

Indications for Ultrasound for Medication Abortion

Routine ultrasound is not necessary for medication abortion. It is acceptable to confirm gestational age prior to the abortion with a sure last menstrual period (LMP).

If a patient reports cramping and bleeding after inserting misoprostol, and also notes the resolution of pregnancy-related symptoms (nausea, urinary frequency, breast tenderness, etc.), it is acceptable to use declining serum HCG levels or a follow-up negative pregnancy test as evidence of completion.

There are a few absolute indications for ultrasound:

Pre-abortion:

1. Gestational age by LMP > 11 weeks
2. Size/dates discrepancy or uncertainty
3. Uncertain LMP or no menses - history of irregular menses; after delivery, abortion, recently taking or stopping contraception, etc.
4. Adnexal mass or unilateral pelvic pain
5. History of previous ectopic pregnancy, pelvic inflammatory disease, or tubal ligation

Post-abortion:

1. History not consistent with successful medication abortion (no bleeding, no cramping)
2. Continuing symptoms of pregnancy
3. HCG not declining
4. Provider uncertainty with history