

Patients choice for method of early abortion among comprehensive abortion care (CAC) clients at Kathmandu Medical College Teaching Hospital (KMCTH)

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Abstract

Objective: The over all objective of the study was to determine different methods of abortion opted by CAC clients at KMCTH. The specific objective of the study was to know the reasons for pregnancy termination and to know the reasons opted for either medical or surgical method of abortion. **Methodology:** A hospital based prospective study was carried out for a period of six months at KMCTH from 1st January 2006 to 31st June 2006. All the patient undergoing CAC services were included for the study. Clients were provided with written and verbal information regarding the methods of terminating early abortion and its associated complications. After that they were asked to give their informed choice and decision. All the pertinent information was entered on pre-structured questionnaire.

Results: During the study period a total of 100 patients underwent CAC services. The commonest reason for termination pregnancy was no desire for additional children (60%) followed by youngest child too small or short spacing (21%). 74% of the patients opted for surgical abortion, 23% patient opted for medical abortion and 3% of the patient remain undecided. Reasons for favouring surgical method of abortion was that surgical abortion is complete (35), repeated visits are avoided (18), quick (10) would be with service provider and feel safe (5), lack of expectancy (2) side effect of medical treatment (1), twin pregnancy (1), easy (1), fear of pain (1). Medical method of abortion was favoured due to fear of surgery (9), easy and less painful (8) and maintains privacy (6).

Conclusion: Factors affecting the choice of abortion method appear to be numerous and complex. Providers need to be sensitive to differences in women's values and life circumstances when counselling them about an abortion method. In particular, providers should incorporate into their counselling sessions what women need to know about the characteristics of abortion methods and help women to identify what is the best option for them.

Key words: Early abortion medical methods, surgical methods, choice

The magnitude of unwanted pregnancies ending in induced (surgical) abortion rises to 36 to 53 million each year¹ (International conference on Population and Development (ICPD) Plan of Action, para 8.25). Women who have unwanted pregnancy should have ready access to reliable information and compassionate counselling and in circumstances in which abortion is not against the law, such abortion should be safe. Estimates suggest that more than half of these abortions are performed under unsafe conditions and result in more than 70,000 deaths per year² almost all in developing countries. In some developing countries the complications of unsafe abortion, including incomplete abortion, sepsis, haemorrhage, and intra-abdominal injury, causes the majority of maternal deaths, and in a few countries they are leading cause of death for women of reproductive age. Bearing in mind the severe medical, social, and economic consequences of unsafe (surgical) abortion in developing countries, there is great need to develop safe, effective and acceptable methods.²

The term "abortion" refers to the termination of pregnancy for whatever cause before the fetus is capable of extra-uterine life. "Induced abortion" refers to the termination of pregnancy through a deliberate intervention intended to end the pregnancy. The term medical abortion commonly refers to early pregnancy termination (usually before 9 weeks gestation) performed without primary surgical intervention and resulting from the use of abortion – inducing medications.

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Medical abortion is typically considered a failure when a surgical evacuation is performed to complete the abortion for any reason, including incomplete abortion, continuing (viable) pregnancy haemorrhage, or on patient request. In contrast surgical abortion is considered a failure only if a continuing pregnancy occurs, if a repeat aspiration is required for an incomplete abortion or haematometra, it is considered a complication not a method failure.³

Women seeking to terminate an early pregnancy now have a choice between medical and surgical abortion procedures. The two major drugs currently being used to induce abortion are mifepristone and methotrexate (both used in conjunction with the mild prostaglandin misoprostol). Medical abortion induce with mifepristone followed by misoprostol has been used extensively in Europe and China.⁴

The availability of medical abortifacients promises to increase women's access to abortion, but this will happen only if women are willing to use them and if they find such drugs acceptable. Acceptability among consumers is particularly important because the success of medical abortion depends on women's willingness to complete the regimen at home and to wait for the drugs to take action. In addition, information about women who choose this option, and how they differ from women who select the more traditional surgical procedure, is important to health care providers planning to offer medical abortion services.⁴

Objective

General objective

The overall objective of the study was to determine different methods of abortion opted by the CAC clients at KMCTH.

