



P143. PAIN DURING MEDICAL ABORTION IN EARLY PREGNANCY

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Context

Unwanted pregnancy is a global problem with estimated 56 million induced abortions each year. In Finland the medical termination of pregnancy (MToP) covers approx. 95% of all abortions. Nearly all patients undergoing MToP experience some degree of pain. Factors predicting severe pain include low maternal age, low parity, anxiety and dysmenorrhea. However studies on prediction of pain and pain management during MToP are sparse. Moreover, present guidelines on pain management MToP is not based on research data.

Objective

Our goal is to evaluate experienced pain and its prediction, the need of analgesics and evaluation whether combination of ibuprofen and paracetamol is adequate during MToP. Moreover, we evaluate patient satisfaction on medical abortion. In the present abstract we report preliminary results of an interim analysis based on study's first 36 patients.

Methods

This is a prospective study in which we compare the pain experience and sufficiency of analgesia during MToP in early pregnancy (under 9 weeks of pregnancy). Pain is measured by visual analogue scale (VAS), which is reported in a diary every time analgesics needed.

MToP is carried out according to the Finnish national guideline on induced abortion. The medication consists of 200mg of mifepristone followed by 800ug of misoprostol 24-72 hours later primarily at home. Analgesics are Ibuprofen 600mg ja Paracetamol 1000mg, both three times a day at maximum and first dose is taken simultaneously with Misoprostol.

Patients

120 primigravid women aged between 15-19 or 25-35 years and tolerate used analgesics are recruited in the study.

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Main Outcome Measures

Pain and satisfaction with the treatment (both measured by VAS), timing of worst pain, patients' will to choose again medical abortion (questionnaire).

Results

Patients experience severe pain as the mean highest painVAS was 69,9 ($\hat{A}\pm 27,9$ [SD]). Nevertheless 61,5% of patients evaluated the analgesia as adequate. Patients who estimated analgesia as inadequate experienced more intense pain, mean VAS 84,4 ($\hat{A}\pm 24,3$). Nevertheless, satisfaction with the care received was high (mean VAS 83,7) and 85,7 % would choose medical abortion again.

Conclusions

Even though patients experience MToP as painful, they would choose the same method again. As the pain experienced is severe, more effective analgesia than the combination of ibuprofen and paracetamol should be evaluated and eventually provided to women undergoing MToP.