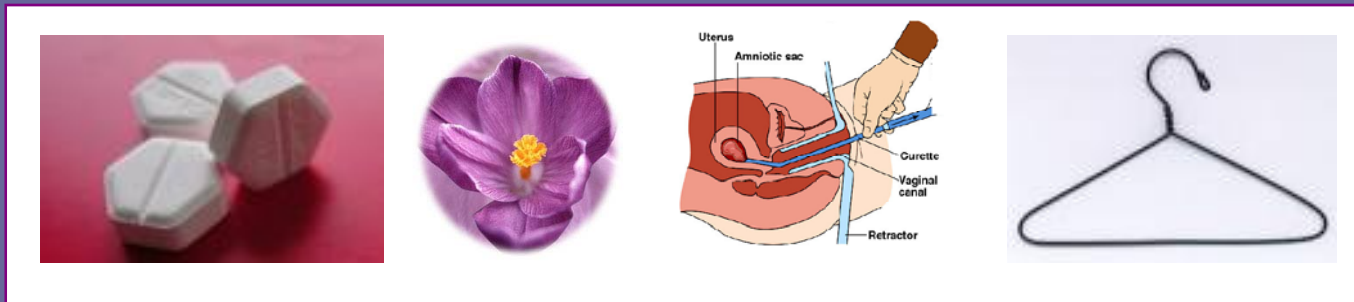


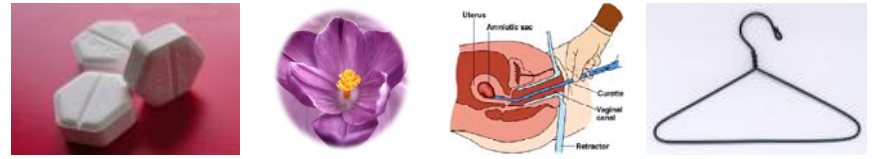
Women's choice of method



Mette Løkeland & Line Bjørge

Department of OBGYN,
Haukeland University Hospital,
Bergen, Norway

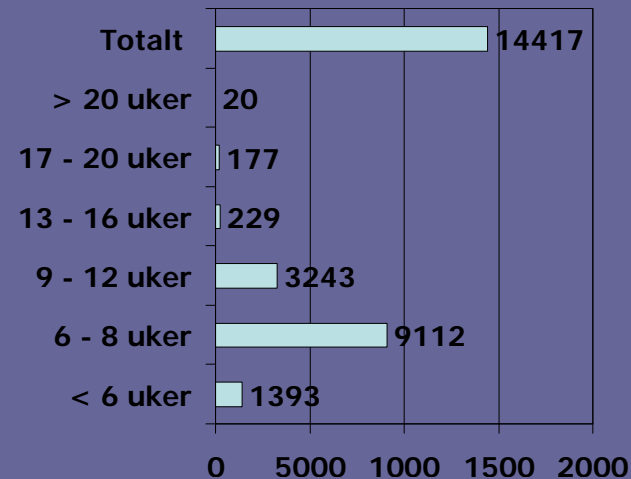
Norway



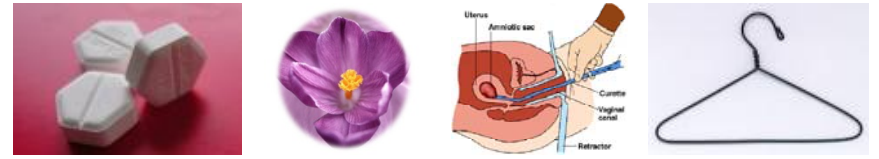
- Abortions on request up to 12 weeks since 1978
- 14000 – 15000 abortions yearly
- 2006:

