

BACKGROUND

High-sensitivity urine pregnancy tests (HSPTs) are not recommended until 4 weeks after medication abortion but can be done at home. **Ultrasound and serum HCG** can confirm outcome sooner but require a visit to a medical facility or lab.

RESEARCH QUESTION

Could waiting to do the HSPT result in:

- More abortion related clinical visits?
- More clinical interventions (esp. aspirations)?
- Delay in intervention?
- Delay in detection of ongoing pregnancy?

METHODS

We used multiple logistic regression to compare participants in the TelAbortion project who planned to check abortion completeness using:

- A. **HSPT** at 3-5 weeks after mife (N=1130)
- B. **Ultrasound or serum HCGs** earlier (N=480)

CONCLUSIONS

Planning **HSPT** was associated with

- **MANY fewer total visits**
- Modestly **more unplanned**, abortion-related clinical visits
- **No increase in risk of aspiration**
- **No delay in interventions**
- **No delay in detection of ongoing pregnancy**

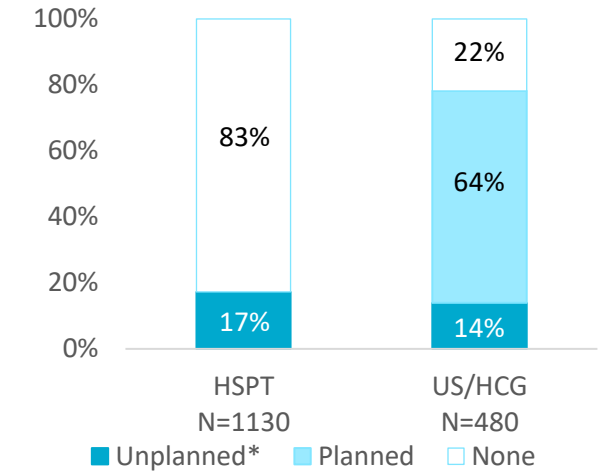
Is waiting a month to confirm medication abortion success with HSPT at home clinically OK for patients?

Answer: 



See this poster online!

% WITH ABORTION-RELATED VISITS



* $p < 0.01$ after adjustment for pre-treatment factors

DELAYS IN CARE?

	HSPT	US/HCG
Aspiration		
N had aspiration	49	21
Median days after mife*	20	16
Detection of ongoing pregnancy		
N had ongoing pregnancy	18	12
Median days after mife*	12.5	8

***NOT significantly different**

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