## Clinical outcomes after telemedicine abortion with and without ultrasound: a multinational cohort study

Anna Aaltonen<sup>1</sup>, Margit Endler<sup>1</sup>, and Rebecca Gomperts<sup>2</sup>

<sup>1</sup>Karolinska Institutet <sup>2</sup>Women on Web

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## Abstract

Objective: To evaluate the association between pre- and postabortion ultrasound and clinical outcomes after telemedicine abortion. Design: Cohort study Setting: Chile, Northern Ireland, Poland, South Korea. Population: 5298 women who performed abortion through the telemedicine service Women on Web (WOW), January 1st 2016 – December 31st 2019. Methods: We performed a retrospective cohort study on the associations between use of ultrasound pre-abortion and clinical outcomes using unconditional multivariate logistic regression. Intervention rates following routine or clinically indicated postabortion ultrasound were analysed using descriptive statistics. Main outcome measures: Self-reported rates of heavy bleeding, clinical visits within 2 days of the abortion, treatment for incomplete abortion, continuing pregnancy, and satisfaction. Results: Women with and without a pre-abortion ultrasound had similar rates of heavy bleeding (10.5% vs10%, AOR 0.98, 95% CI= 0.8-1.19), continuing pregnancy (1% vs 1.3%, AOR 0.68, 95% CI= 0.39-1.19), and satisfaction (96.8% vs 97%, AOR 0.95, 95% CI= 0.67-1.35). Women with a pre-abortion ultrasound were more likely to visit a hospital within two days of the abortion (6.6% vs 4.4%, AOR 1.35, 95% CI= 1.04-1.75) and receive treatment for incomplete abortion (13.7% vs 8.7%, AOR 1.58, 95% CI= 1.32-1.9). Overall rates of surgical evacuation for incomplete abortion were 9.8% after routine postabortion ultrasound and 27.6% for clinically indicated ultrasound. Conclusion: Non-use of pre-abortion ultrasound was not associated with higher rates of adverse clinical outcomes or lower satisfaction. Routine postabortion ultrasound may result in unnecessary clinical interventions. The results come from observational data where a certain selection bias is possible.

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## Figure 1



