

Complications of termination of pregnancy similar to those of miscarriage

Infection

The risk of pelvic infection is approximately 10% and this is usually due to exacerbation of a pre-existing infection. This risk is reduced by screening for sexually transmitted infections (STI) prior to the termination and standard use of prophylactic antibiotics for all patients having a surgical termination of pregnancy (STOP) and those at high risk of STIs having an MTOP.²

Symptoms suggestive of this include increasing, heavy or prolonged bleeding, foul smelling discharge, lower abdominal pain, malaise or rigors. Signs may include tachycardia, pyrexia, hypotension (if severe), lower abdominal tenderness on examination, and offensive discharge, pus or cervical excitation on pelvic assessment.

Haemorrhage

The most common causes of bleeding include: retained products of conception; infection and trauma to the cervix or uterus, especially at > 10 weeks' gestation. The risk of significant haemorrhage requiring blood transfusion is very low, occurring in 0.1% of women having a termination at an early gestation and 0.4% if performed after 20 weeks.²

Patients may present to primary care with acute bleeding that usually necessitates onward referral to secondary care or may present after the acute episode, symptomatic or asymptomatic of anaemia, that may require investigations and treatment with iron.

Retained products of conception

Around 1-2% of patients undergoing STOP and 6% of patients having MTOP have retained products of conception.²

Patients will usually present with increasing, heavy or prolonged bleeding and can have a persistently positive urinary pregnancy test.

They may also present with symptoms and signs of infection as discussed above, plus the diagnostic findings on speculum examination of an open cervix with active vaginal bleeding. However, a closed cervical os or a negative pregnancy test does not exclude retained products of conception.

Uterine perforation

Uterine perforation occurs in 0.1-0.4% of women having a STOP and the risk increases with advancing gestation.² If it is not recognised at the time of the procedure, the patient may present several days later with heavy vaginal bleeding, abdominal pain or symptoms suggestive of visceral injury such as bladder or bowel dysfunction and an acute abdomen.

Signs may include tachycardia, hypotension, pyrexia, focal or generalised peritonitis on abdominal examination, heavy vaginal bleeding, pelvic tenderness or cervical excitation on vaginal assessment.

Intrauterine adhesions

Intrauterine adhesions are a serious complication of any uterine surgery or infection, including TOP. It is likely that these patients will present to primary care because of a delay in the onset of menstruation following the termination.

Typical symptoms include oligomenorrhoea or amenorrhoea and cyclical pelvic pain. Intrauterine adhesions can result in secondary infertility and miscarriage, and also increase the risk of intrauterine growth restriction and abnormal placentation in subsequent pregnancies.⁶