Assessment of significant factors affecting acceptability of home administration of misoprostol for medical termination of pregnancy

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Medical abortion

- Can be performed at all gestational lengths
- Constitutes more than 86% of all abortions before 9 weeks + 0 days in Sweden (63 days)

- Mifepristone 200mg
  - 24-48 hours later 4 tablets of 0.2mg misoprostol vaginally,
    (<7 weeks + 0 days (49 days) 2 tabl miso may be given orally)
  - If no or very little bleeding occurs within 3 hours- 2 tabl of misoprostol are given orally¹.

¹ Ashok et al Factors affecting the outcome of early medical abortion- a review of 4132 cases, BJOG 2002
Why home administration?

- Clinic administration not medically necessary\(^1\)
- Privacy
- Choose who to be with
- More natural and calm
- Dislike of hospital environment

Schaff E et al, Vaginal misoprostol administered at home after mifepristone (RU 486) for abortion, J Fam Pract 1997
Home-use of misoprostol - Europe

- 2003 Swedish National Board of Health and Welfare allowed research into home-use of misoprostol
- 2004 it was allowed in clinical routine
- Now allowed in several countries in Europe
- Several studies from the UK show that women would welcome choice of home-use of misoprostol\(^2\)

\(^2\) Hamoda H, et al. The acceptability of home medical abortion to women in UK settings. BJOG 2005;112(6):781-5,
First Swedish study in 2003\(^1\)

- 100 women with gestational length max 7 weeks + 0 days (49days)
- Majority had given birth
- 98% efficacy
- 96% acceptability

Second Swedish study

- 2004-2006 Karolinska University Hospital
- Max 9 weeks + 0 days (63 days) gestation
- 395 women in clinical routine
- No difference in acceptability if very early (< 50 days) or early (>49 days but max 63 days) medical abortion

Assessment of significant factors -
Method

- Women filled in questionnaires before, during and after abortion
- Analyzed using logistic regression after recoding into categorical variables
- Experience in relation to expectation
- Would prefer home use if abortion in future
Results

- Acceptability was high (286/395, 72.4%).
- 34 women (8.6%) would prefer clinic administration
- 49 women did not respond

## Results

NB! U-hcg 500IE

<table>
<thead>
<tr>
<th>Variable</th>
<th>p value</th>
<th>OR</th>
<th>95% CI (OR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parity</td>
<td>.003</td>
<td>2.498</td>
<td>1.354 - 4.608</td>
</tr>
<tr>
<td>Positive urine hCG</td>
<td>.000</td>
<td>10.381</td>
<td>4.938 - 21.823</td>
</tr>
<tr>
<td>Calm after misoprostol</td>
<td>.003</td>
<td>3.283</td>
<td>1.519 - 7.095</td>
</tr>
</tbody>
</table>

Results

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<thead>
<tr>
<th>Variable</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Positive urine hCG (500 IU)</td>
<td>.002</td>
<td>3.831</td>
<td>1.618 - 9.068</td>
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<tr>
<td>Accompanying person present</td>
<td>.021</td>
<td>.221</td>
<td>.061 - .799</td>
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<tr>
<td>Extra pain medication</td>
<td>.090</td>
<td>2.124</td>
<td>.889 - 5.072</td>
</tr>
</tbody>
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Conclusion

- Producing realistic expectations in women is important

- Emphasis on what is normal
  - Pain
  - Bleeding with clots
  - Information on normal post-abortion symptoms/follow up
  - Women should be encouraged to have partner/friend present

Thank you!

www.misoprostol.org
www.fiapac.org
www.womenonweb.org