



# Medical Abortion in the United States and Canada—Why so different?

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## Background



- Mifepristone for medical abortions
  - approved for use with misoprostol in the United States since September 2000
  - not approved for use in Canada
- Context in which provision of abortions occurs different in US and Canada

#### Objective:

To understand differences in medical abortion provision in the US compared to Canada

#### Methods

- Cross-sectional survey of abortion facilities identified via publically available resources in the US (n=703) and Canada (n=94)
- Mail and internet survey from June-December 2013
- Administrator and provider questionnaires
  - One to five providers per facility who provided the greatest proportion of medical abortion procedures in 2012
- Facility level & provider level analyses by country
  - Fisher's exact tests for categorical variables
  - T-test for continuous variables

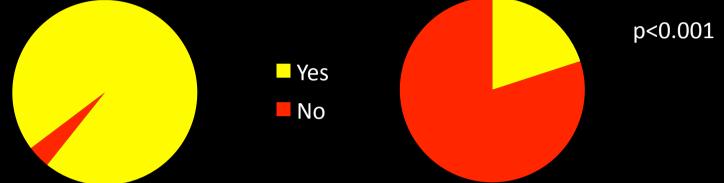
### Results: Response rate

- 383/703 (54%) of facilities responded in US
  - 28 additional facilities originally on list had closed/stopped offering abortion services in 2012-13
- 78/94 (83%) of facilities responded in Canada
- In 2012, these facilities provided an estimated:
  - 138,182 first trimester medical abortions (135,503 in US and 2,679 in Canada)
  - 1,968 second trimester medical abortions (1,646 in US and 322 in Canada)
  - First trimester medical abortions comprised 35% (US) and 4% (Canada) of all first trimester procedures
- 348 medical abortion providers from the US and 60 from Canada responded to provider questionnaires

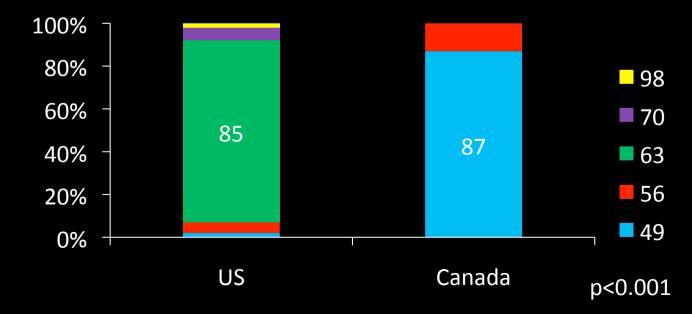
### Results: Facility-level

Provide first trimester medical abortion procedures?

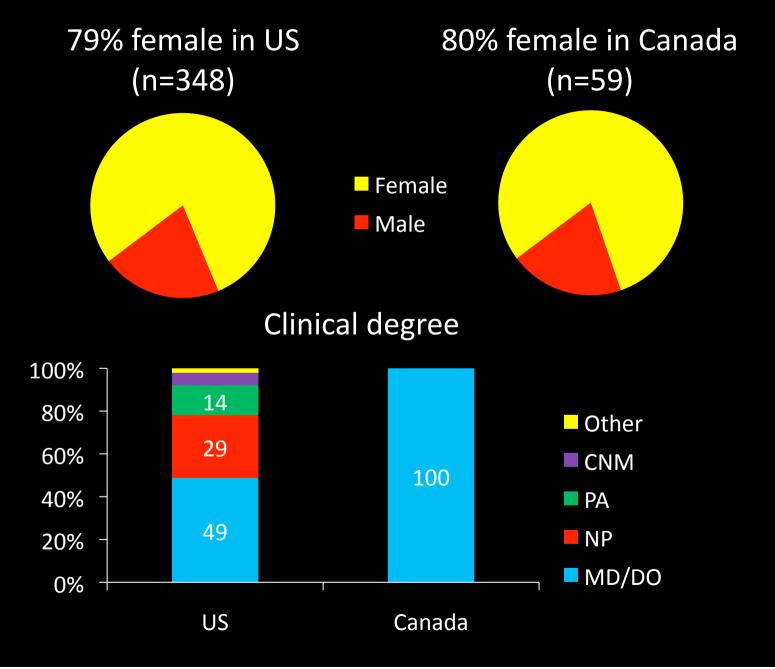
365/381 (96%) in US 16/74 (22%) in Canada



Among facilities that provide, up to how many days LMP?



#### Results: Provider characteristics



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- No real difference in age, p=0.55
  - In US, mean age was 49 ±13 (range 24-89)
    - 5% over age 70
  - In Canada, mean age is 48 ±10 (range 30-68)
- More specialization in US than Canada, p<0.001</li>
  - In US, 19% family or general practice, 49% ob/gyn, 29% women's health, 3% other
  - In Canada, 59% family or general practice, 32% ob/gyn,
     5% women's health, 4% other
- Proportion of clinical work focused on contraception and abortion differs by country
  - Mean of 67% among US providers versus 39% in Canada, p<0.001</li>

# Results: Provider reports on regimens

|  | US                                 | Canada                                |  |  |  |
|--|------------------------------------|---------------------------------------|--|--|--|
| Dose drug 1                              | mifepristone 200 mg 98%            | methotrexate 50 mg/m <sup>2</sup> 97% |  |  |  |
| Location                                 | mifepristone taken at facility 93% | na                                    |  |  |  |
| Dose drug 2                              | misoprostol 800 mcg 91%            | misoprostol 800 mcg 93%               |  |  |  |
| Misoprostol route (p<0.001)              |                                    |                                       |  |  |  |
| Buccal<br>Vaginal<br>Oral<br>Other       | 85%<br>9%<br>3%<br>3%              | 13%<br>77%<br>10%<br>0%               |  |  |  |
| Location                                 | misoprostol at home 97%            | misoprostol at home 97%               |  |  |  |
| Repeat dose of misoprostol (p<0.001)     |                                    |                                       |  |  |  |
| Take at home<br>As needed<br>Never given | 2%<br>95%<br>3%                    | 95%<br>5%<br>0%                       |  |  |  |

# Results: Provider reports on antibiotics and analgesics

| Antibiotic/analgesic practices   | US   | Canada                        | P-value   |  |
|--|--|-------------------------------|---|--|
| Provide antibiotic to every medical abortion patient   | 88%  | 27%                           | <0.001  |  |
| Among those who do provide antibiotics routinely (n=311):  |  |                               |   |  |
| Doxycycline<br>Azithromycin<br>Doxycycline or Azithromycin<br>Metronidazole<br>Other   | 62%<br>24%<br>11%<br>1%<br>2%              | 27%<br>26%<br>0%<br>47%<br>0% | <0.001  |  |
| Analgesics provided routinely* None NSAID Acetaminophen Acetaminophen with codeine Oxycodone with acetaminophen Hydrocodone with acetaminophen Hydromorphone | 0%<br>76%<br>5%<br>34%<br>11%<br>42%<br>0% | 12% 75% 20% 60% 5% 2% 5%      | <0.001<br>0.87<br><0.001<br><0.001<br><0.001<br>0.003 |  |

#### Conclusions

- Medical abortion is provided less commonly in Canada than in the US
- Medical abortions are more often provided by family physicians in Canada compared to the US, where specialists or non-physicians provide most medical abortions
- Some aspects of regimens differ by country
  - mifepristone vs. methotrexate
  - route of administration for misoprostol
- Routine antibiotic use is less common in Canada than in US
- Use of opioid analgesics is more common in the US than Canada

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