- <9 weeks: 72,9%

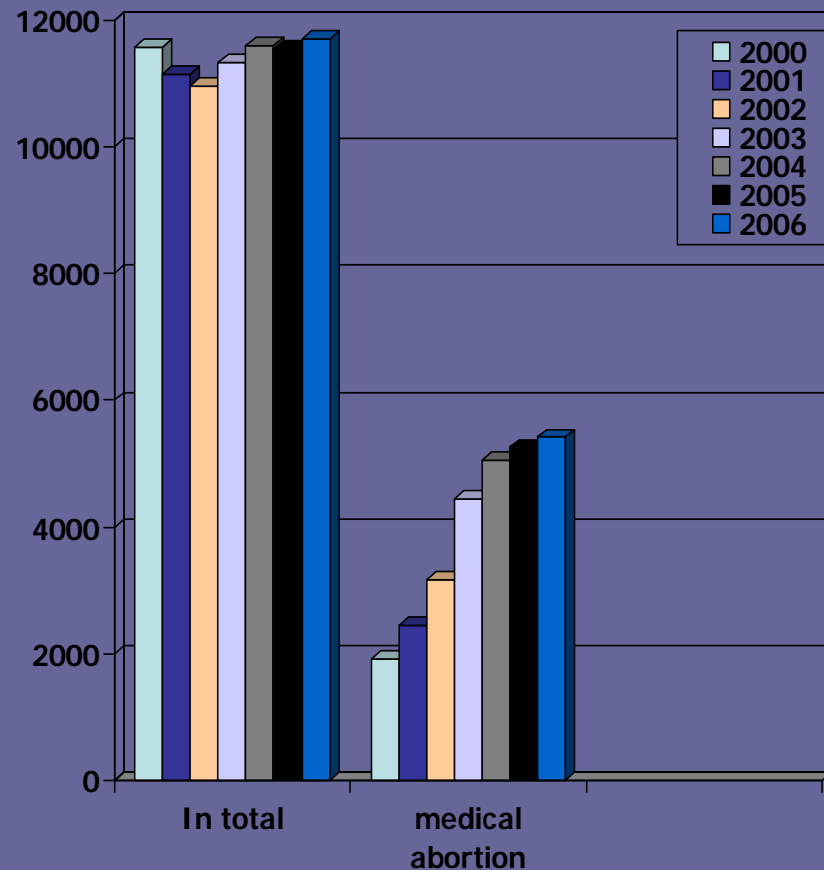
- 9 -12 weeks: 22,5%



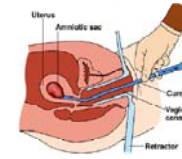
Medical abortion in Norway



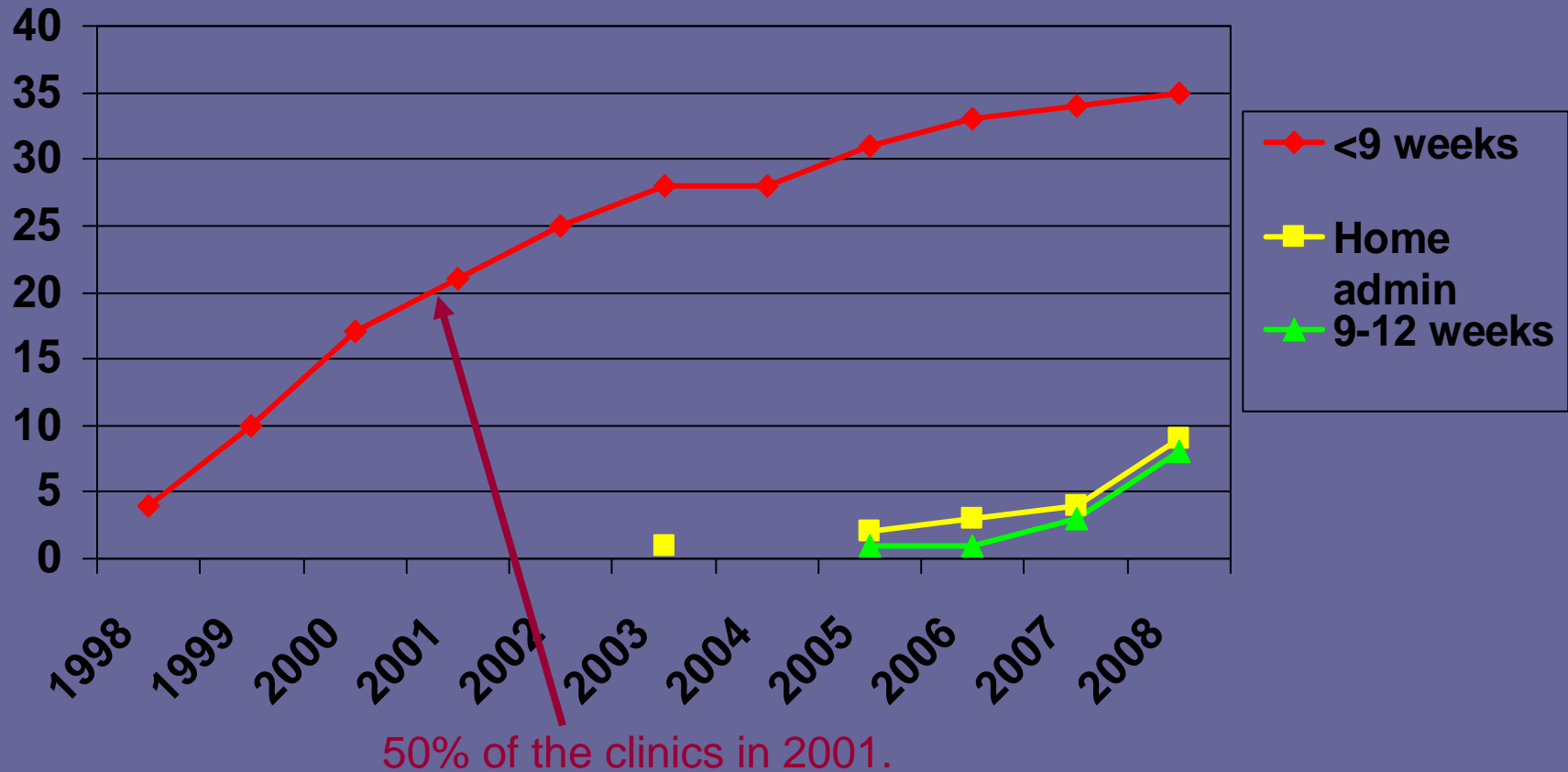
- Introduced in 1998 at Haukeland University Hospital
- Home administration since 2003, Førde Hospital
- 9-12 weeks since 2005, Haukeland University Hospital



