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Phone Follow-Up to Medical Abortion Called "Feasible"

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By Sherry Boschert

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ADDED EVIDENCE FOR PHONE FOLLOW-UP PROTOCOL

This study provides additional evidence for the feasibility of phone follow-up for medical abortion, such as in Scotland (Contraception 2012, Jan. 5 <http://www.ncbi.nlm.nih.gov/pubm> [Epub ahead of print]). Although rates of unscheduled visits and phone calls were high in the phone follow-up group, the rate of adverse events between the two groups was similar.

This study might have particular applicability for women who live in areas remote from facilities where they can obtain a medical abortion and who have difficulty returning for a follow-up visit. Women who desire long-acting reversible contraceptives – IUDs and implants – may benefit from the follow-up visit for initiation of these highly effective methods.

Eve Espey, M.D., *is a professor of obstetrics and gynecology at the University of New Mexico in Albuquerque. Dr. Espey chairs the American College of Obstetricians and Gynecologists' Working Group on Long-Acting Reversible Contraception (LARC). She said she had no relevant financial disclosures.*

FROM THE ANNUAL MEETING OF AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

SAN DIEGO – Almost half of women undergoing a medical abortion could safely avoid an in-person follow-up visit by using phone follow-ups, a review of charts on 118 women suggests.

A typical protocol for medical abortion involves taking 200 mg of oral mifepristone, then 800 mcg of vaginal or buccal misoprostol, with an in-office follow-up visit a week later for a transvaginal ultrasound to make sure the abortion is complete. This study offered alternative follow-up by phone to women in a clinical practice at Magee-Women's Hospital in Pittsburgh from Jan. 2010 through June 2011.

Diana W. Samberg

Phone follow-up included conducting a phone survey at 1 week and having the women perform a urine pregnancy test at 1 month so they could report the results when they were contacted in a 1-month follow-up phone call. Women with a positive urine pregnancy test were asked to return to the office for an ultrasound.

Overall, 44% of the 51 women who chose phone follow-up did not require office visits, Diana W. Samberg and Dr. Beatrice A. Chen reported at the annual meeting of the American College of Obstetricians and Gynecologists.

The proportion of women who were lost to follow-up did not differ significantly between the phone follow-up group (9 of 51 women, or 18%) and the office follow-up group (6 of 67 women, or 9%), reported Ms. Samberg and Dr. Chen of the University of Pittsburgh, where Ms. Samberg is a medical student.

The two groups also did not differ significantly in rates of adverse events, which were seen in 24% of the phone group and 17% of the office group. Among individual adverse events, the phone group was more likely to report heavy bleeding (14% vs. 3%) and to request an office visit for that reason. (Heavy bleeding was defined as any bleeding requiring an office visit.) Other adverse events included minimal bleeding, blood transfusion, emergency department visits, incomplete abortion, additional procedures, heavy pain, and allergic reaction. No women developed infection.

The trade-off for fewer office visits in the phone group was more phone calls. The phone group was significantly more likely to make unscheduled phone calls or office visits; some 55% in the phone group and 39% in the office group made unscheduled contacts. Two or more unscheduled contacts were made by 41% in the phone group and 20% in the office group.

In the phone follow-up group, the reasons for not being followed exclusively by phone (other than being lost to follow-up) included a switch by some women to office follow-up before the 1-week phone call; requests by some women to be seen in the office after the 1-week phone call even though the physician didn't consider it necessary; and visits by some women before the 30-day call to medical clinics or the emergency department, during which follow-up or pregnancy tests were performed.

Among seven women who were advised to come to the office after the 1-week phone call, three required an additional procedure (either misoprostol or a D&C). Among women who were followed by phone at 30 days, three were advised to come to the office based on their positive urine pregnancy test, but only one required a D&C.

"Phone follow-up is feasible for medical abortion and can assess the need for further in-person follow-up," Ms. Samberg said.

The women who chose phone follow-up were significantly older (32 years on average), compared with 27 years in the office group. Women in the phone group were significantly more likely than those in the office group to have had a previous pregnancy (88% vs. 61%) and to have had a prior therapeutic abortion (51% vs. 30%). Parity did not differ significantly between groups. Women choosing phone follow-up were significantly more likely to be white and employed.

The findings follow a 2010 pilot study with 139 women that supported the feasibility of phone follow-up, in which 64% did not require in-person office follow-up (Contraception 2010;81:143-9 <http://www.contraceptionjournal.org/article/S0010-7824%2809%2900387-4/abstract>), Ms. Samberg said.

Doing a urine pregnancy test and taking a good history are among alternatives that have been suggested as a means to avoid some ultrasounds and potentially improve follow-up compliance after medical abortions. Testing serum levels of beta–human chorionic gonadotropin also has been suggested as an alternative.

Ms. Samberg reported having no financial disclosures. Dr. Chen has received research support from Bayer Pharmaceuticals, Medicines360, Agile Therapeutics, and Evofem Inc.