

Women's preference for medical or surgical abortion at 9-12 wks

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Background

- Medical abortion 9-12 wks in Scotland
- Success rates 96% Aberdeen (*Hamoda et al 2005*)
- Regimen:
 - Mifepristone 200mg oral
 - Misoprostol 800mcg pv, repeat dose 400mcg 3hrly as required
 - Mean 2.3 doses



Aim

- Royal Infirmary of Edinburgh currently only offers surgical abortion at 9-12 weeks
- Determine proportion of women who would choose MTOP at this gestation if it were available ?



Methods

- Self-administered questionnaire
- Women request TOP at RIE 9-12 wks
- Dec '11- May '12
- Days when research nurses present
- Brief introduction of what would be involved in medical method at 9-12 wks
- State reasons for choice of method
- Would choose medical if travel 40km to another hospital ?



Results

- 77 women completed questionnaire (49% of 9-12 wks)
- Age 15-42

- 51 (66%) definitely/probably choose medical
- 16 (21%) prefer surgical
- 10 (13%) unsure

Demographics

	Medical N=51		Surgical N=16	
	N	(%)	N	(%)
Age (mean)/yrs	25		25	
Previous birth	14	(27)	7	(44)
Previous TOP	18	(35)	8	(50)
Affluent*	14	(27)	0	
Mod deprived*	30	(59)	13	(81)
Sev deprived*	7	(14)	3	(19)

* Based upon Scottish postcodes



Reasons for preference

Medical	N=46 comments
Less risk	17 (33%)
Easier	14 (27%)
Less invasive	13 (25%)
Surgical	N=22 comments
Less distress/pain	10 (63%)
Easier/more reliable	6 (38%)
Quicker	4 (25%)



Still choose medical if had to travel 40km to another hospital ?

- Out of 51 that would choose medical :
 - Definitely/probably 38 (74%)
 - Not travel 6 (12%)
 - Unsure 7 (14%)



Conclusion

- 2 / 3 women would choose medical method if available
- Mainly to avoid risk surgery/ feel easier
- Two thirds of these would be prepared to travel for this service
- Medical method at 9-12 wks should be offered thus increasing women's choice