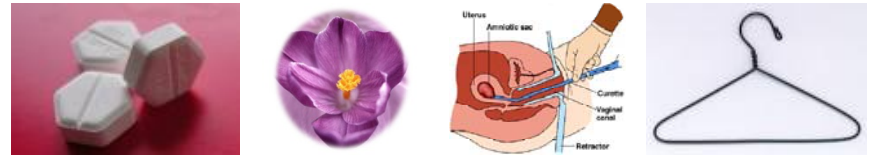
Medical abortion in Norway



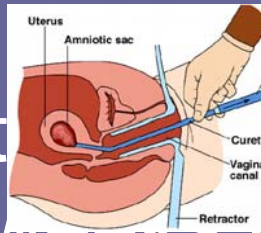
- The number of hospitals that offer medical abortion

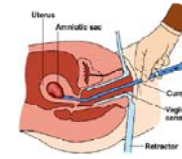


Abortion at HUS

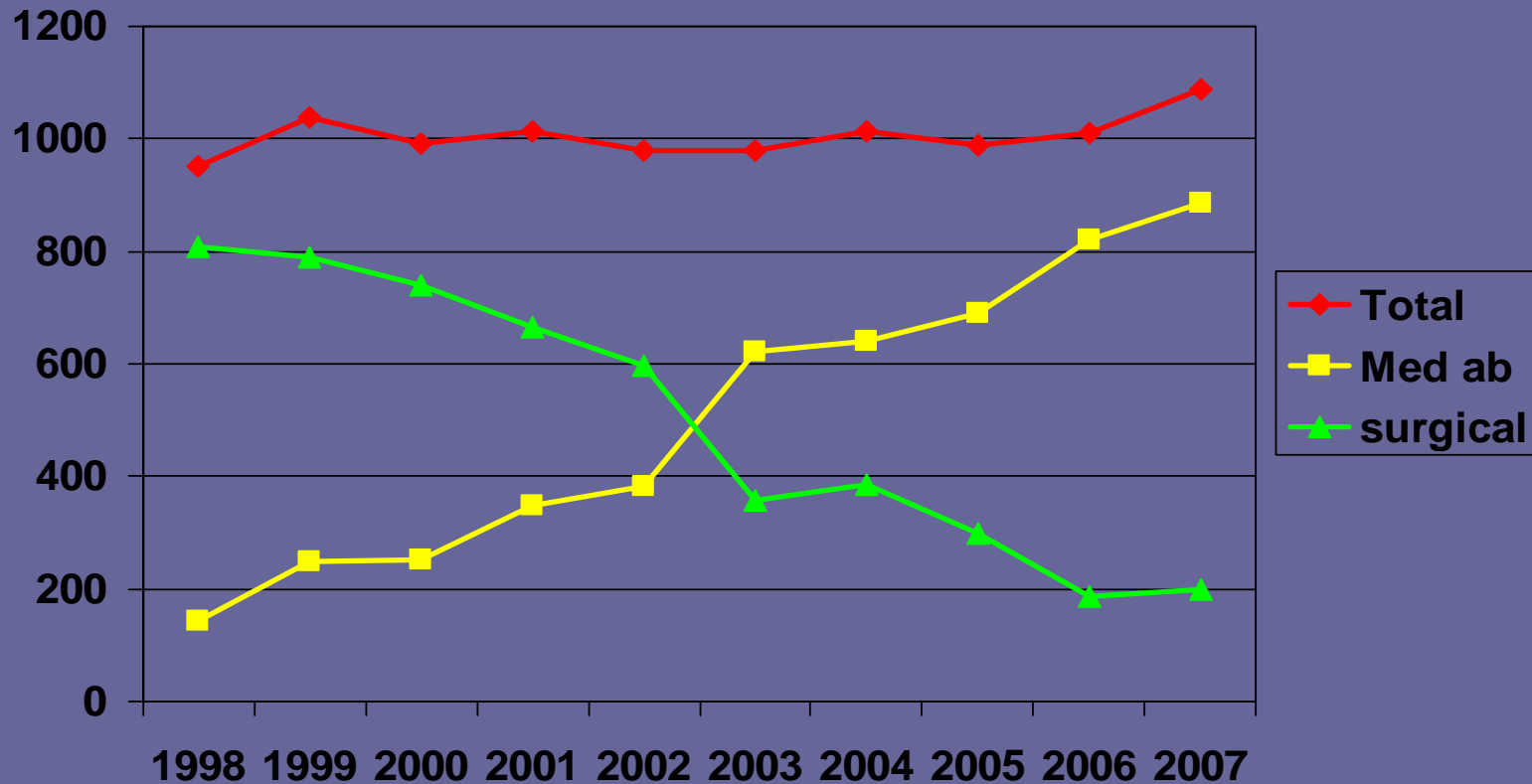


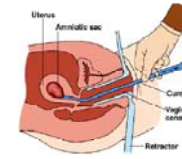
- First clinic in Norway, 21. April 1998
- Method of choice <9 weeks 2003
- First clinic in Norway to offer medical termination at 9>12 weeks October 2005
- Method of choice 2007
- Home administration <9 weeks May 2006



