

UC Davis

UC Davis Previously Published Works

Title

Prospective quantification of fetomaternal hemorrhage with dilation and evacuation procedures

Permalink

<https://escholarship.org/uc/item/198363qh>

Journal

Contraception, 98(4)

ISSN

0010-7824

Authors

Hsia, JK
Schimmoeller, NR
Cansino, CD
et al.

Publication Date

2018-10-01

DOI

10.1016/j.contraception.2018.07.042

Peer reviewed

predictor of favorable attitudes. Increased training and clinical exposure may prove to be crucial in raising awareness of the importance of safe abortion access. The results of this survey will be used to improve the abortion curriculum and training opportunities.

doi:10.1016/j.contraception.2018.07.040

P13

Patient-reported acceptability of receiving medication for abortion via telemedicine at Planned Parenthood health centers in seven states

J Seymour

Ibis Reproductive Health, Cambridge, MA, USA

J Snow, T-A Thompson, C Garnsey, J Kohn, D Grossman

Objectives: In a previous evaluation of telemedicine for medication abortion, patients in Iowa found it highly acceptable. We assessed the acceptability of telemedicine for medication abortion when translated to different settings across the United States.

Methods: In-person and telemedicine patients seen at health centers in seven states completed an online survey approximately 2 weeks postabortion. χ^2 and Kruskal–Wallis tests were used to assess differences between groups.

Results: Of the 205 in-person and 198 telemedicine participants, the average age was 26; 42% were single and never married, 77% were parous, and 45% had had a prior abortion. The vast majority were “very satisfied” with the information received preappointment (80%), the conversation with the abortion provider (86%), follow-up calls (80%), birth control information (86%) and overall care (83%); ratings did not differ by abortion type. More than 98% of telemedicine respondents could easily see and hear the provider. Although 24% of telemedicine respondents would have preferred to be in the room with the provider, of these, 90% were “somewhat” or “very” satisfied overall. More telemedicine than in-person respondents would recommend services to a friend (87% vs. 76%; $p=.014$). Age, marital status and prior abortion were not associated with preferring to be in the same room as the provider or recommending the service. Strong desire for medication vs. surgical abortion (72%) and parity were associated with recommending services ($p=.003$ and $.004$).

Conclusions: Patients in diverse settings reported that this scaled-up model of telemedicine for medication abortion is highly acceptable. Further work is needed to understand some patients’ desire to be in the same room as the provider.

doi:10.1016/j.contraception.2018.07.041

P14

Prospective quantification of fetomaternal hemorrhage with dilation and evacuation procedures

JK Hsia

University of California, Davis, Sacramento, CA, USA

NR Schimmoeller, CD Cansino, MJ Chen, MY Hou, MD Creinin

Objectives: We describe fetomaternal hemorrhage during routine second-trimester dilation and evacuation (D&E) procedures.

Methods: We enrolled 325 women seeking D&E abortion between 15–0/7 and 23–6/7 weeks’ gestation. Participants had blood drawn within 120 min before and 30–120 min after the procedure. We excluded women for whom pre- or postsamples could not be obtained or those who required additional procedures due to hemorrhage. Three technicians performed Kleihauer–Betke acid elution testing on all specimens. We calculated fetomaternal hemorrhage in ml and the proportion of such hemorrhage that would require more than 100 mcg and 300 mcg Rh-immune globulin (hemorrhage of 10 ml and 30 ml, respectively).

Results: The 300 participants in the analysis had a mean gestation of $19-6/7 \pm 2-2/7$ weeks. The median preprocedure hemorrhage was 0 ml (range 0–50 ml), and 2 (0.67%) women exceeded 10 ml. The median postprocedure hemorrhage was 1 ml (range 0–60 ml). Almost all ($n=295$, 98.3%) participants had hemorrhage of less than 10 ml, and 298 (99.3%) had hemorrhage of less than 30 ml. Fetomaternal hemorrhage quantity was not significantly associated with other factors including gestational age, Rh status, prior cesarean section, estimated blood loss, procedure time or indication for D&E. All women (100%) who had the procedure before 18 weeks’ gestation had hemorrhage of less than 10 ml.

Conclusions: Fetomaternal hemorrhage occurring with routine second-trimester D&E procedures is minimal and adequately covered by the amount of Rh-immune globulin given as recommended by UK (100 mcg) and US (300 mcg) guidelines. This exploratory study is a first step to reducing the dose and costs related to Rh-immune globulin administration.

doi:10.1016/j.contraception.2018.07.042

P15

Misoprostol knowledge and distribution in Mexico City: A survey of pharmacy staff

G Weaver

Oregon Health & Science University, Portland, OR, USA

R Schiavon, S Kung, ME Collado, B Darney

Objectives: Abortion is legal and widely available in Mexico City, but practices around the sale of misoprostol in community pharmacies are not well understood. We assessed pharmacy staff sale practices and knowledge about misoprostol in Mexico City.

Methods: We used data collected from 174 pharmacies in 15 neighborhoods in Mexico City. One staff member at each pharmacy was asked about indications for misoprostol, as well as sale practices and social and demographic information. Our primary outcome was availability of misoprostol. We used descriptive and bivariate statistics to compare knowledge and practices by type of pharmacy (chain or small independent) and location.

Results: Of the 174 pharmacies, 65 were chain locations and 109 were small independent locations. Misoprostol was available at 61% of sites. Only 49% of independent pharmacies sold misoprostol, compared with 81.5% of chain pharmacies ($p<.05$). Knowledge of indications for misoprostol use was similar between independent and chain pharmacies, though only 13.8% of chain and 8.2% of independent pharmacy employees correctly identified at least three out of five of the indications. Eighty percent of respondents knew that abortion was legal in Mexico City, and 44% reported requiring a prescription for sale of misoprostol.

Conclusions: Availability, knowledge of indications for use of misoprostol and requirement of a prescription varied widely among pharmacies, resulting in differential access to medication abortion.