

Research Briefing

How accurate is a low-sensitivity urine pregnancy test at identifying an ongoing pregnancy after medical abortion?

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Background

Medical abortion with mifepristone and misoprostol is safe and highly effective through 70 days' gestation. In case of abortion failure, early and accurate identification of ongoing pregnancies is important to facilitate appropriate management.

In the UK, the National Institute for Health and Care Excellence (NICE) abortion guidelines recommend providers give patients a low-sensitivity pregnancy test (LSPT) to assess abortion outcome.

We assessed whether LSPT is effective at identifying an ongoing pregnancy after medical abortion at 64-70 days of gestation.

Methods

From October 2018 to March 2020, we performed a study with participants who had a medical abortion in England and Wales.

Approximately 14 days after their medication abortion, participants returned to a BPAS clinic. They completed a symptom checklist, took a LSPT, and stated whether they thought the abortion was complete. Clinicians verified results of the test and performed an ultrasound to determine if the abortion was complete.

We calculated how accurately the test detected an ongoing pregnancy.

Key Findings

During the study period, 558 participants attended the follow-up appointment.

Participants and clinicians agreed on the result of the pregnancy test in 94.6% of cases.

Thirteen participants (2.3%) had an ongoing pregnancy. The LSPT correctly identified all of the ongoing pregnancies and was 100% sensitive. The symptom checklist alone had a sensitivity of 76.8%.

Conclusions

When participants used a LSPT two weeks after medical abortion between 64 and 70 days' gestation, the test was highly accurate at identifying an ongoing pregnancy. The results suggest that a symptom checklist might not help identify an ongoing pregnancy.

Providers should consider routinely providing LSPTs as follow-up method for all clients undergoing medical abortion up to 70 days of gestation. LSPT would help to decrease the need for in-person follow-up when the result is negative.

Acknowledgments

Many thanks to BPAS staff at the following clinics for their contribution to this work: Andover, Birmingham, Brighton, Cannock, Chester, Doncaster, Finsbury Park, Leeds, Leicester City, Llandudno, London East, Luton, Merseyside, Middlesbrough, Norwich, Peterborough, Portsmouth, Richmond, Stafford, Streatham.

Read the paper

<https://doi.org/10.1016/j.contraception.2022.02.005>