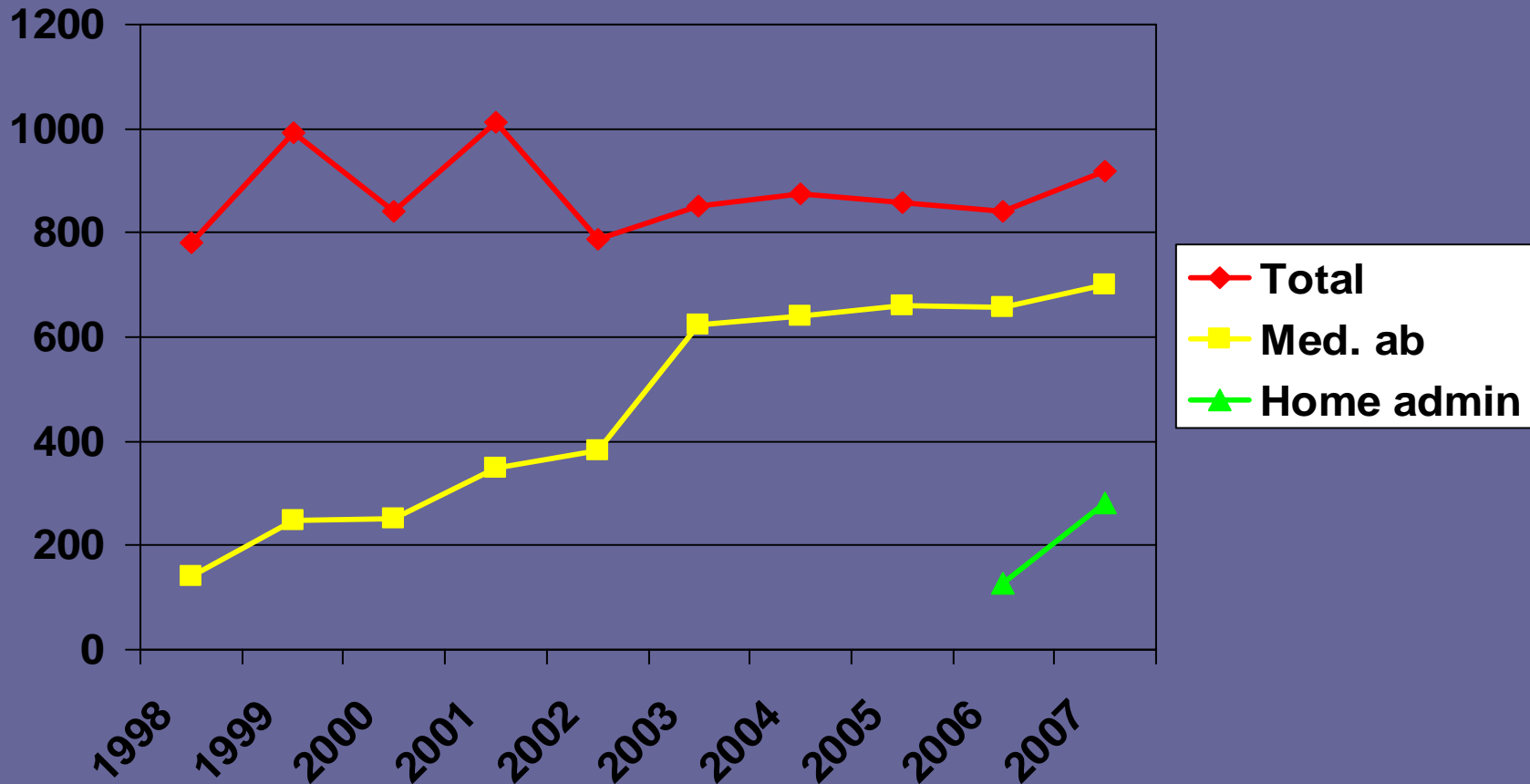


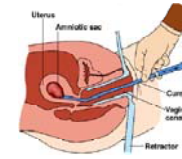
Distribution of the different types of method



