

Does prior uterine scarring increase the likelihood of intervention among women undergoing medication abortion?



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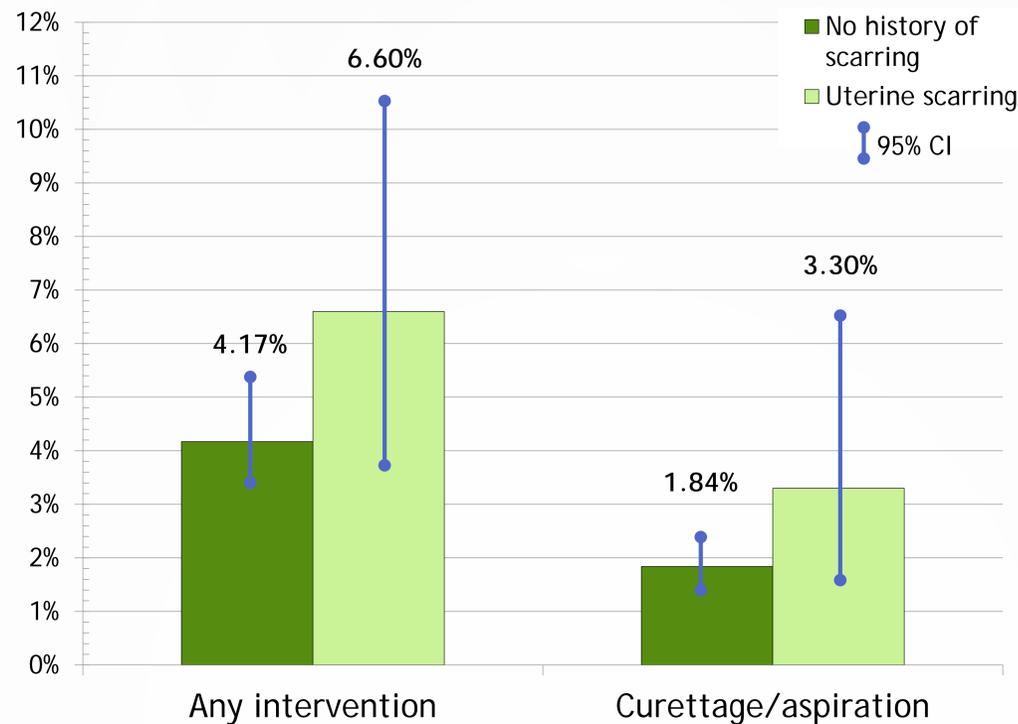
Background

- Medication abortion (MAB) is growing in popularity as a way to safely terminate early pregnancy.
 - Early MAB now accounts for 23% of all abortions in the US, up from 6% in 2001.
- While the overall efficacy of MAB is 95%, its efficacy in women with a uterine scar may be lower due to abnormal implantation.
 - Important consideration as one-third of US births are delivered by cesarean section.
- Association between uterine scarring and success of MAB has not been studied with the current US dosing regimen
- We sought to determine whether a history of uterine scarring, either from prior cesarean section or myomectomy, was associated with need for additional intervention after 200mg mifepristone/800mcg misoprostol.

Methods

- Data were abstracted from the charts of 2,054 patients at two Chicago clinics who underwent an MAB in 2011.
- Using multivariate logistic regression, we assessed the odds of failure after MAB
- Failure defined as need for any intervention after the standard mifepristone/misoprostol regimen, including:
 - Additional misoprostol
 - Methergine
 - Uterine aspiration
 - Curettage
- Secondary outcome variable defined failure as need for aspiration or curettage
- Controlled for age, race, smoking status, pregnancy history, and gestational age

Percentage of medication abortion patients requiring additional intervention, by uterine scarring history (n=1,627)



Adjusted odds of needing additional intervention after medication abortion, by pregnancy history (n=1,627)

	Adjusted OR	95% CI
History of C-section or myomectomy	1.67	0.87-3.18
Parity	0.92	0.73-1.16
History of spontaneous or induced abortion	1.11	0.94-1.32
Gestational age		
48 days or less	Ref	Ref
49-56 days	1.25	0.69-2.24
57-70 days	1.73	0.9-3.34

Sample

- 427 patients (21%) were lost to follow up
- Analysis completed on remaining 1,627
 - Missing data were not correlated with outcome variables
- 13% of sample had history of uterine scarring
- The majority (53%) had given birth at least once
- 29% of women in the sample identified as black, 36% as white, 23% as Latina, 8% as Asian or Pacific Islander, and 3% as some other race/ethnicity

Results

- The odds of failure of MAB was not significantly increased among women with a history of scarring (see table and figure)
 - For any intervention: AOR 1.7, 95% CI 0.9-3.2.
 - For aspiration or curettage: AOR 1.8, 95% CI 0.7-4.6.
- No variables in our model were significantly associated with failure of MAB.

Conclusion

- While we did not find a significant association between uterine scarring and MAB, our findings do not rule out the possibility of a modest association.
 - Due to the high success rate of MAB, a much larger sample size would be needed for adequate power.
- Overall, our findings support the continued provision of this regimen to women with uterine scarring.
- Given the move to provide MAB beyond 9 weeks, future studies should examine this association in later gestations, where the risk for abnormal implantation due to scarring may be greater.