



## Medical termination of pregnancy up to the 7th week of gestation in the Czech Republic

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### Objective

The aim of this prospective , cohort study was to evaluate the importance of ultrasound in diagnosis of an early intrauterine pregnancy and in the follow up after MTOP.

### Methods

According to SmPC (Summary of Product Characteristic) and Czech National Guidelines (Recommendation of National OB/GYN Society), medical termination of pregnancy (MToP) in the 1st trimester can be carried out solely based on the woman's request up to the 7th week of gestation , if the pregnancy is confirmed by ultrasound as an intrauterine singleton pregnancy. The crown-rump length (CRL) must be 2-9 mm. In addition, only ultrasound is able to diagnose ongoing pregnancy or missed abortion in MToP follow up. In the years 2015-2016, 194 pregnant women came to our medical facility and requested MToP. The women were 16-44 years of age (average 29.6, median 29), the diagnosis of intrauterine singleton pregnancy was set by transvaginal ultrasound and the gestational age was 42-49 days (average 6.0, median 5). MToP was carried out by combination of mifepriston (600 mg orally) and misoprostol (400 mcg orally) within 48 hours . Follow up (verification of successful MToP) after 2-3 weeks was evaluated by transvaginal ultrasound as well.

### Results

In 11 women (5.7%) who requested MToP, an unprosperous pregnancy or CRL >9 mm was diagnosed, in the remaining 183 women MToP was carried out, but in 55 cases (30.1%) at least one additional visit was needed before the diagnosis of intrauterine singleton prosperous pregnancy , in 4 cases (2.2%) two visits and in 1 case (0.5%) even three. In 16 women (8.7%) MToP follow up was missed and of the remaining 167 women, complete abortion (success) was diagnosed in 94.6% (158/167), incomplete abortion in 0.6% (1/167), missed abortion in 1.2% (2/167) and ongoing pregnancy (failure) in 3.6% (6/167).

### Conclusion

The role of ultrasound in the diagnosis of intrauterine singleton prosperous pregnancy as well as in the follow up after MTOP is crucial and, therefore ,MToP follow up cannot be fully replaced by assessment of hCG levels in serum or urine.