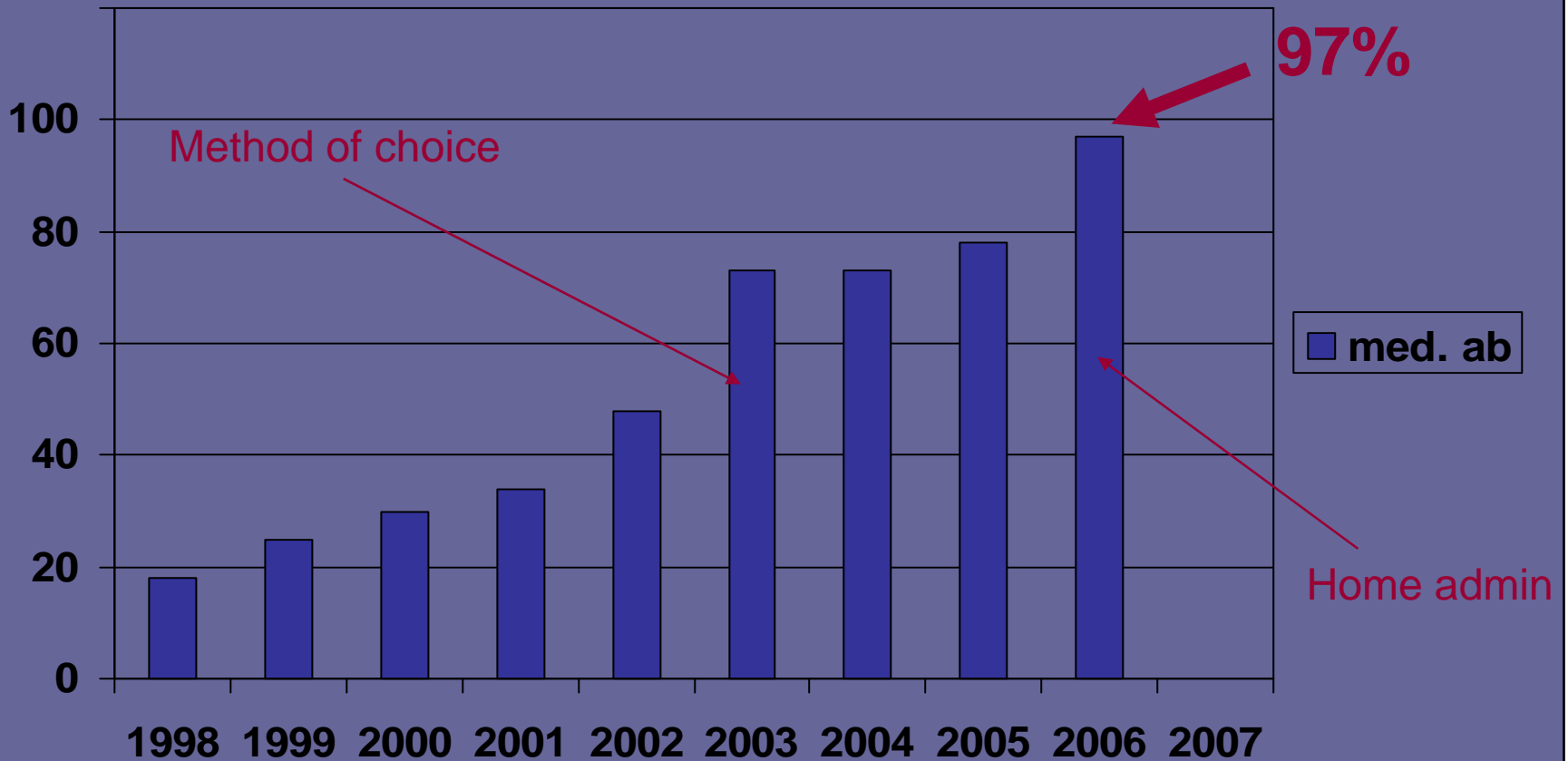


Amount of medical abortion under 9 weeks

