NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Termination of pregnancy

The Department of Health in England has asked NICE to develop a new guideline on Termination of pregnancy.

The guideline will be developed using the methods and processes outlined in Developing NICE guidelines: the manual.

1 Why the guideline is needed

Key facts and figures

Termination of pregnancy is an integral part of reproductive healthcare for women. Around 1 in 3 women will have a termination, and each year just under 200,000 women have a termination in England, Wales and Scotland.

Most terminations are carried out because the pregnancy was unintended, and a large majority of procedures are conducted in the first 9 weeks of pregnancy.

Termination is a safe procedure, and can be performed medically (taking mifepristone followed by misoprostol) or surgically.

Current practice

In recent years there have been changes to how and where termination of pregnancy services are delivered. In addition, the medical procedure itself and the methods for checking whether it was successful have been refined. Some of these developments could significantly reduce costs to the NHS.

Termination of pregnancy services now provide other important sexual and reproductive health services to women, such as providing contraception advice. However, different local services are provided by different types of organisations, and services are increasingly provided by non-NHS

organisations. Accessing termination of pregnancy services may be difficult for women who live in remote areas; who are in the second trimester of pregnancy; or who have complex pre-existing medical conditions or difficult social circumstances.

This guideline will help ensure that termination procedures are carried out based on the best available evidence, and that services provide safe and appropriate access to women who require a termination of pregnancy.

Policy, legislation, regulation and commissioning

Termination of pregnancy in England, Scotland and Wales is regulated by the Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990).

The Abortion Act also regulates where terminations can take place. This guideline will make recommendations on how to organise services and on how to conduct termination of pregnancy.

2 Who the guideline is for

Women requesting termination of pregnancy, their families and carers, and the public will be able to use the guideline to find out more about what NICE recommends, and help them make decisions.

This guideline is for:

- commissioners and providers of services for termination of pregnancy, pregnancy diagnosis, or contraceptive care and advice
- services that provide advice to women, and refer them, for termination of pregnancy
- early pregnancy services
- fetal medicine and obstetric services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

Equality considerations

NICE has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope

The guideline will look at inequalities relating to:

- living in remote areas
- complex pre-existing medical conditions
- coexisting mental health problems
- Learning disabilities
- vulnerable women (including sex workers and women who are homeless)
- girls and younger women
- Women who have communication difficulties, because of vision or hearing problems or because they have difficulty understanding English

3 What the guideline will cover

3.1 Who is the focus?

Groups that will be covered

- Women (of any age) requesting termination of pregnancy under the terms of the Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990).

No specific subgroups of people have been identified as needing specific consideration.

3.2 Settings

Settings that will be covered

- Settings licensed to provide termination of pregnancy services.
- All settings that provide NHS-commissioned assessment for termination of pregnancy or care after the procedure.

Settings that will not be covered

- Settings that are not licensed to provide termination of pregnancy services.
- Settings that are not commissioned by the NHS to provide assessment for termination of pregnancy or care after the procedure.

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

1 Assessment for termination of pregnancy
2 Termination of pregnancy care
3 Care after termination of pregnancy
4 Service configuration

Areas that will not be covered

5 Care between conception and the request for termination of pregnancy
6 The ongoing care of women who decide not to terminate their pregnancy

Related NICE guidance

- Antenatal and postnatal mental health (2014) NICE guideline CG192
- Contraceptive services for under 25s (2014) NICE guideline PH51
- Ectopic pregnancy and miscarriage (2012) NICE guideline CG154
- Long-acting reversible contraception (2005) NICE guideline CG30

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to termination of pregnancy:

- Patient experience in adult NHS services (2012) NICE guideline CG138
- Medicines adherence (2009) NICE guideline CG76
- Medicines optimisation (2015) NICE guideline NG5

3.3 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.4 Key issues and questions

While writing this scope, we have identified the following key issues, and draft questions related to them:

1 Assessment for termination of pregnancy

1.1 What information do women who have requested a termination of pregnancy want before they have the procedure?

2 Termination of pregnancy

2.1 Is it safe and effective to start termination before there is ultrasound evidence of an intrauterine pregnancy (that is, before the appearance of a yolk sac)?

2.2 Should women who are Rhesus negative and having termination of a first trimester pregnancy receive Rhesus prophylaxis?

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

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

2.5 Should misoprostol be routinely used for cervical priming before first trimester surgical termination of pregnancy?

2.6 What is the optimal regimen for cervical priming before second trimester surgical termination of pregnancy?

2.7 What is the effectiveness, safety and acceptability of surgical compared to medical termination in the second trimester.

2.8 For women who are having an early (up to 9 weeks) medical termination of pregnancy, what is the effectiveness, safety and acceptability of mifepristone and misoprostol given simultaneously compared with giving them 24 hours apart?

2.9 For women who are having medical termination of pregnancy, what gestational limit for expulsion at home offers the best balance of benefits and harms?

2.10 What is the optimal dose and administration route of misoprostol for inducing medical termination in the second trimester?

