

Journal Club: Article Summary

Title/Authors:	<u>Alternatives to ultrasound for follow-up after medication abortion: a systemic review</u> Daniel Grossman, Kate Grindlay
Year:	2018
Funding source:	This research was supported by grants from the World Health Organization, the William and Flora Hewlett Foundation and the David and Lucile Packard Foundation.
Aim:	This systematic review examined the evidence regarding alternative modalities of medication abortion follow-up that do not require ultrasound evaluation.
Study Design:	The PubMed (including MEDLINE), Cochrane Central Register of Controlled Trials and POPLINE databases were systematically searched in October and November 2009 for studies related to alternative follow-up modalities after first-trimester medication abortion to diagnose ongoing pregnancy or retained gestational sac.
Study Selection:	Included prospective cohort studies, diagnostic test evaluation studies, clinical trials and pilot studies that examined modalities of follow-up that are an alternative to ultrasound for diagnosing ongoing pregnancy after medication abortion.
Excluded:	Studies related to second-trimester abortion, unsafe abortion, medication abortion regimens, service delivery, legal analysis and abortion beliefs or attitudes.
Primary Outcome:	The accuracy of alternative follow-up modalities in detecting ongoing pregnancy or retained gestational sac, compared with

	ultrasound, focusing on sensitivity, NPV, and proportion with a positive screen (who got referred for further evaluation)
Results:	The search identified eight articles. The most promising modalities included serum human chorionic gonadotropin measurements, standardized assessment of women's symptoms combined with low-sensitivity urine pregnancy testing and telephone consultation. These follow-up modalities had sensitivities $\geq 90\%$, negative predictive values $\geq 99\%$ and proportions of "screen-positives" $\leq 33\%$.
Take-away:	The authors identified the cost of ultrasound (both to providers to maintain in their offices and to patients/insurers for scans) as being a barrier to medication abortion. Alternative modalities for follow-up after medication abortion could reduce costs and improve access.
Discussion Questions:	<p>1) Given that ongoing pregnancy and retained gestational sac are rare after medication abortion, how does that influence your assessment of this data?</p> <p>2) Are these alternative follow-up modalities feasible in your current clinical setting? What barriers might there be to implementing these alternative follow-up strategies?</p> <p>3) Do you currently use any of these alternative follow-up modalities (serum hcg, standardized assessment, urine hcg, or telephone consultation)? Would you be comfortable using them?</p> <p>4) What questions might you ask to determine if a patient has passed the pregnancy during the medication abortion?</p>
Relevant Research	Pociusa K et al. Early serum human chorionic gonadotropin (hCG) trends after medication abortion. Contraception, June 2015, Volume 91, Issue 6, 503-506. doi: https://doi.org/10.1016/j.contraception.2015.03.004

Blum J and Sheldon WR. [Randomized trial assessing home use of two pregnancy tests for determining early medical abortion outcomes at 3, 7 and 14 days after mifepristone.](#) Contraception. August 2016, Volume 94, Issue 2, 115-121. doi: 10.1016/j.contraception.2016.04.001. Epub 2016 Apr 8.

Pociusa K et al. [Serum human chorionic gonadotropin \(hCG\) trend within the first few days after medical abortion: a prospective study.](#) Contraception, March 2017, Volume 95, Issue 3, 263-268. doi:
<https://doi.org/10.1016/j.contraception.2016.09.007>