Introduction of misoprostol at home for early medical abortion (EMA) at Marie Stopes UK

Introduction

In August 2018, the UK government announced plans to amend the approval of the class of place where abortion drugs can be administered for the second stage of EMA to include the place in England where the pregnant woman has her permanent address or usually resides. This amendment to the Abortion Act 1967 became effective from 1st January 2019.

According to the Department of Health statistics[i], there were a total of 197,533 abortions in England and Wales in 2017. 66% of all abortions and 80% of abortions carried out at less than 10 weeks were completed medically[i]. The majority of women who have EMA will pass the pregnancy at home; however they have been required to administer the misoprostol tablets at a CQC registered place before making their way back home. This resulted in a difficult and distressing journey as pain and bleeding can start soon after the administration of misoprostol. The consensus among experts in the field of abortion care is that it is safer and more acceptable to women to self-administer the medication in their own home, and there is no medical justification for the tablets to be taken in a clinic[ii].

In addition, the option of misoprostol at home offers clients greater choice of treatment by reducing clinic visits. This is of particular importance to women who live in remote areas or have limited transport options. Other benefits include:

- Freeing up appointments that would have been for second visits, which can instead be used for first visits and thus reduce wait times;
- Women who would have preferred but are not eligible for simultaneous administration of mifepristone and misoprostol (SAMM) can have misoprostol at home instead;
- Women can have better control of their treatment and ability to plan it around childcare or other responsibilities.

How we are introducing misoprostol at home

1. **Evidence based design:** EMA with a 24-48h interval is the most effective treatment option for EMA[iii]. Although MSUK offers SAMM, 6 hour and 72 hour options, we want to optimise the probability of a successful treatment and to reduce the likelihood that the woman will need to return to the clinic for suspected retained products or continuing pregnancy. We will therefore be advising women to self-administer misoprostol within a 24-48h period of taking mifepristone in the clinic.
2. **Risk analysis:** Analysed and mitigated risk through our project management office process.

3. **Pre Exiting Conditions (PEC) Guidelines**: Amended our internal PEC guidelines as appropriate.

4. **Policy updates:** Created a new EMA policy by separating it from the Abortion Policy, and updated the EMA consent form.

5. **Standard Operating Procedure (SOP):** Created a SOP for misoprostol at home.

6. **Training:** Training tools developed by the Learning and Development team, with tailored training to clinical, non-clinical and support teams.

7. **Staged approach:** Marie Stopes UK will have a staged approach for the phased roll out of misoprostol at home beginning with a pilot at MSUK Maidstone and MSUK West London on 11th March 2019.

Monitoring the rollout of misoprostol at home

- During the pilot, women booking into the participating centres through One Call will be offered misoprostol at home subject to eligibility at consultation;

- On discharge from the first tablet appointment, the clinic will book the woman for a 10 minute telephone client feedback appointment, 3 days later;

- Weekly nurse survey for those administering misoprostol at home;

- Robust review of data from any follow up calls and visits;

- Datix and CLIP (Complaints, Litigation, Incidents, and Patient Feedback Group) processes will be used to monitor all incidents that happen instantaneously. This will feed into our governance processes and will include clinical incidence rates that will be compared to published rates;

- Effective governance process: Audits and reports will be taken to the Clinical Effectiveness Group, Clinical Governance Committee, and the Integrated Governance Committee.

For further information, please contact Dr Yvonne Neubauer, Associate Clinical Director.

End Notes

[i] Department of Health, National Statistics, 2017. Abortion Statistics, England and Wales 2017 [pdf]. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/763174/2017-abortion-statistics-for-england-and-wales-revised.pdf Accessed on 7/2/19

[ii] Royal College of Obstetricians and Gynaecologists, Faculty of Sexual and Reproductive Healthcare, British Society of Abortion Care Providers. Clinical Guidelines for Early Medical Abortion at Home – England. 2018, Royal College of Obstetricians and Gynaecologists. Clinical Guideline.

[iii] Royal College of Obstetricians and Gynaecologists. The Care of Women Requesting Induced Abortion. 7. 2011. London, Royal College of Obstetricians and Gynaecologists. Evidence-based Clinical Guideline.