Objectives  First trimester (FT) ultrasound (US) provides critically important information, and favors optimal care when performing intrauterine procedures. This study aims to evaluate the benefits of US scan during on request surgical termination of pregnancy (STOP)(limit 13 weeks+6 days), the perceived usefulness by the physicians/patients, the actual use and the effects on the calculated Case Mix Index (CMI).

Methods  Two public health hospital facilities were approached, and an US system equipped with transvaginal and transabdominal probes was offered in unit A, in the procedure room. Physicians were invited to use the system before/during/after, and to complete a form before and after the intervention.

Results  75 patients (63 respectively) requested STOP in 12 months. All cases were scanned before the procedure in unit A. Overall, both doctors and patients were positive about the implementation of routine pre/intraprocedural US scan. In 11 cases (14.6%) it critically influenced the management: the main diagnosis/gestational age was changed, the procedure was canceled/postponed/referred to a tertiary unit (in 2 cases for abnormally invasive placenta suspicion), the anesthesiology management was shifted, the surgical instruments and/or vacuum aspiration were replaced. In almost half of the cases, the US investigation was repeated before discharge. No major complication was recorded. In unit B, two cases required emergency transportation to the University Hospital, one being diagnosed as scar ectopic pregnancy after referral. The median Case Mix Index was significantly different between hospital units (p<0.05).

Conclusion  The intervention was highly rated, supporting the wide availability of the investigation in units performing STOPs. The long-term results of a different assessment approach in on-request STOP merits further investigation.