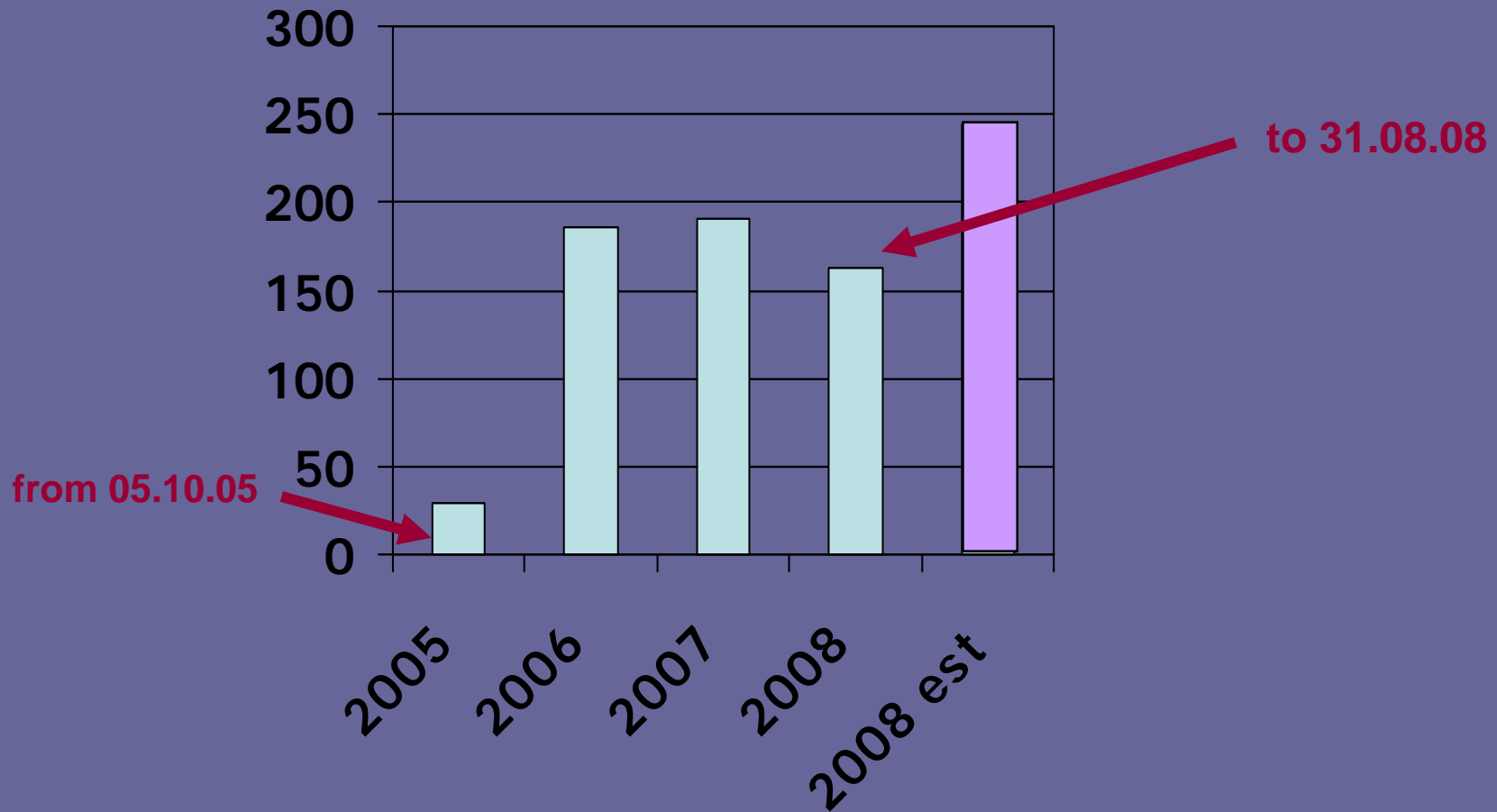
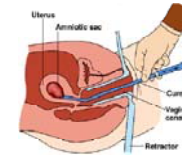




