Sensitive pregnancy tests enable women to detect pregnancies at very early gestations. Many women with undesired pregnancies want to schedule their abortions soon after learning that they are pregnant. Several recent studies demonstrate that early abortion is safe and effective. Although the number of health care facilities in the United States offering early surgical abortion has increased in the last decade, many centers continue to make women with early pregnancies wait until later in pregnancy before obtaining an abortion. Facilities may require patients to wait because of concerns about the difficulty of confirming that the abortion is complete in early abortion. Interventions that increase the likelihood of correctly identifying complete abortion may encourage more facilities to offer abortion services to patients with early pregnancies.

Two kinds of vacuum sources are used to perform first trimester abortion: manual and electric vacuum. Studies show that both are safe and effective. No previous study had compared the two for very early pregnancy termination. PPNYC’s study compared the two aspirators to see which resulted in more accurate identification of completed abortion.

PPNYC enrolled 498 pregnant women presenting to our urban family planning clinic for surgical abortion at less than six weeks’ gestation. We randomly assigned these patients to abortion using either the manual or the electric aspirator. An abortion is considered complete when pregnancy tissue is identified in the tissue aspirated from the uterus. In our study, examination of the pregnancy tissue was done by the operating physician and a trained medical assistant. The abortion was confirmed complete at a follow-up visit when the patient was shown to be no longer pregnant, usually by a pregnancy test or an ultrasound. Patients were scheduled for follow-up visits 2-3 weeks after the procedure to confirm completed abortion.

We compared the proportion of accurate tissue identification in the manual and electric groups by looking at the proportion of patients who had both (a) pregnancy tissue identified after abortion and (b) subsequently confirmed completed abortion. We found no significant difference in the rates of accurate tissue identification by type of uterine aspirator. Our results support physician choice in aspirator type (manual versus electric) based on provider experience and device availability. Overall, we found early surgical abortion procedures to be highly effective. Simple tissue inspection alone is sufficient to accurately confirm completed abortion in 86% of patients; the remainder may require blood tests to confirm that the abortion was complete.