Specific objective

1. To know the reasons for termination of pregnancy.
2. To know the different reasons for opting medical or surgical methods of abortion.

Methodology

A hospital based prospective study was carried out from 1st January 2006 to 31st June 2006 for a period of six months at KMCTH. All the patient undergoing CAC services were included for the study. Clients were provided with written and verbal information regarding abortion methods of terminating early abortion and its complication. The patients after being given all the information were asked for informed choice and informed decision. All the pertinent information was entered on pre-structured questionnaire. Later on, after the patient opted for particular method the reasons cited were noted and also information was provided that medical method would not be available to the patient as drugs (mifepristone or misoprostol) were not licensed in the country.

Results

Altogether 100 patients were interviewed

Fig 1: Methods chosen

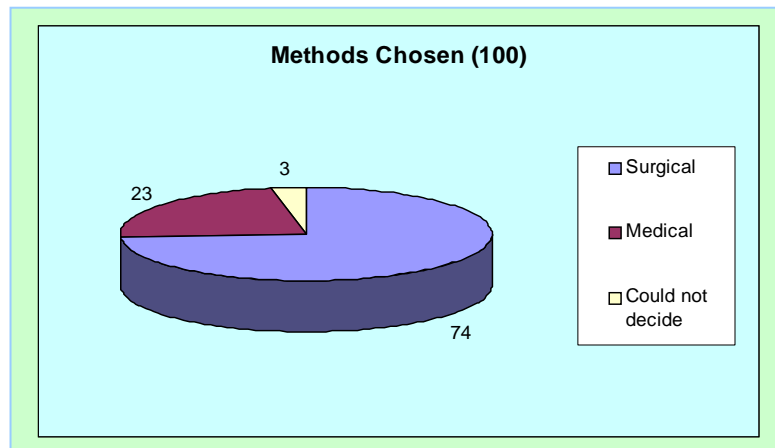


Fig 2: Age category

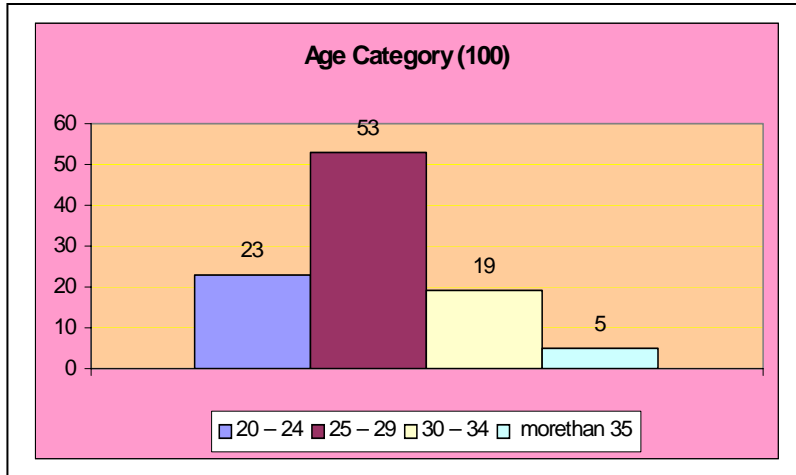


Fig 3: Parity

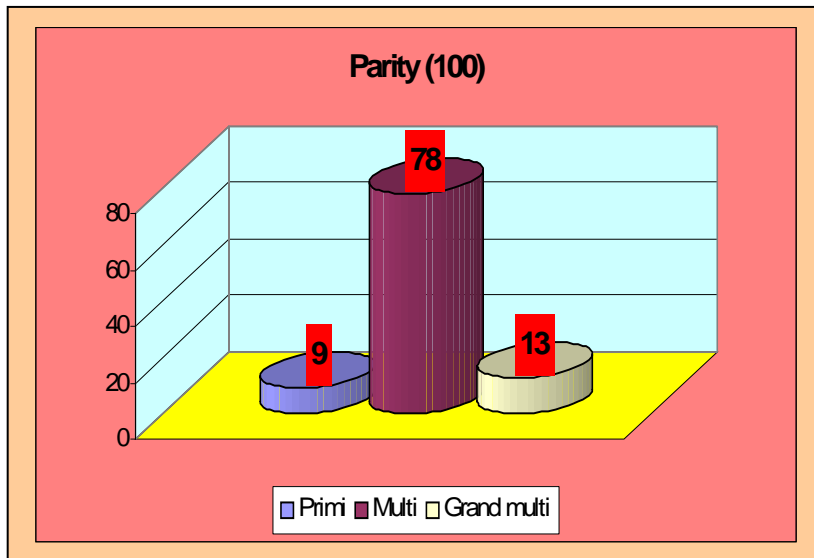


Fig 4: Education

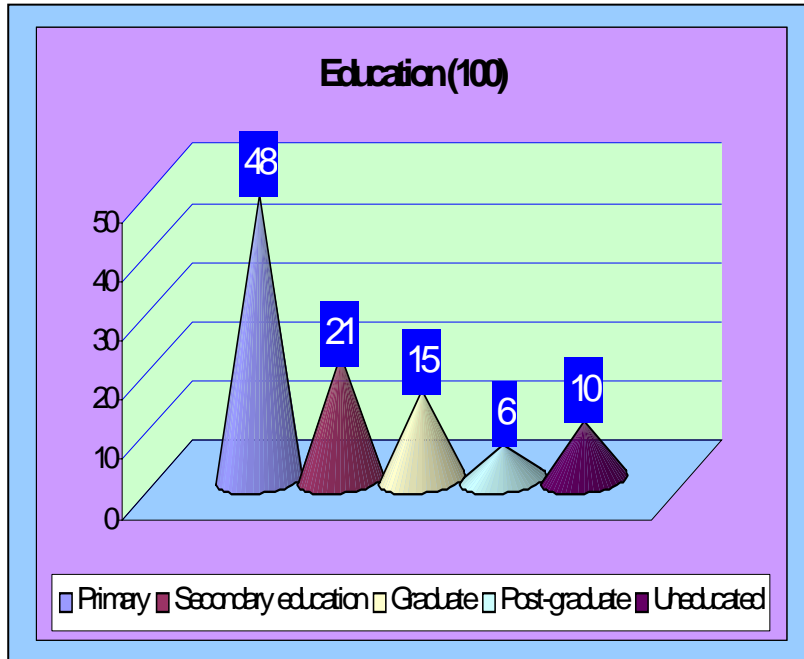


Table 1: Reason for Termination of Pregnancy

Reason	Number (n=100)
No desire of additional children	60
Youngest child too small or short-spacing	21
Wanted to pursue study	8
Economic burden	2
Wanted to go abroad	1
Unmarried	2
Twin pregnancy	1
Hyperemesis	1
Pregnancy with pain abdomen	1
Husband away	2
Too young to start family	1

Table 2: Reason for opting surgical method of abortion

Reason	Number (<i>n</i> =74)
Procedure is complete	35
Repeated visits are avoided	18
No expectancy	2
Surgical abortion is quick	10
Would be with service provider and felt safe	5
Twin pregnancy	1
easy	1
Fear of pain	1
Side effect of medical treatment	1

Table 3: Reason for opting medical method of abortion

Reason	Number (<i>n</i> =23)
Fear of surgery	9
Easy and less painful	8
Maintains privacy	6

Discussion

Out of 100 patients interviewed the most common reason for terminating pregnancy was no desire for additional children (60%) followed by youngest child too small or short spacing (21%). In the national facility based abortion baseline survey 2006, nearly all married clients with high parity (three or more children) and also those having two children reported that they have sought abortion since they had no desire for additional children.⁶ Less common causes were economically burden 2%, wanted to go abroad 1%, hyperemesis 1%, pregnancy with pain abdomen 1%.