2.11 For women who are having medical termination of pregnancy and plan to use the progestogen-only contraceptive implant afterwards, does inserting the implant at first dose of mifepristone influence the efficacy of the termination?

3 Care after termination of pregnancy

3.1 What is the best method of excluding an ongoing pregnancy after early (up to 9 weeks) medical termination of pregnancy, when the expulsion has not been witnessed by healthcare professionals (for example expulsion at home)?

3.2 For women who have had medical termination of pregnancy and plan to use the progestogen-only contraceptive implant afterwards, does provision of the implant immediately improve uptake and prevent future unwanted pregnancies compared with offering to insert it later?

3.3 For women who have had surgical termination of pregnancy and plan to use an intrauterine contraceptive afterwards, does provision of the intrauterine contraceptive immediately or soon after the termination improve uptake and prevent future unwanted pregnancies, compared with offering to insert it later?

3.4 What emotional support, should women be offered after a termination of pregnancy?

4 Service configuration

4.1 What factors influence for commissioners or providers in their commissioning or delivery of termination of pregnancy services?

4.2 What factors influence women's access to termination of pregnancy services, and what affects their satisfaction with their services?

3.5 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

1 Success of pregnancy termination
2 Continuing pregnancy
3 Undiagnosed ectopic pregnancy
4 Patient acceptability
5 Patient preference
6 Surgical complications
7 Short- and long-term complications after termination
8 Drug-related adverse events

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

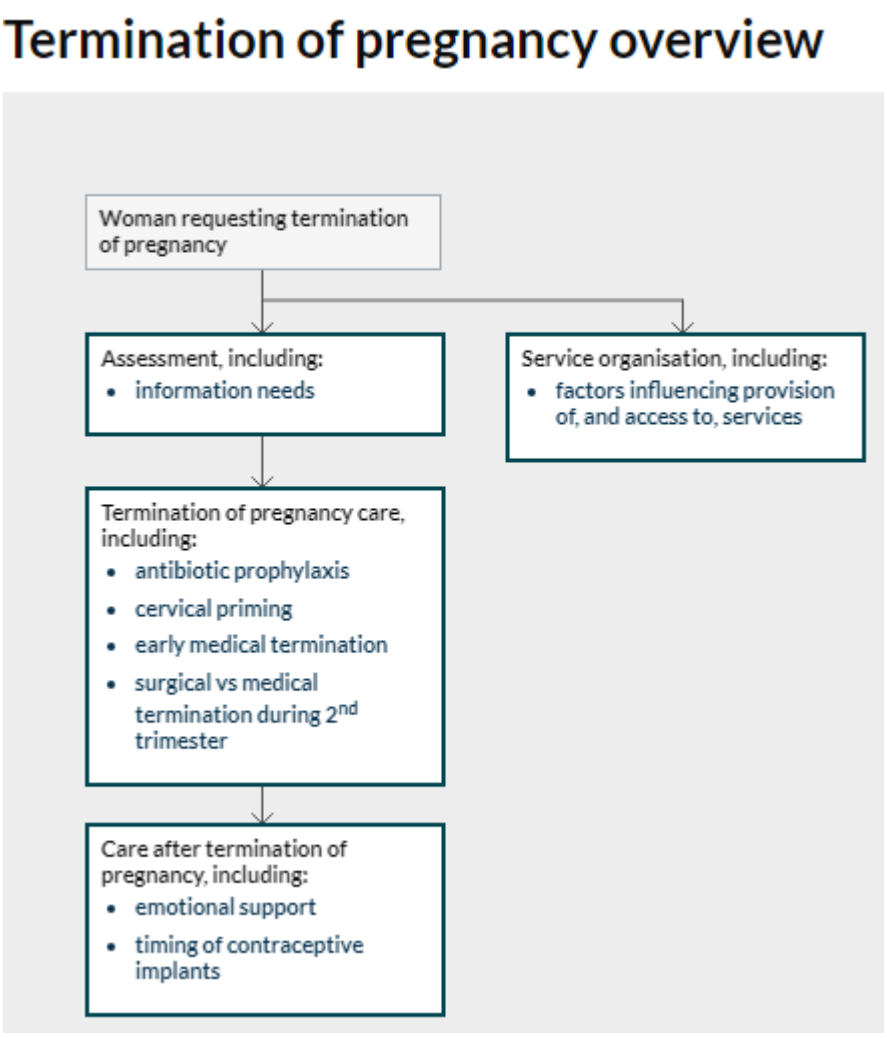
NICE quality standards that may need to be revised or updated when this guideline is published

- Contraception (2016) NICE quality standard 129, statement 3: Contraception after an abortion

4.2 NICE Pathways

NICE Pathways bring together all NICE recommendations on a topic in an interactive flowchart. When this guideline is published, the recommendations will be added to a new pathway on termination of pregnancy.

A pathway outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 June 2017 to 20 July 2017 The guideline is expected to be published in September 2019

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

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