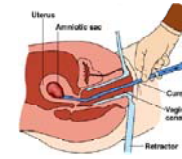
Distribution of medical abortion under 9 weeks



9-12 weeks

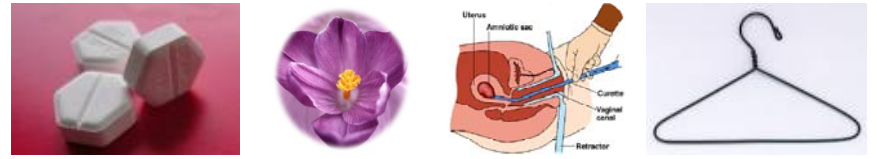


Acceptability, HUS



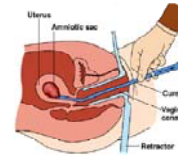
- 9-12 weeks:
 - approximately 50% of the eligible chose med.ab
 - 91% content with method, 76% would opt for it again and 82% would recommend to others
- Home admin:
 - approximately 30% of the eligible chose home admin
 - 96% was happy with being at home

Choice at HUS

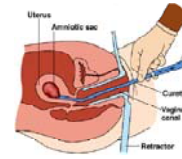


- Medical abortion is the method of choice
- If the woman wants a surgical procedure she is first informed of both medical and surgical abortion
- If she maintains her wish for a surgical procedure after information, it is performed

Experiences – nursing staff

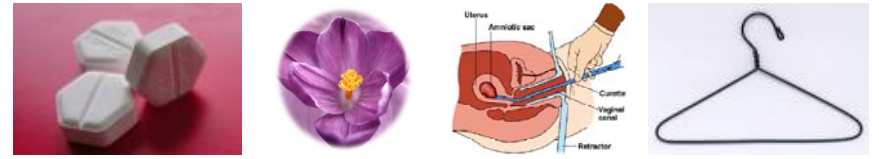


- Less women present a wish for surgical abortion now than earlier
- Most women change their opinion when given information
- Main reasons for wanting a surgical procedure:
 - prior experiences
 - experiences of relatives or friends
 - recommendations from the GP

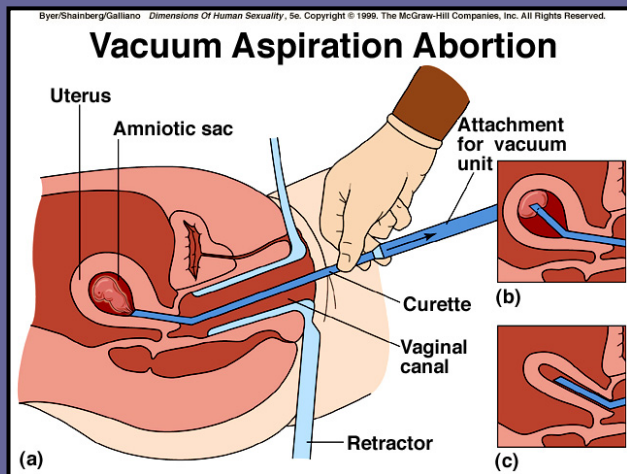


- 1998: 23% chose medical abortion <9 weeks of gestation
- 2005: 50% chose medical abortion 9<12 weeks of gestation

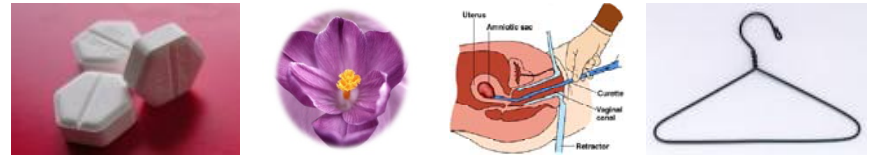
Abortion in Bergen



- The population seems to have change their perception/idea of what an abortion is from a surgical procedure to a PILL

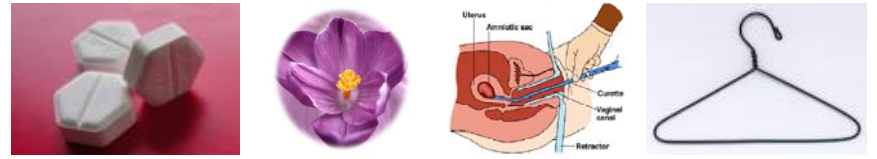


Choice



- Thorough information is necessary
- A medical principle that the patient should be take in on the decision making
- Important for a group of patients and providers
- Most women are happy with the method they chose
- There is no psychological difference between those who had a choice or not

