical termination of pregnancy up until the 7th week of gestation in the Czech Republic

Slunská P, Hanáček J, Fanta M, Sehnal B, Gerychová R, Hola A, Zdenková A, Neumannová H, Džiaková M, Lubusky M
Palacky University Hospital, Olomouc, Czechia

Objective

In the Czech Republic (CR), medical termination of pregnancy (MToP) in the first trimester is allowed since June 2014 if a woman submits a written request and if ultrasound examination confirms an intrauterine singleton pregnancy, between 42 and 49 day of gestation or crown-rump length (CRL) of the embryo 2-9 mm. The aim of the study was to analyze the management of MToP up till 7 weeks gestation in five centres in the CR.

Methods

Multicenter cohort (prospective) study. Between 2014-2016, a total of 1820 pregnant women requested MToP. The diagnosis of an intrauterine singleton pregnancy was set by transvaginal ultrasound, CRL 2-9 mm. MToP was carried out by a combination of mifepristone (600 mg orally) and misoprostol (400 mcg orally) within 48 hours. MToP follow up (exclusion of ongoing pregnancy) after 2-3 weeks was carried out by transvaginal ultrasound as well.

Results

In 11.0% of women (201/1820) who requested MToP, CRL > 9 mm, nonviable, multiple or ectopic pregnancy was diagnosed. In the remaining 1619 women MToP was carried out, but in 221 cases (13.7%) at least one additional pre-first visit was needed before the diagnosis of intrauterine singleton viable pregnancy with CRL 2-9 mm could be established, in 19 cases (1.2%) two pre-first visits and in 5 cases (0.3%) even three. The median gestational age was 47 days (42-49 days), the women were 14-47 years of age (average 30.7, median 30). 20.8% of women (336/1619) were lost to follow up, in 1.6% MToP failed, 6.5% of cases were diagnosed as incomplete abortion and 91.9% as complete abortion. A subsequent surgical intervention was carried out in 7.4% of women (95/1283).

Conclusion

A medical facility performing MToP in the 1st trimester should develop its own methodology in accordance with the legislation in force, Summaries of Product Characteristics, and recommendations of professional associations. The methodology should also include a method of evaluation of the result and management. The subsequent surgical intervention should only be performed in indicated cases. The main goal of follow up after MToP is to exclude ongoing pregnancy (MToP failure), and the patient should be informed in detail about the risks involved and possibilities of their solution.