Gynaecology Healthcare Atlas 2015–2017

Surgery in connection with spontaneous abortions and abortions on request

Helseatlas SKDE

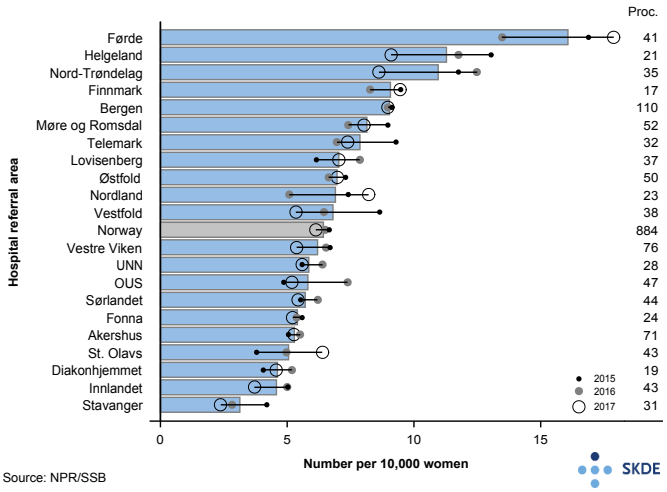
Pharmacological and surgical treatment are treatment options both in connection with spontaneous abortions and abortions on request before the twelfth week of pregnancy. The preferred method is to administer medication to remove the pregnancy. Surgery is used when the medical treatment is unsuccessful, special medical circumstances arise, or if the woman has a strong preference for surgical treatment.

Surgical procedures after spontaneous abortions

In a complete abortion, the uterus is emptied of pregnancy tissue. An incomplete abortion involves a degree of vaginal bleeding, but some non-viable pregnancy tissue remains in the uterus. The recommendation in cases of incomplete abortion is to monitor closely for a week or two for intense pain or heavy bleeding. If the uterus has not emptied during this period, pharmacological treatment will be attempted to make the uterus contract. In some cases when pregnancy tissue remains in the uterus, surgical removal may be necessary. Surgical treatment is recommended in the event of signs of infection or retained pregnancy tissue after close monitoring and/or pharmacological treatment.

During the period 2015–2017, just under 900 surgical procedures per year were performed on Norwegian women in connection with spontaneous abortions. Surgical treatment of spontaneous abortion was most common for women in the age group 26–39 years, and the average age of patients undergoing this procedure was 32 years.

Many hospital referral areas have a rate that is relatively close (±30%) to the national average of 6.4 procedures per 10,000 women. There was nevertheless considerable geographical variation in the use of surgery in connection with spontaneous abortions. The use of surgical treatment following a spontaneous abortion was five times as high for women living in Førde hospital referral area as for women in the Stavanger area.



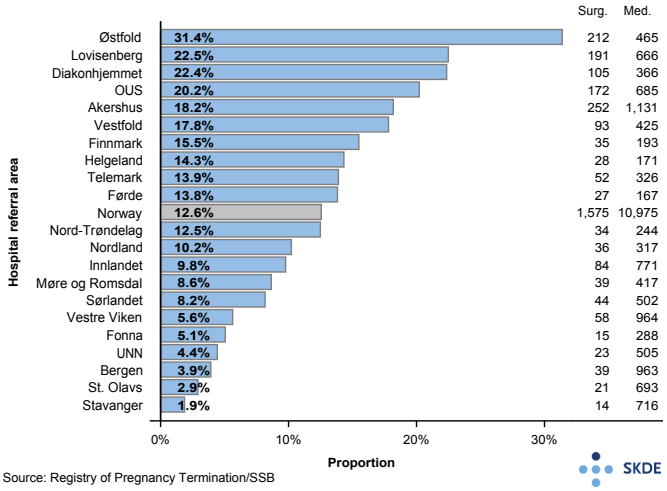
Source: NPR/SSB

Number of surgical procedures after spontaneous abortions per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area. The sample is limited to women in the age group 16–55 years.

There is no reason to believe that there are geographical differences in the prevalence of spontaneous abortion, infection or retained pregnancy tissue after pharmacological treatment. Therefore, we do not expect any geographical variation in the need for surgical treatment of spontaneous abortions.

It is possible that the preferences of women influence the use of surgical treatment to a certain extent. Moreover, the number of surgical procedures in connection with spontaneous abortions is so modest that a not insignificant element of random variation is to be expected.

It is difficult to determine whether differences in patient preferences and needs and the element of random variation are sufficient to explain the variation observed. The variation is high enough to give reason to question whether it could be unwarranted.



Source: Registry of Pregnancy Termination/SSB

Proportion of abortions on request using the surgical method during the period 2015–2017. The sample is limited to women in the age group 16–55 years.

Surgery in connection with abortions on request

The Act of 1975 Relating to the Termination of Pregnancy gives women the right to abortion on demand within the first twelve weeks of gestation. Medical abortion is currently the preferred and most commonly used method. Surgical abortion is performed if pharmacological treatment is unsuccessful or at the woman's request. During 2015–2017, 12,000 Norwegian women per year terminated a pregnancy on demand before week 12.

In Norway, around 13% of abortions on demand before week 12 were surgical, and the geographical variation was very high. More than 30% of women living in Østfold hospital referral area who chose to terminate a pregnancy had a surgical procedure, comparing to only 1.9% of women living in the Stavanger area.

The geographical variation in the use of the surgical method for abortions on request is very high, and there must be reasons other than variation in the proportion of cases where pharmacological treatment is unsuccessful and differences in patient preferences. The variation must therefore be deemed to be unwarranted.