

RESEARCH BASED TEMPLATE

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Mate Whenua – Follow-up after early medical abortion in Aotearoa New Zealand: a randomised controlled trial

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Background:

Early medical abortion (EMA) accounts for >50% of all abortions in Aotearoa New Zealand (NZ). Follow up is imperative to ensure no live ongoing pregnancy and includes comparative serial serum β HCG or low sensitivity urine pregnancy test (UPT). The NZ abortion care guideline suggests either method, citing an evidence gap precluding an evidence-based recommendation. The objective of this study was to evaluate self-assessment with low sensitivity UPT versus comparative serum β HCG in women having EMA. Primary outcome was complete follow-up (able to discuss follow-up test results within six weeks). Secondary outcomes included successful abortion.

Methods:

This was a multi-centre parallel group randomised controlled trial. Pregnant people having an EMA were recruited from six abortion services (representing >50% of all abortion provision in NZ). Consented participants were randomised (1:1 ratio) to a follow up protocol of self-assessment UPT or blood tests. Data analyses were specified a priori and followed intention-to-treat principle. A p-value of 0.05 was considered statistically significant.

Results:

There were 732 participants. More participants in the self-assessment group had complete follow-up compared to the blood test group (94.5% vs 67.4%, $p < 0.001$). Participants had a 41% greater chance of complete follow-up in the self-assessment group [RR 1.41 (95% CI 1.30-1.52)]. More participants in the self-assessment group had a successful EMA (90% vs 85%, $p = 0.002$) but had more additional follow-up investigations (17% vs 10%, $p = 0.008$). One ongoing live pregnancy was detected after the first trimester.

Conclusion:

Self-assessment using low sensitivity UPT could improve follow-up after EMA. These findings can inform abortion care guidelines and health care delivery.

Disclosure of Interest Statement:

The authors have no conflicts of interest to declare