Pain and abortion: Provider perspectives

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Disclosures

- Speaker for Bayer
Objectives

- Pain management options
- Perception of pain (provider vs patient)
- Explore provider perspectives on pain management in abortion care
- Cultural aspects
- Recommendations by Medical societies on pain management in abortion care (RCOG, NAF)
Choice Of Pain Control Methods

- Non-pharmacological methods incl. verbal support and reassurance
- Local anesthesia
- Oral analgesics
- Minimal sedation
- Moderate sedation
- Deep sedation
- General anesthesia
Anesthesia types: 1st trimester surgical

- Local anesthesia
- IV sedation
- General anesthesia

NAF 2002 (O’Connell 2009)
NAF 1997 Canada (Lichtenberg 2001)
France (Janaud 1977)
UK (Grant 1980)

1 O’Connell 2009, 2 Lichtenberg, 3 Janaud 1977; 4 Grant 1980
Anesthesia for 2nd trim surgical

NAF 2002 survey

- <10% of clinics offered local only or local with oral medication for most (>80%) of their patients
- >40% of clinics offered combined local and intravenous conscious sedation for most (>80%) of their patients
- 25% of clinics offered general anesthesia to most (>80%) of their patients
Who are the providers?

- Physicians and allied health care professionals
  - providing abortion procedure
  - providing anesthesia
  - providing abortion related care such as counselling
Patient versus provider perception

- Unfortunately, 78-97% of women report at least moderate procedural pain when local anesthesia alone is used\(^1\)

- Observational study of 2300 women undergoing a 1st trimester surgical abortion under local anesthesia\(^1\):
  - 97% report some pain, majority moderate;
  - **Doctors underestimate pain as do counselors.**

- Pain correlates with provider; less pain with more experienced provider\(^3\)

\(^1\)Stubblefield 1989, \(^1\)Belanger 1989, \(^1\)Smith 1979, \(^1\)Rawling 1998, \(^3\)Borgotta 1997
Selection of analgesia/anesthesia

Choice

Safety

Resource
Unsafe abortion responsible for 13% of maternal deaths worldwide, or 47,000 per year \(^1\)

Mortality \(\approx 0.7\) in 100,000, down from 4.1 in 1972. Six deaths in USA in 2008 related to legal surgical abortion \(^2,3,4\).

Anesthesia-related events account for 16% of deaths \(^4\).

Conflicting data regarding safety of local in comparison to general anesthesia \(^5-8\)
Provider Choice

- Acceptability of pain to patient, to provider, to society
- Personal choice versus patient choice
- Being used to ...
Guidelines

- **RCOG 2011:**
  - Services should be able to provide surgical abortions without resort to general anaesthesia.
  - If conscious sedation is used during surgical abortion, it should be undertaken only by trained practitioners and in line with Department of Health guidance.
  - Women should routinely be offered pain relief (for example, NSAIDs) during surgical abortion.

- **NAF clinical Practice Guideline 2013:**
  - Anxiolysis, analgesia, or anesthesia should be provided during abortion procedures for any patient in which the benefits outweigh the risks.
Goals

- Understanding women’s expectations and goals
- Insuring informed choice
- Challenge our perceptions of patient preference and available choice
- Offering as much choice as possible in your setting and consideration of referral if you are not able to offer what the patient requests
- Arriving at shared objectives
- Maintain as much empowerment as possible during procedure
Resources / References


- Society of Family Planning Guidelines


- National Abortion Federation Policy Guidelines 2013

References

References cont.


References cont.


