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New technologies permit safe abortion at less than six weeks' gestation and provide timely detection of ectopic gestation ☆☆☆☆

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Abstract

OBJECTIVE: The previously held dictum that elective abortion before 6 weeks' gestation carried greater risks than a later procedure was challenged by this protocol.

STUDY DESIGN: This study evaluated a protocol for abortion before the customary 6 weeks' gestation. Patients willing to return to the clinic within 72 hours were given the option of elective abortion even when no gestational sac could be visualized with transvaginal ultrasonography. When no chorionic membrane with villi was seen in the curettings, postoperative serum levels of β -human chorionic gonadotropin confirmed complete evacuation or diagnosed ectopic pregnancy.

RESULTS: In 1530 abortion procedures at <6 weeks' gestation by ultrasonographic criteria no serious complications occurred. In addition, 9 (0.67%) unsuspected ectopic pregnancies were diagnosed.

CONCLUSIONS: Abortion before 6 weeks' gestation is safe, given close surveillance. Early termination combined with vaginal ultrasonography and follow-up with β -human chorionic gonadotropin measurements allows diagnosis of early, unsuspected ectopic pregnancy. Ectopic

pregnancy was found to be uncommon in women requesting early abortion. (Am J Obstet Gynecol 1997;176:1101-6.)