Title
Quality Improvement: Changing Patterns of Antibiotic Prophylaxis for Surgical Abortions

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8:00 AM–8:10 AM
Detection of Fetal Fraction During Noninvasive Prenatal Screening (NIPS) in HIV-Infected Pregnant Women [22]
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INTRODUCTION: To describe the reliability of Non Invasive Prenatal Screening (NIPS) in HIV infected pregnant women. NIPS analyzes cell free fetal DNA which circulates in maternal plasma but originates from the placenta and is quantitated as “fetal fraction” (FF). Sensitivity of NIPS increases with FF. In certain populations NIPS reliability decreases, with obesity as the strongest factor negatively associated with FF. Additional variables including PAPP-A and smoking have been shown to affect FF. Our study aims to determine if immune system alterations such as HIV or antiretroviral medications impact FF.

METHODS: A 2:1 matched case-control study was carried out comparing 15 HIV infected pregnant women to 30 without HIV undergoing NIPS. Variables such as BMI, ethnicity, medical comorbidities, toxic habits, fetal CRL, serum analytes, FF, and pregnancy outcomes were compared. Immune status and antiretroviral medications were evaluated in correlation with FF in HIV infected patients.

RESULTS: HIV infected patients receiving integrase inhibitors (INI) had lower mean FF than those without INI–4.93 (SD 2.20) versus 15.7 (SD 5.43) (P =< .01). NIPS was invalid for three HIV infected patients – all of whom were receiving INI - due to low FF. HIV infected patients with an undetectable viral load (VL) at NIPS had a significantly lower median FF compared to those with detectable VL (P = .01).

CONCLUSION/IMPLICATIONS: Integrase inhibitors may play a role in reliability of NIPS in HIV infected women, as reflected by lower FF for patients taking INI. Further study is needed to fully elucidate the mechanism for INI and decreased FF.

Financial Disclosure: The authors did not report any potential conflicts of interest.

8:15 AM–8:25 AM
A Short Course of Tamoxifen Reduces Unscheduled Bleeding in Etonogestrel Contraceptive Implant Users [24]
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Alison Edelman, MD, MPH, Rochelle Fu, PhD, and Jeffrey Jensen, MD, MPH

INTRODUCTION: The etonogestrel (ENG) contraceptive implant is widely used to prevent pregnancy. Due to its mode of action, the ENG implant may increase rates of unscheduled bleeding (USB). An evidence-based strategy to reduce USB could increase continuation of the implant. The objective of this randomized trial was to determine whether a short course of tamoxifen would reduce bleeding/spotting days and increase satisfaction compared to placebo.

METHODS: Women experiencing frequent or prolonged bleeding with the ENG implant were randomized to receive tamoxifen 10 mg or placebo twice daily for seven days, taken at the onset of an episode of bleeding. Treatment was repeated as needed every 30 days. A text message bleeding diary was completed for 180 days. A sample size of 56 was estimated to detect a difference of 6 days of bleeding per 30 days (estimated 10% reduction) with 80% power. Wilcoxon rank sum test compared bleeding/spotting days between groups. Satisfaction was assessed with visual analog scales.

RESULTS: Tamoxifen subjects reported more baseline USB than placebo (median 23 vs 20 bleeding/spotting days out of 30, respectively). In the 30 days after study drug, tamoxifen users experienced significantly fewer days of bleeding/spotting than placebo (median 6 vs 12 days, P = .05). Duration of amenorrhea after therapy was longer for tamoxifen subjects than placebo (median 30 vs 8 days, P = .03). Satisfaction was higher in the tamoxifen group and side effects were similar.

CONCLUSION/IMPLICATIONS: A 7-day course of tamoxifen was well tolerated and significantly reduced USB compared to placebo. Additional research is needed to determine if tamoxifen treatment can reduce discontinuation for USB.

Financial Disclosure: Dr. Edelman (Professor, Obstetrics & Gynecology, Oregon Health & Science University) disclosed the following—Merck: Speaker/Honoraria includes speakers bureau, symposia, and expert witness. Dr. Jensen (Professor, Obstetrics & Gynecology, Oregon Health & Science University) disclosed the following—Abbvie: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Merck: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Bayer: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Centgene: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; HRA Pharma: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Teva: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Microchips: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Micromedex: Consultant/Advisory Board, Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support; Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support.

8:00 AM–8:10 AM
Quality Improvement: Changing Patterns of Antibiotic Prophylaxis for Surgical Abortions [23]
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INTRODUCTION: Patients at our institution having an abortion in the operating room are routinely prescribed prophylactic antibiotics to use the night before the procedure. After a quality assurance assessment from 4/2012–6/2013 showed poor documentation and adherence to prescribed antibiotics, we altered our procedures by pref-