



Safety And Efficacy Of Early Medical Abortion Without Confirmed Intrauterine Pregnancy

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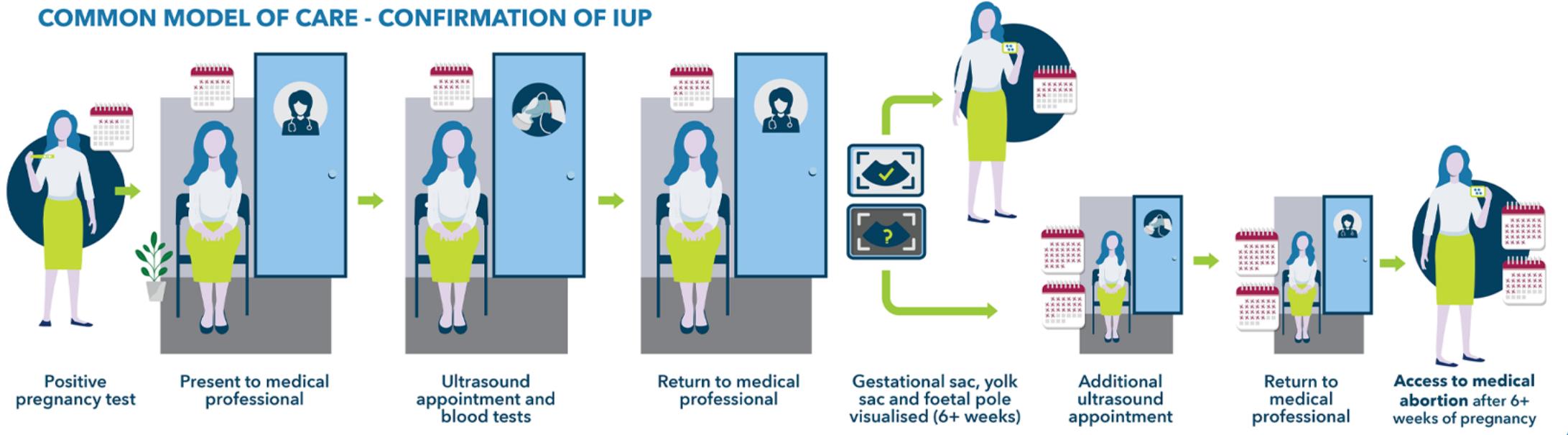
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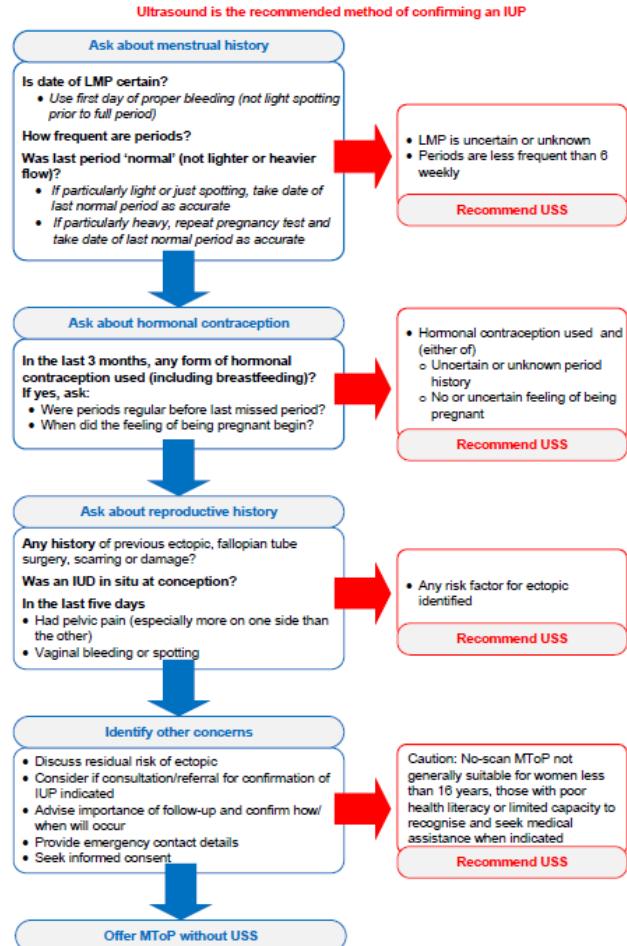


*Does ultrasound place an
unnecessary risk
on people seeking early
medical abortion?*

COMMON MODEL OF CARE - CONFIRMATION OF IUP



What do the guidelines in Australia say?



Queensland Health

Where gestational age has been established by clinical means, the decision about ultrasound prior to abortion should be made according to patient preferences and access to services.

RANZCOG

Very early medical abortion of PUL should only be offered by experienced practitioners who have clear follow-up protocols in place. Follow-up is critical to limit the risk of undetected ectopic pregnancy.

Very early medical abortion should not be undertaken if:

- there are risk factors for ectopic pregnancy (eg previous ectopic pregnancy, intrauterine contraceptive device in place, a history of pelvic inflammatory disease or tubal surgery)
- there are signs or symptoms of ectopic pregnancy (severe abdominal pain, unilateral pelvic or shoulder tip pain, onset of weakness, heavy bleeding)
- the gestation estimated by dates is incompatible with the quantitative serum human chorionic gonadotrophin (hCG) measurement and the first ultrasound; see Ultrasound scan before medical abortion. An absent intrauterine sac on transvaginal ultrasound and a serum hCG measurement more than 1500 IU/L suggest an ectopic pregnancy; urgently refer to a specialist
- the individual is unable to provide informed consent or comply with early follow-up.

Experienced practitioners must assess the possibility of an ectopic pregnancy on a case-by-case basis, and ensure close monitoring and follow-up. Management protocols should include:

- clear advice to seek immediate medical attention if symptoms or signs of an ectopic pregnancy occur
- follow-up by phone or in person within 3 days (see Follow-up after medical abortion)
- a repeat quantitative serum hCG measurement in 3 to 5 days after mifepristone is taken.

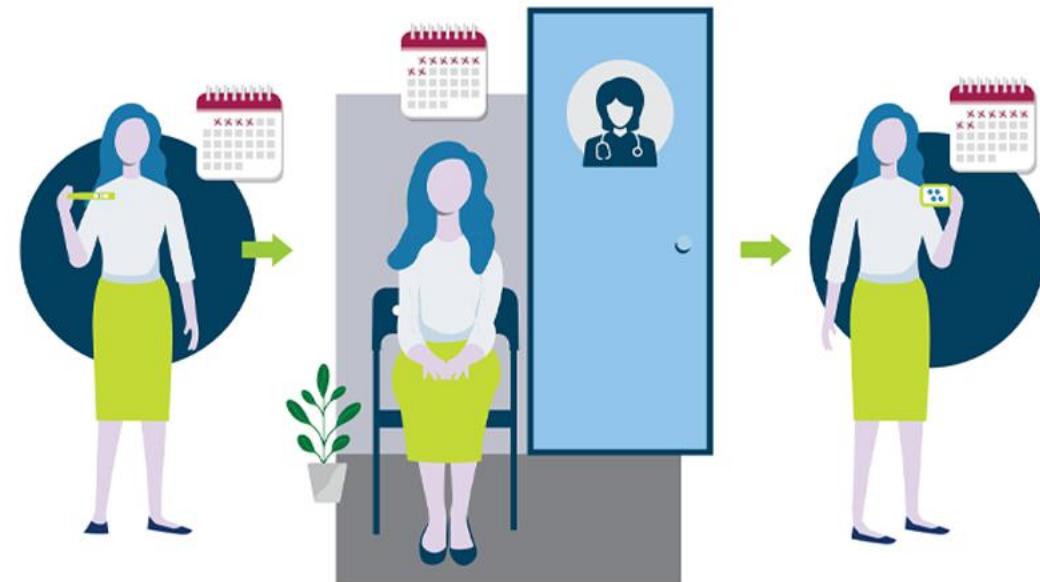
eTherapeutic Guidelines

Baseline investigations

- Determine the gestational age by clinical history or by pelvic ultrasound.
 - Ultrasound to confirm gestational age, visualisation of YS confirms IUP
 - Clinical history such as LNMP and certainty of the date of conception

Royal Women's Hospital

PROCEEDING WITHOUT CONFIRMATION OF IUP



Positive
pregnancy test

Present to medical
professional.
Assessed as low risk.

