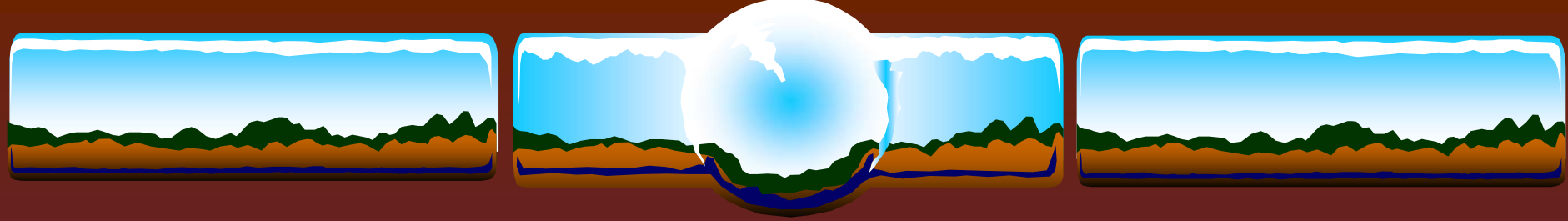

Patients' acceptability of mifepristone – misoprostol medical abortion services

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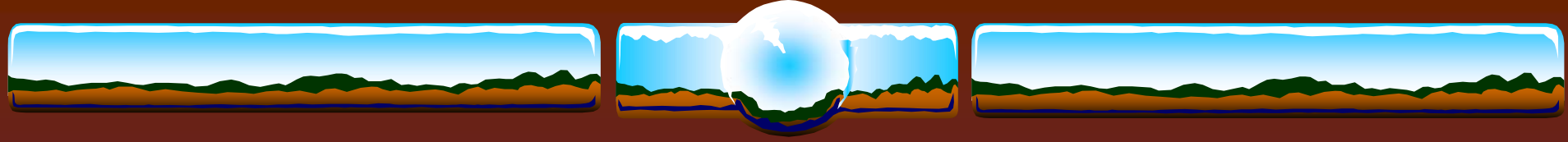

Medical abortion: definition

- Medical abortion: early pregnancy termination performed without primary surgical intervention and resulting from the use of abortion-inducing medications
- Medical abortion FAILURE: when a surgical evacuation is performed to complete the abortion for ANY reason, including incomplete abortion, continuing (viable) pregnancy, hemorrhage, or patient request

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Unsafe abortions – a public health concern

- Abortion complications
  - Major cause in maternal mortality
  - Lead to ill health, particularly impaired reproductive health
- NEED to develop alternatives to surgical abortion: safe, effective, and acceptable methods of medical abortion

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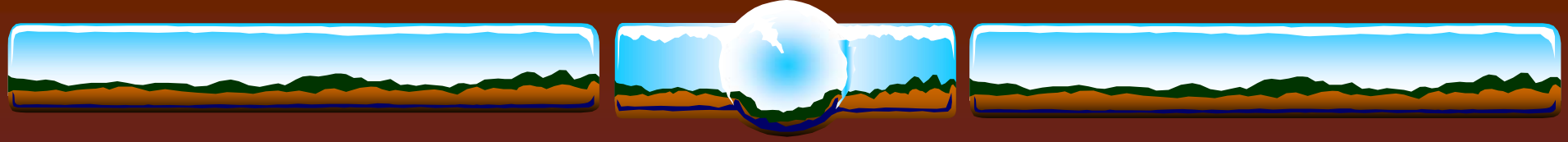

Abortifacient drugs

- Natural prostaglandins: PG E_2, PG $F_{2\alpha}$
- Prostaglandin analogues: sulprostone, meteneprost, **gemeprost**, **misoprostol**
- Antiprogesteronic agents: mifepristone
- Cytotoxic drugs: methotrexate

Regimens

- Single drug regimens: misoprostol, mifepristone, methotrexate
- Combined drug regimens: mifepristone OR methotrexate + a prostaglandin analogue
  - mifepristone 600 mg (200 mg) orally OR methotrexate 50 mg/m^2 I.m., **PLUS**
  - gemeprost 1 mg vaginally OR misoprostol 400 or 600 or 800 mcg orally/vaginally

