

Did the COVID-19 pandemic alter management choice for missed abortion, ectopic, or pregnancy termination?



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Introduction

To compare the clinical management for nonviable intrauterine pregnancy (NIP), ectopic pregnancy (EP) and termination of pregnancy (TOP) before and during the COVID-19 pandemic.

Methods

Retrospective cohort study of pregnant patients dated 13w6d and below who presented with NIP, EP, or desire for TOP between March 2019 - Feb 2020 (pre-COVID cohort) and March 2020 - Feb 2021 (COVID cohort).

Electronic medical record and ultrasound database were surveyed by diagnosis and procedure codes at a single hospital institution.

Primary outcome was to compare the incidence of initial intended management (surgical versus medical or expectant management) for NIP, EP, and TOP.

Results

Pre-COVID	516 undesired and nonviable pregnancies		
3792 first trimester US	NIP n = 279	TOP n = 200	EP n = 37
COVID	529 undesired and nonviable pregnancies		
3979 first trimester US	NIP n = 330	TOP n = 152	EP n = 44

Patients and physicians preferred expectant or medical management of nonviable intrauterine pregnancies during the COVID-19 pandemic.



Link to abstract here!

Terminations and ectopic pregnancy management was not different before or during the pandemic.

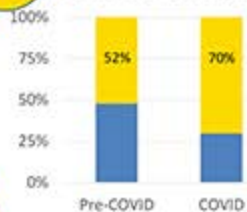
Rationed health resources, physical distancing, and fiscal limitations may influence physician and patient decisions in early pregnancy.

What is next?

Future investigation in maternal readmission and other complications should be evaluated for possible morbidity due higher rate of conservative therapy.

Fig 1

Nonviable intrauterine



RR 1.34, p < .001

NIP was more likely to be managed medically or with expectant management

Fig 2

Termination



RR 1.52, p=0.09

Fig 3

Ectopic



RR 0.99, p=0.7

No significant difference between the pre-COVID and COVID groups for EP and TOP.