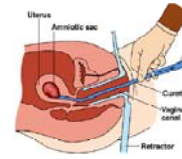
Choice



- Few studies examine whether women have an opinion on what procedure to use
- Aberdeen 1993: 20% medical, 26% surgery and 54% willing to be randomized to either. (1)
- Bergen 1998: 23% medical abortion, 69% were not willing to be randomized. (2)
- Aberdeen 2002 (9-13): 80% had a preference, 72% chose medical, 28% chose surgery (3)

1. Henshaw RC et al, Comparison of medical abortion with surgical vacuum aspiration: women's preferences and acceptability of treatment, *BMJ*1993;307:714-7
2. Bjørge L et al, Early pregnancy termination with mifepriston and misoprostol in Norway, *Acta Scand*2001Nov;80(11): 1056-61
3. Ashok et al, A randomized comparison of medical abortion and surgical vacuum aspiration at 10-13 weeks gestation. *Human Reproduction* 2002;17(1):92-98

Factors affecting choice



- Prior experiences
- Knowledge about procedure
- Avoid surgery/anaesthesia
- More "natural" (medical)
- Not take part in the process (surgery)
- Number of visits and distance from clinic
- Safety and efficacy
- Health personnel's opinion
- General opinion in society

Number of visits can be reduced

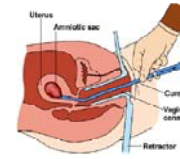


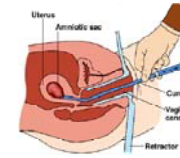
Table 1. Number and content of visits for first trimester aspiration and medical abortion

Aspiration abortion (up to 15 weeks LMP)	Medical abortion (through 9 weeks LMP)	Medical abortion (10 through 13 weeks LMP)
Booking + aspiration abortion with 1–3 hours recovery in day care clinic.	Booking + provision of mifepristone to take immediately and instructions on using misoprostol at home 36–48 hours later.	Booking + provision of mifepristone to take immediately.
Follow-up visit to check the abortion is complete and there are no complications.	For women who return to use misoprostol in the clinic 36–48 hours later, a stay of about 3–4 hours for abortion to take place.	Provision of misoprostol in the clinic 36–48 hours later with repeat doses if required, staying until abortion takes place, with 1–3 hours recovery.
	Follow-up visit two weeks later to check the abortion is complete and there are no complications.	Follow-up visit two weeks later to check the abortion is complete and there are no complications.

Note: On-site or nearby access to a provider with surgical abortion skills is necessary for the minority of women who require it.

Complications

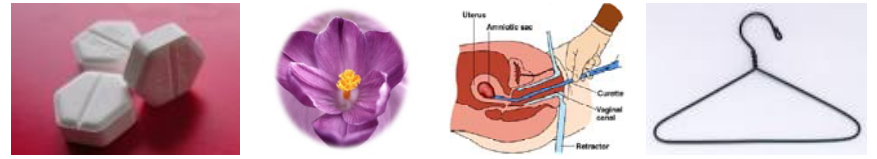
Who study, NEJM 1992



	Vacuumasp. (N= 210.000)	RU 486 (N=16.500)
Haemorrhage	0,1- 5 %	0,8 %
Pelvic infections	0,1-2,2 %	0,7 %
Cervical damage	0,01-1,6 %	0
Perforation	0,02-0,7 %	0
Resources	-	+
Failed	0-2 %	0-2 %
Anesthesia compli	-	0

**-: disadvantage,
+: advantage**

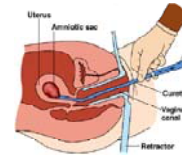
Health personnel's opinion



- Patients have a great trust in our opinion and in many circumstances want it
- If we don't believe in a procedure the women won't
- A study from Israel shows that the most important factor influencing choice was physician's recommendation 42% (1)

1. Lowenstein et al, Psychological distress symptoms in women undergoing medical vs. surgical termination of pregnancy, General Hospital psychiatry 28 (2006)43-47

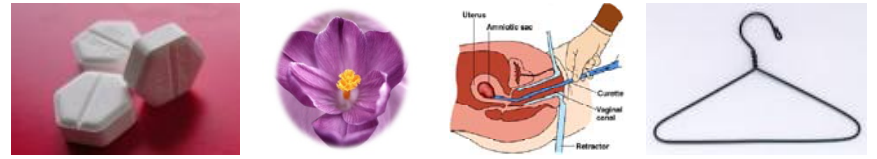
Medical principle



Surgical methods is only to be used if conservative methods fail or can not be used.

When it comes to abortion this principle is still not applied in most places.

Opinion



- One should aim for the least invasive method.
- A method of choice is not in conflict with the patient choosing. They only have to make a more active choice.