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Acceptability

- Inherent qualities of a method
- Personal values
- Individual's perceptions of the attributes of certain abortion methods
  - safety, efficacy, side effects, pain, privacy, (non)invasiveness, easiness, time, cost
- Service delivery system (incl. provider's skills and counseling)

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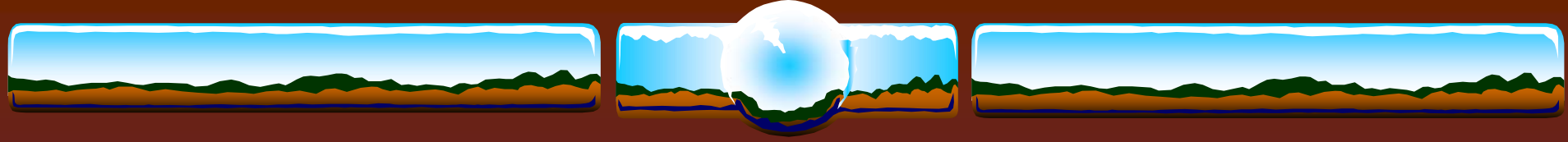

Literature on abortion acceptability

- Rapid evolvement of different medical abortion regimens (drugs, dosage, route, timing)
- Service delivery differences: inpatient/outpatient procedures, visits, take-home protocols, pain relievers
- Some clinical trials have a small component on acceptability
- Few acceptability- dedicated studies
- In depth qualitative studies for mifepristone-misoprostol are currently missing

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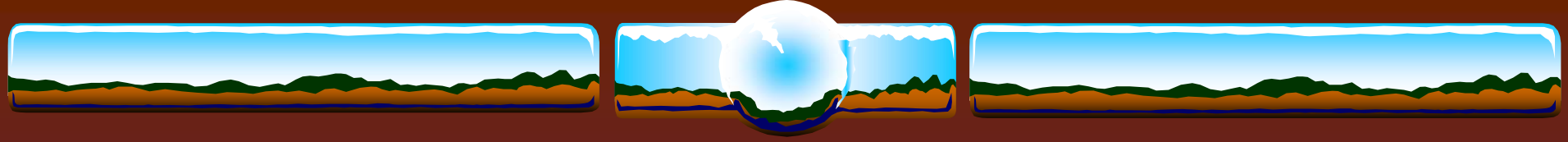


Objectives

- To display the body of evidence that previous research has provided on medical abortion acceptability to clients
- To summarize the conclusions drawn and recommendations made by previous research with regard to medical abortion acceptability
- To provide a comparison basis for the qualitative research on acceptability among surgical and medical abortion clients and providers carried out by the East European Institute of Reproductive Health

Methodology: search strategy

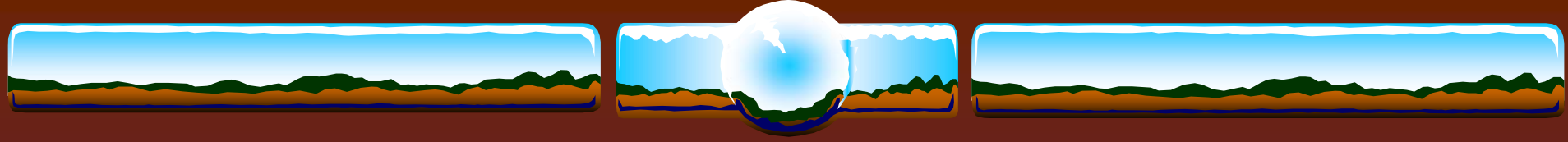
- Internet: Ovid software (including CDSR, ACP Journal Club, DARE, CCTR, CINAHL, HealthSTAR, Pre-MEDLINE, MEDLINE, Embase Psychiatry, Socio-File), Popline, relevant journal collections hosted by HealthWire, PubMed and Scielo
- Printed editions of relevant journals
- Keywords: (acceptability OR satisfaction OR perspectives) AND (mifepristone and misoprostol) OR drug-induced abortion

Methodology: selection inclusion criteria

- Experience of medical / surgical abortion respectively (comparative studies)
- First trimester pregnancy
- Technical procedures: mifepristone + misoprostol and electric vacuum aspiration or sharp curettage
- Full text articles
- Language: no limitation