**Access to medical
abortion** from earliest
stage of pregnancy

So what do we do at LCHS?

Historical (H) Factors -

Obstetric history – types of deliveries

Fallopian tube pathology

Age

Medical history

Fertility issues

Ectopic pregnancy in past

PID

Surgical History

Clinical (C) Factors -

LNMP

Current hormonal contraception

Current pain or bleeding

Sure of dates?

Sure of date of conception?

IUD at time of conception

Smoking status

Risk Management (R) Factors -

Access to transport

Can provide informed consent

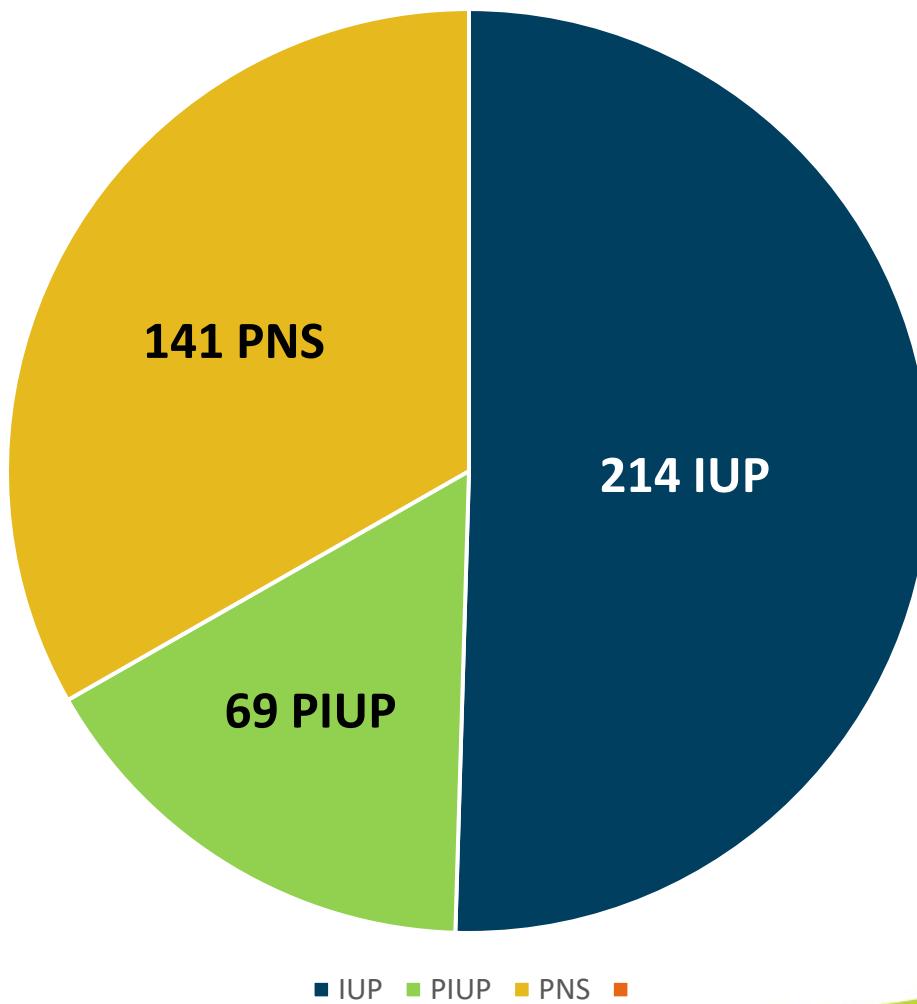
Support at home

Health literacy

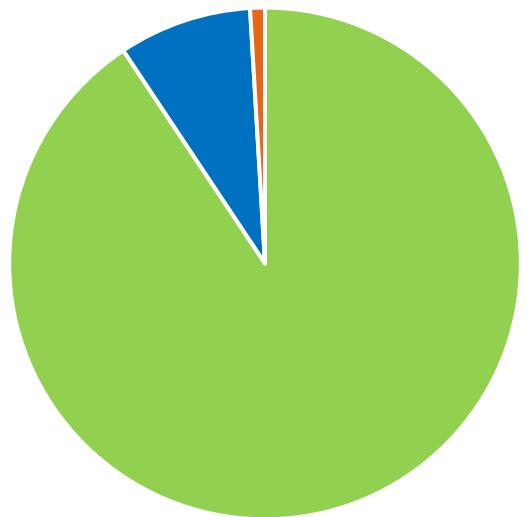
Ambulance membership

Patient preference

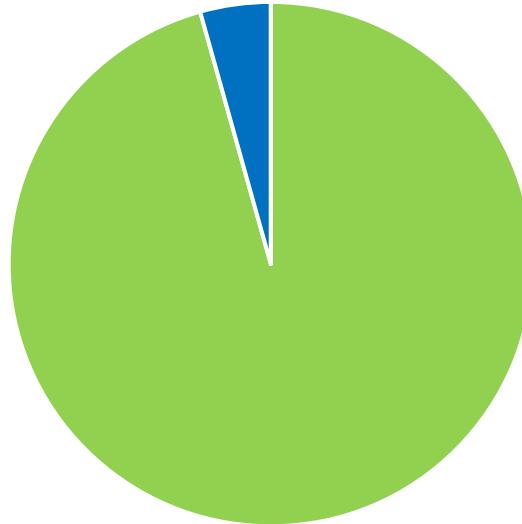
Total Scripts = 424



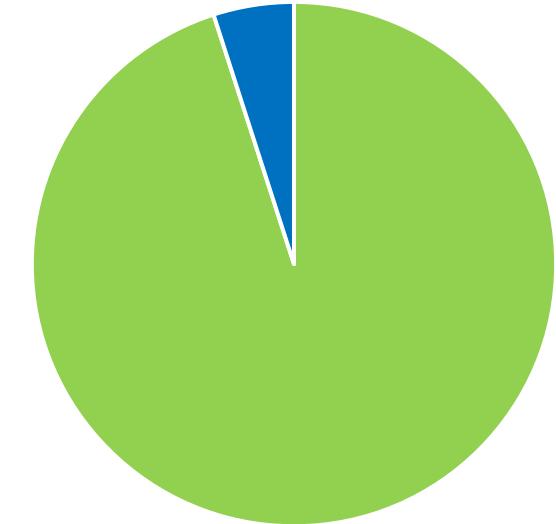
IUP



PIUP



PNS



- Abortion Complete
- Unplanned Clinical Encounter
- Emergency Hospitalisation

8.4% UCE

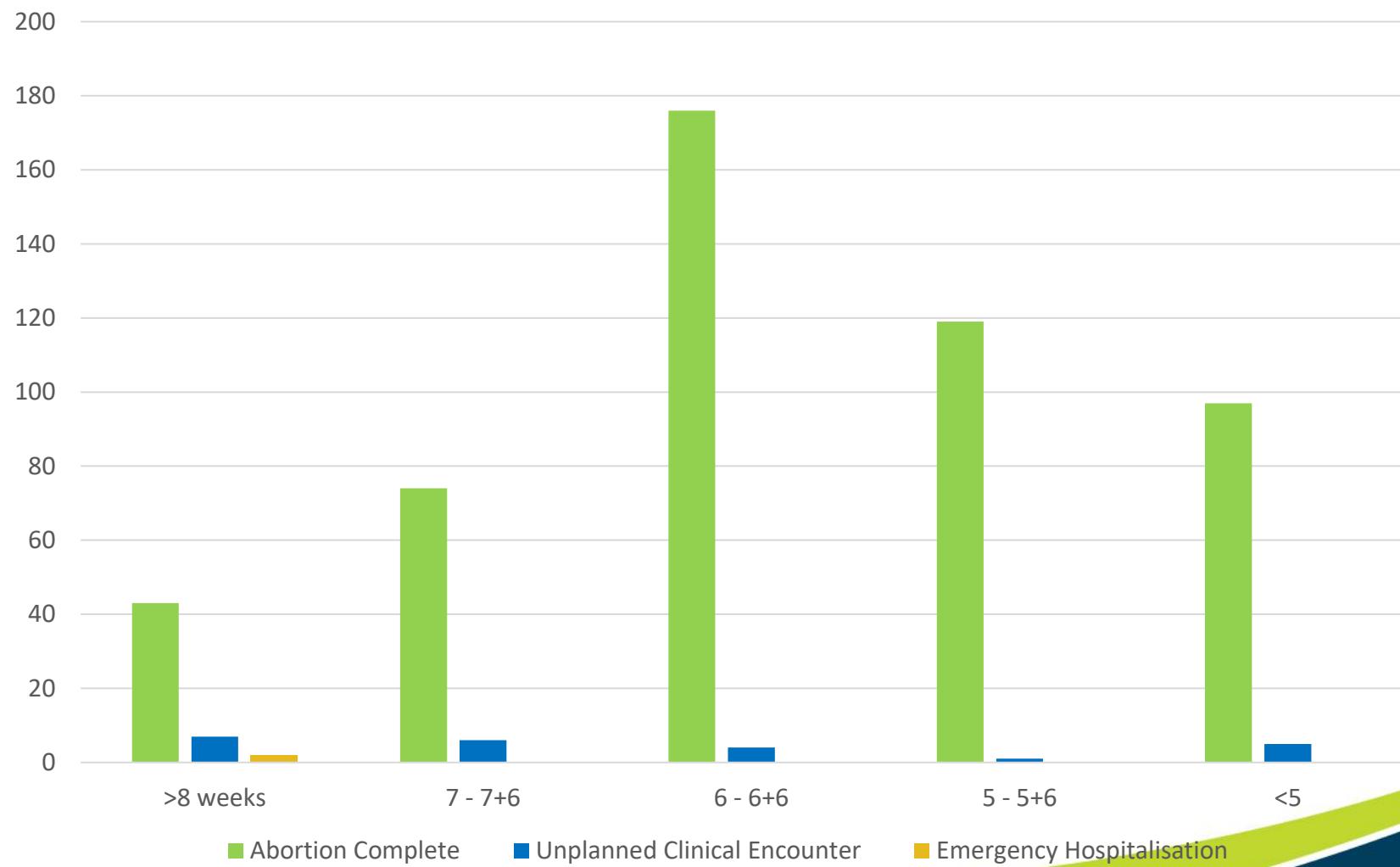
- Abortion Complete
- Unplanned Clinical Encounter
- Emergency Hospitalisation

