

Early submission

Termination of Pregnancy

Review questions

NICE guideline <TBC>

Review questions

April 2019

*Developed by the National Guideline Alliance,
hosted by the Royal College of Obstetricians
and Gynaecologists*

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Review questions

What factors help or hinder the accessibility and sustainability of a safe termination of pregnancy service?

What strategies improve the factors that help or hinder the accessibility and sustainability of a safe termination of pregnancy service?

What information would women who have requested a termination of pregnancy like?

Should women who are RhD (or D) negative and having a termination of a pregnancy up to 13⁺⁶ weeks gestation receive anti-D prophylaxis?

What is the optimal antibiotic prophylaxis regimen (including no antibiotic prophylaxis as an option) for women who are having medical termination of pregnancy?

What is the optimal antibiotic prophylaxis regimen for women who are having surgical termination of pregnancy?

In women who are undergoing a termination of pregnancy up to 24 weeks gestation, and who are identified as requiring pharmacological thromboprophylaxis, what is the optimal timing and duration of VTE prophylaxis?

Is it safe and effective to start termination before there is ultrasound evidence of an intrauterine pregnancy?

For women who are having medical termination of pregnancy, what gestational limit for expulsion at home (i.e., setting outside of clinical facility) offers the best balance of benefits and harms?

For women who are having an early (up to 10⁺⁰ weeks gestation) medical termination of pregnancy, what is the effectiveness, safety and acceptability of mifepristone and misoprostol given simultaneously compared with other time intervals?

What is the best method of excluding an ongoing pregnancy after early (up to 10⁺⁰ weeks) medical termination of pregnancy, when the expulsion has not been witnessed by healthcare professionals (for example, expulsion at home)?

What is the optimal regimen and route of administration of misoprostol after mifepristone, for inducing medical termination from 10⁺¹ to 24⁺⁰ weeks?

What is the effectiveness, safety and acceptability of surgical compared to medical termination between 13⁺⁰ and 24⁺⁰ weeks gestation?

What is the optimal regimen for medical termination of pregnancy after 24 weeks gestation?

What is the optimal regimen for cervical priming (including no cervical priming as an option) before surgical termination of pregnancy up to and including 13⁺⁶ weeks gestation?

What is the optimal regimen for cervical priming before surgical termination of pregnancy between 14⁺⁰ and 24⁺⁰ weeks gestation?

What is the optimal method of anaesthesia or sedation for surgical termination of pregnancy?

What support would women like after a termination of the pregnancy?

For women who are having medical termination of pregnancy and plan to use a progestogen-only contraceptive implant or depot injection, does administration of the contraception at the same time as mifepristone influence the efficacy of the termination?

For women who have had a medical termination of pregnancy, how soon afterwards is it safe to insert an intrauterine contraceptive device?

What strategies are effective at facilitating access to contraception after termination of pregnancy?

