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
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
Abortifacient drugs

- Natural prosta
glandins: PG E\textsubscript{2}, PG F\textsubscript{2α}
- Prostaglandin analogues: sulprostone, meteneprost, gemeprost, misoprostol
- Antiprogesteric 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/m² I.m., PLUS
  - gemeprost 1 mg vaginally OR misoprostol 400 or 600 or 800 mcg orally/vaginally
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)
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
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
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Study type</th>
<th>Sample size</th>
<th>Interventions</th>
<th>Methods for acceptability/satisfaction measurement</th>
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</thead>
<tbody>
<tr>
<td>Winikoff, 1995</td>
<td>Review incl. 12 studies</td>
<td>see table 1</td>
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<td>VA¹ vs mifepristone or mifepristone + prostaglandin/gemeprost/ sulprostone/ oral misoprostol</td>
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<tr>
<td>Winikoff et al, 1997</td>
<td>Cohort</td>
<td>299 China</td>
<td>268 China</td>
<td>• 3 point scale for satisfaction</td>
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<td></td>
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<td>250 Cuba</td>
<td>249 Cuba</td>
<td>• future choice of method</td>
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<td>250 India</td>
<td>57 India</td>
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<td>VA¹ vs 600 mg mifepristone + 400 mcg oral misoprostol</td>
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<tr>
<td>Slade et al, 1998</td>
<td>Cohort</td>
<td>132</td>
<td>143</td>
<td>• 5 point scale for preference for the procedure</td>
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<td>Medical vs surgical abortion</td>
<td>• HAD² and PANAS³ scales for anxiety and depression prior to and after abortion experience</td>
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<td>• IES⁴ and SCS⁵ scales after abortion</td>
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<td>• 4 point scale for stress</td>
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<td>• visual analogue scale for pain, bleeding, activity disruption</td>
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<td>• future choice of method</td>
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<tr>
<td>Ngoe et al, 1999</td>
<td>Cohort</td>
<td>260</td>
<td>133</td>
<td>• 3 point scale for satisfaction</td>
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<td>• recommendation of method</td>
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<td>• comparison with previous abortion</td>
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<td>• best and worst characteristics of the method</td>
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<td>Jensen et al, 2000</td>
<td>Cohort</td>
<td>152</td>
<td>174</td>
<td>• 5 point scale for discomfort, anxiety, bleeding (expectations, experience, overall satisfaction)</td>
</tr>
</tbody>
</table>

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 ≤ 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
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.
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 or after the abortion or in overall acceptance of care between those who could choose and those who could not
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
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
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
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).
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
Implications 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