Methodology: selection exclusion criteria

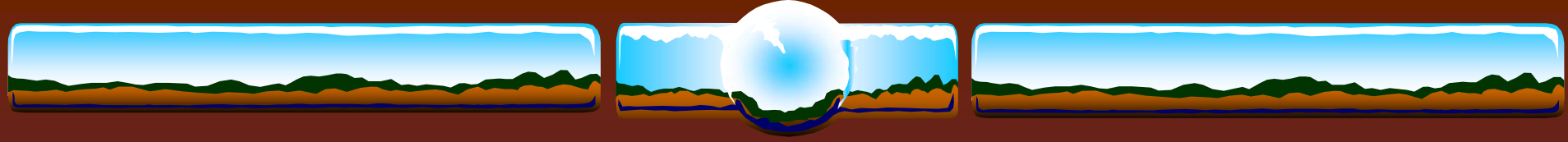
- Opinion polls (focus group discussions or interviews): no prior experience of medical abortion
- Gestational age over 9 weeks
- Findings from centers participating in multicenter research studies already reported by the multicenter report



Search results

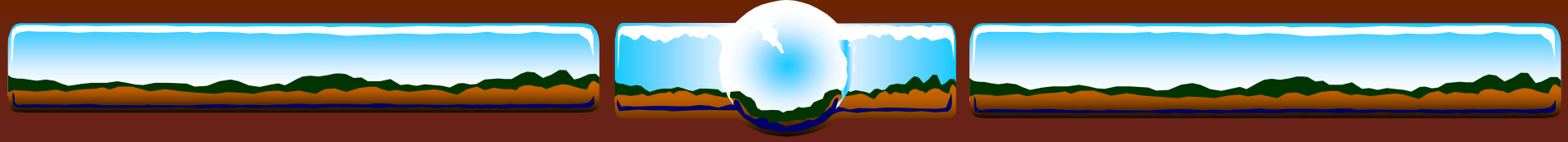
- 160 studies were identified
- 5 studies matched the research objectives

Author(s)	Study type	Sample size		Interventions	Methods for acceptability/satisfaction measurement
		Medical	Surgical		
Winikoff, 1995	Review incl. 12 studies	see table 1	see table 1	VA[1] vs mifepristone or mifepristone +prostaglandin/ gemeprost/ sulprostone/ oral misoprostol	•not reported
Winikoff et al, 1997	Cohort	299 China 250 Cuba 250 India	268 China 249 Cuba 57 India	VA[1] vs 600 mg mifepristone + 400 mcg oral misoprostol	•3 point scale for satisfaction •future choice of method
Slade et al, 1998	Cohort	132	143	Medical vs surgical abortion	•5 point scale for preference for the procedure •HAD[2] and PANAS[3] scales for anxiety and depression prior to and after abortion experience •IES[4] and SCS[5] scales after abortion •4 point scale for stress •visual analogue scale for pain, bleeding, activity disruption •future choice of method
Ngoc et al, 1999	Cohort	260	133	VA[1] vs 600 mg mifepristone + 400 mcg oral misoprostol	•3 point scale for satisfaction •future choice of method •recommendation of method •comparison with previous abortion •best and worst characteristics of the method
Jensen et al, 2000	Cohort	152	174	VA[1] vs 600 mg mifepristone + 400 mcg oral misoprostol	•5 point scale for discomfort, anxiety, bleeding (expectations, experience, overall satisfaction)



Results: Winikoff, 1995

- Medical abortion preferred, highly accepted in all studies reviewed
- Side effects were accepted
- Method naturalness and privacy were appreciated, while pain, bleeding and treatment duration were disliked



Results: Winikoff et al

- The overwhelming majority of all women, regardless of the method, highly accepted the abortion experience (China 94.3% medical vs 95.9% surgical –not significant- , Cuba 83.5% vs 93.5% - $p \leq 0.001$ – India 95.2% vs 100% - not significant)
- Women who chose medical abortion showed significant higher method acceptance than those who chose surgical procedures