4.3% UCE

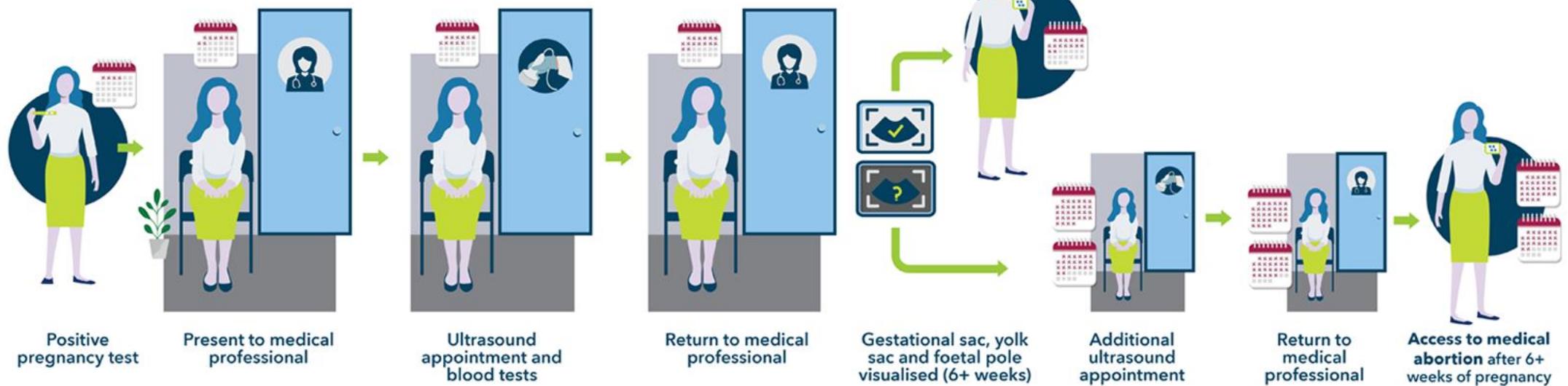
- Abortion Complete
- Unplanned Clinical Encounter
- Emergency Hospitalisation

5% UCE

Unplanned Clinical Encounters by Gestational Age



COMMON MODEL OF CARE - CONFIRMATION OF IUP



VS.

PROCEEDING WITHOUT CONFIRMATION OF IUP





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