74% of the patients opted for surgical abortion, 23 patients opted for medical abortion and 3 patients could not decide. This results are quite different from these reported by Rose et al⁵ (84% for medical abortion), Tang et al⁵ (69% for medical abortion, Bachelot et al⁵ (59% for medical abortion)

Reason for favouring surgical method of abortion was surgical abortion is complete (35), repeated visits are avoided (18), lack of expectancy (2), surgical abortion is quick (10), would be a service provider and not feel left alone (5), side effect of medical

treatment (1), twin pregnancy (1), easy (1), fear of pain (1).

In a study carried out by Tang et al⁵ 82% reported surgical abortion was quick and convenient, frequent visits were avoided (69%), side effect of drug (11%). Similar reasons were cited by Henshaw et al⁵ (40%) of the patients thought medical method was too slow, 29% choose surgical method because of the side effects of drug. Ngoc et al⁷ reported women choose surgical abortion because they perceived it as simple and faster (68%), more effective (64%), convenient (26%), and involved fewer visits to the hospital (28%), slade et al⁸ reported surgical method of abortion was chosen to avoid awareness and involvement in the abortion process (49%), pain related (10%). Similar to the reasons cited in our study.

Reason for opting medical method of abortion was fear of surgery easy and less painful 8%, and maintains privacy 6%. Similar reasons were also cited by Tang et al⁵ fear of surgery (81%), fear of general anaesthesia as (11%), fewer traumas (21%), and convenience for work (41%). In a study of Henshaw et al⁵ women choosing medical abortion

were afraid of surgery or anaesthesia (59%), felt medical abortion was more natural (21%) and believed surgery was too fast (21%). Slade et al⁸ abortion in their services reported medical abortion was chosen to avoid anaesthesia (61%), simplicity and naturalness method (32%). Ngoc et al⁷ in their studies reported medical method was chosen to avoid pain (50%), surgery or anaesthesia (43.4%), safe (40%), less traumatic (30%).

Conclusion

All the studies show that method choice is important to patients who can choose between different methods and have higher acceptance of the abortion experience. Method failure was a major reason for dissatisfaction in the medical group. Specific reasons for selecting the medical method included naturalness, privacy, less invasiveness desire to avoid surgery/anaesthesia, and control over the abortion process. Specific reasons for choosing the surgical procedure most frequently mentioned were time considerations (the method was perceived as quick), easy and simple, and the small number of visits to the hospital. Reasons cited by women in both samples were safety, efficacy, pain avoidance, and convenience. The need for women's counselling and education regarding medical and surgical abortion was emphasized in all articles as a means to facilitate informed choices and better preparation of women for the actual abortion experience. Also, provider's technical skills are important, since clinicians inexperienced with the medical abortion technique may be more likely to intervene surgically and add to "acceptability failures".

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References

1. International conference on Population and Development (ICPD) Plan of Action, para 8.25
2. Care for Post abortion complications: Saving Women lives. Popul Rep L. 1997 sep (10)1 – 31 (PubMed)
3. Crenen MD, Medical Abortion Regimen: Historical Context and Review. AM J. Obstet Gynecol 2000,183: 53-9 (PubMed)
4. Harvey, SM, Beckman, LJ, Satre, SJ. Choice of and satisfaction with methods of medical and surgical abortion among U.S. clinic patients. Family planning perspectives, 2001, 33(5):212-216.
5. Poenariu, MZ. Patients' satisfaction with first trimester mifepristone – misoprostol medical abortion services. www.gfmer.com
6. Unsafe abortion, Nepal country profile July 2006
7. Ngoc NTN, Winikoff B, Clark S, Ellertson C, Khong Ngoc Am, Do Trong Hieu, Elul B, Safety, efficacy and acceptability of mifepristone-misoprostol medical abortion in Vietnam. Int Fam Plan Perspect 1999 25 (1):10-4, 33.
8. Slade P, Heke S, Fletcher J, Stewart P. A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. Br J Obstet Gynaecol. 1998 Dec;105 (12):1288-95. (PubMed)