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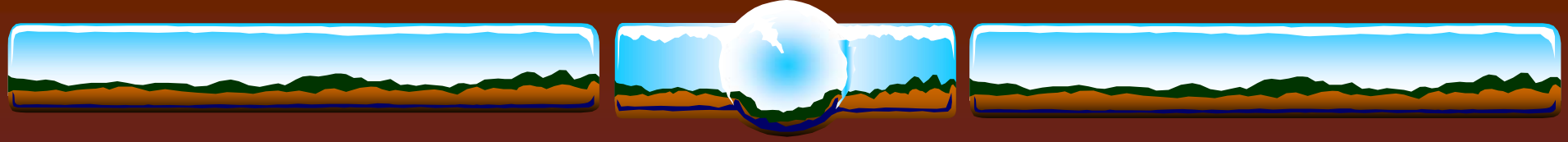

Results: Slade et al

- Before termination there were no differences in the initial levels of anxiety or depressive symptoms (HAD scale) or patients affected (PANAS scale)
- At follow up there were no differences on the emotional measures; however, at four weeks after the abortion approximately one quarter of the women remained highly anxious

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Results: Slade et al (cont‘d)

- No significant difference between the groups in acceptance of abortion care
- The medical group rated the termination process as more stressful and painful and they bled more
- Although choice of methods was seen as “extremely important” by the majority of both of these samples, there were no significant differences in the emotional variables either before of after the abortion or in overall acceptance of care between those who could choose and those who could not

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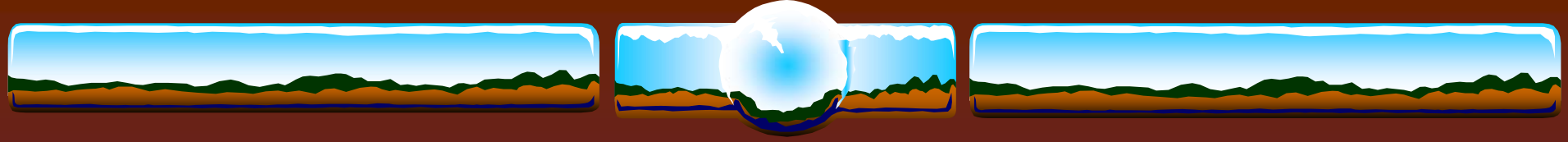

Results: Ngoc et al

- The vast majority of women highly accepted the abortion experience (97% medical and 95% surgical)
- 6 of 13 of women who had failures considered their abortion experience as acceptable
- 95.7% of medical clients and 51.6% of surgical clients would choose the same method again
- 48.4% of surgical clients opted for medical abortion and 37.1% of them would also recommend it to a friend

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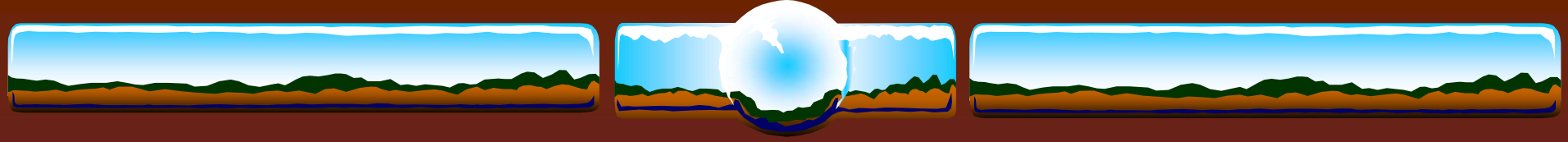

Results: Jensen et al

- Both methods of abortion were highly acceptable, but significantly greater accepted by the medical group (mean 1.42 vs 1.77, $p < 0.01$)
- Future choice: medical abortion was preferred by 41.7% of surgical patients, while only 8.6% of medical clients preferred surgical abortion
- Failure of the procedure decreased mean acceptance among medical clients. No significant association with acceptability and failure was seen in the surgical cohort

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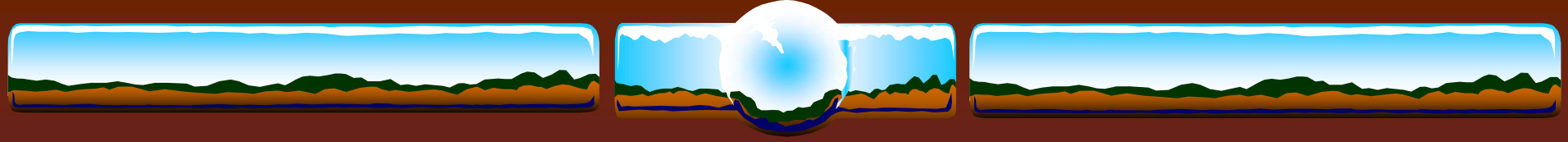

Results: general findings

- **Medical and surgical abortion acceptability was high in all studies**
- **Surgical or medical patients who choose the method have generally a higher acceptance of the abortion experience**
- **Also, they are more likely to choose the same method in the future and to recommend it to a friend**
- **Women chose medical or surgical abortion for a variety of reasons, but subjects in both samples were interested in method safety, efficacy, pain avoidance, and convenience**
- **Method failure was a major reason for dissatisfaction**

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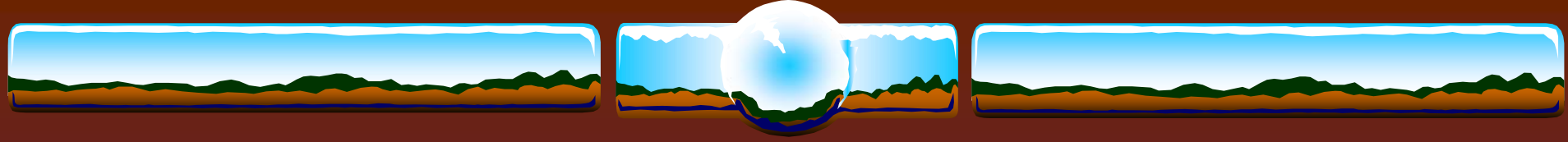

Conclusions

- Lack of medical and surgical acceptability literature, especially qualitative
- Medical and surgical abortion is acceptable to women, especially if chosen
- Safety, efficacy and pain control are major concerns influencing choice and acceptability of the abortion experience in both surgical and medical clients
- Method failure can result in dissatisfaction

Conclusions (cont‘d)

- Medical or surgical abortion is an emotionally stressful event and proper information given to women prior to the procedure can help shape their expectations and overcome the experience
- Adequate information and medication given to clients can overcome method drawbacks (i.e. pain, bleeding, duration until expulsion)

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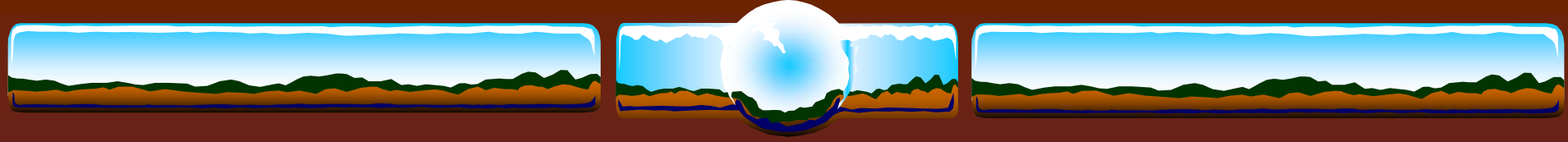
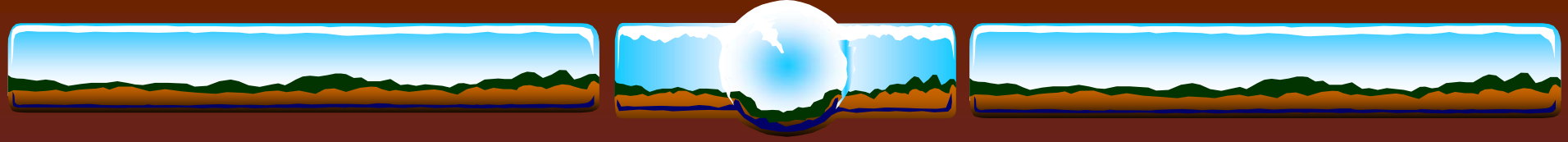


Implications for practice

- evidence on acceptability studies carried on worldwide
- comparison basis for the research study data collected at the East European Institute of Reproductive Health



Implicatons for research

- Future research efforts need to:
  - assess more in detail and with a qualitative approach women's needs, expectations and actual experiences with medical and surgical abortion
  - attempt to improve the quality of currently available technologies and service delivery to women

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