

Indications for Sonography for Medication Abortion

Although the original mifepristone trials always used sonography to confirm gestational age, and to document completion of the abortion, in Europe and other countries they do not use sonography routinely. It is acceptable to confirm gestational age prior to the abortion as we do for routine pregnancy - with a uterine size on pelvic exam that is consistent with gestational age.

Also, after the procedure, if a woman reports cramping and bleeding after inserting misoprostol, and also notes the disappearance of pregnancy-related symptoms (nausea, urinary frequency, constipation, etc), it is acceptable to use declining serum HCG levels as evidence of a complete procedure.

We have created a few absolute indications for sonography:

Pre-abortion:

1. Gestational age > 7 weeks
2. Size/dates discrepancy
3. Uncertain LMP (or no menses - after delivery, abortion, stopping depo, etc)
4. Adnexal mass or pain
5. LMP at the end of a pack of oral contraceptives
6. Provider uncertainty with exam
7. History of previous ectopic pregnancy

Post-abortion:

1. History not consistent with successful medication abortion (no bleeding, no cramping)
2. Woman still feels pregnant
3. HCG not declining
4. Provider uncertainty with history