

North West Anglia NHS Foundation Trust

FOI 2021 - 1448

1: How many women presented to hospitals within of your Trust with Retained Products of Conception (RPOC) after medically induced abortion [also known as induced miscarriage or termination of pregnancy] for the 24 months starting 01 June 2019 to 31 May 2021, and how many of them required evacuation of retained products (ERPC), [sometimes referred to as surgical management of miscarriage, SMM]. If possible, please can this information be broken down per month?

Women that presented to hospitals within North West Anglia Foundation Trust with Retained Products of Conception (RPOC)* after medically induced abortion [also known as induced miscarriage or termination of pregnancy] for the 24 months starting 01 June 2019 to 31 May 2021, and how many of them required evacuation of retained products (ERPC)*, [sometimes referred to as surgical management of miscarriage, SMM].

**See codes sheet for codes and notes*

Time Period	Incomplete Medical Abortions	ERPC
1 Jun 19 to 31 Aug 19	22	13
01 Sep 19 to 30 Nov 19	12	10
01 Dec 19 to 28(29) Feb 20	24	19
01 Mar 20 to 31 May 20	16	9
01 Jun 20 to 31 Aug 20	8	<5
01 Sep 20 to 30 Nov 20	10	7
01 Dec 20 to 28(29) Feb 21	10	8
01 Mar 21 to 31 May 21	20	12

<5 numbers suppressed for disclosive purposes.

2: Please tell us the threshold volume of bleeding required for coding and reporting of haemorrhage at your hospitals and how many women have been treated within your hospitals with haemorrhage after starting a medically induced abortion (also known as induced miscarriage or termination of pregnancy) for each month over a 24 months period starting 01 June 2019 to 31 May 2021.

We do not have any local policies with regards to applying a threshold volume of bleeding when coding such cases. Women that presented to hospitals within North West Anglia Foundation Trust with haemorrhage after starting a medically induced abortion (also known as induced miscarriage or termination of pregnancy) for each month over a 24 months period starting 01 June 2019 to 31 May 2021.

**See codes sheet for codes and notes*

Time Period	No
1 Jun 19 to 30 Nov 19	6
01 Dec 19 to 31 May 20	10
01 Jun 20 to 30 Nov 20	5
01 Dec 20 to 31 May 21	16

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The codes used for Q1 were:

ICD10

Incomplete medical abortion = **O04.0 through to O04.4 Medical abortion *incl termination of pregnancy (legal, therapeutic, therapeutic abortion)***

OPCS4

Evacuation of retained products = **Q09.1 Open removal of products of conception from uterus**
Q10.1 Dilation of cervix uteri and curettage of products of conception from uterus
Q10.2 Curettage of products of conception from uterus NEC
Q11.1 to Q11.3 and Q11.5 to Q11.9 for Other evacuation of contents of uterus

'Termination of pregnancy' is the preferred term used by clinical staff when referring to 'abortion' within codes in categories O04-O07 and refers to ending the pregnancy by medical or surgical means resulting in the expulsion or extraction of all or any part of the pregnancy, including placental tissue, membranes, gestation sac and fetus.

Medical abortion (O04) is the interruption of pregnancy for legally acceptable, medically approved indications. This category includes both elective (planned) termination of pregnancy at the patient's request, and therapeutic termination of pregnancy performed for suspected fetal abnormalities.

These codes do not cover a failed medical abortion (O07._) as this is the terminology used *when the abortion has been attempted but the fetus remains alive and the pregnancy ongoing*. NATIONAL CLINICAL CODING STANDARDS ICD-10 REFERENCE BOOK p139.

Q2

We do not have any local policies with regards to applying a threshold volume of bleeding when coding such cases.

If the patient has delayed or excessive haemorrhage following a medically induced abortion this would be coded to O04.6 (complete) +/- O08.1

Or with retained products of conception O04.1 +/- O08.1

If the patient is readmitted following an abortion and the main condition treated is the haemorrhage this would be coded to O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy.