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Pain management for up to 9 weeks medical abortion - An international survey among abortion providers.

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Abstract

OBJECTIVES: although some degree of pain is inevitable with first trimester medical abortion, little information is available regarding its management in daily practice. The aim of the work was to determine the current regimens in use for managing pain associated with medical abortion.

STUDY DESIGN: a self-administered internet survey, developed by a group of European experts on medical abortion, was circulated internationally among medical abortion providers.

RESULTS: A total of 283 valid questionnaires were completed, mainly from European providers (59% of respondents, n = 167). Most respondents (n = 267, 94%) reported analgesic prescription/provision for all women, either prophylactic for 82% (n = 233) or upon request for 12% (n = 34). WHO Step I analgesics (NSAIDs, paracetamol) were the most often used in both cases. A total of 16 (6%) respondents indicated that they never provided analgesics (or prescriptions for them). Female providers of abortion care were significantly more likely to prescribe systematic analgesia for patients than male providers (85% vs 74%, p < 0.04). The majority of respondents (69%, n = 195) did not conduct formal assessments of women's pain.

CONCLUSION: Most providers do provide analgesia routinely to women undergoing medical abortion up to 9 weeks gestation. There were widespread variations in analgesic regimens used. There is a clear need for standardised evidence based regimens for management of pain associated with first trimester medical abortion.

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KEYWORDS: Health care providers; Medical abortion; Pain management; Survey

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