

Background

Medical abortion has become the principal method of abortion in England and Wales, making up 87% of all abortions in 2021 (1,2). British Pregnancy Advisory Service (BPAS) provides approximately 80,000 medical abortions up to 10 weeks’ gestation annually across England and Wales.

Pain management is central to the provision of high-quality medical abortion care (3). Studies suggest that when clinicians adequately inform and prepare patients for the pain of medical abortion, patients may have less anxiety and increased satisfaction with overall abortion experience (4,5). Following a change in BPAS policy regarding codeine counselling for medical abortion up to 10 weeks’ gestation, we conducted a cross-sectional mixed-methods service evaluation.

Objective

To understand patients’ experience of pain and pain management during medical abortion up to 10 weeks’ gestation.

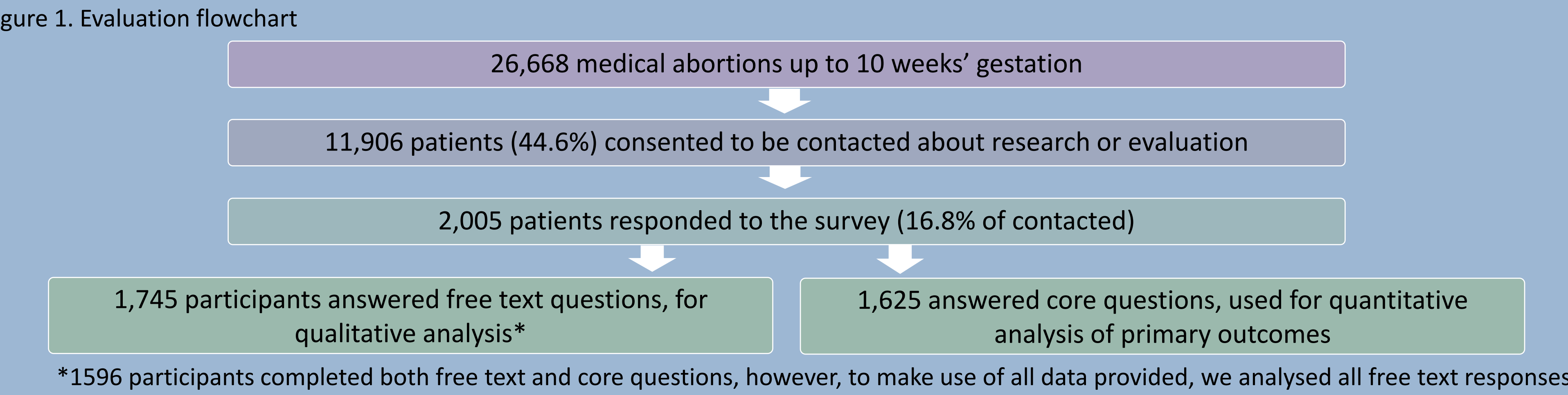
Methods

We invited patients who had a medical abortion up to 10 weeks’ gestation at BPAS between 7th November 2021 – 3rd March 2022 by email or text message to complete an online, anonymous, English-language survey. The survey had questions about demographics, medical history, abortion characteristics, pain experience and future abortion preferences. Free text questions included advice they wish they had had prior to abortion, and how they would describe medical abortion pain to a friend. All survey responses were optional.

Patients used an 11-point numerical rating scale (0-10) to report their maximum pain score and a 5-point Likert scale for satisfaction with pain management (primary quantitative outcomes). Thematic analysis principles guided analysis of free text responses (6), where we grouped qualitative data thematically, or by patterns identified across responses.

References: 1) Abortion statistics, England and Wales: 2021 [Internet]. GOV.UK. [cited 2022 Oct 18]. Available from: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021/abortion-statistics-england-and-wales-2021>; 2) Footman K. Structural barriers or patient preference? A mixed-methods appraisal of medical abortion use in England and Wales. Health Policy. 2023 Jun;132:104799; 3) Whitehouse KC, Blaylock R, Makleff S, Lohr PA. It's a small bit of advice, but actually on the day, made such a difference...: perceptions of quality in abortion care in England and Wales. Reproductive Health. 2021 Dec 1;18(1):1–9.

A mixed-methods evaluation of pain management for medical abortion up to 10 weeks’ gestation



Satisfaction with pain management was high, however findings suggest many experienced severe pain, often worse than expected. Participants wanted more considered, detailed information to better prepare them for possible pain during medical abortion

Figure 2. Themes from free text responses, and illustrative quotes

Theme	Quotes
Comparisons of medical abortion pain to period pain accurate for some, not for others	<i>“The pain felt basically the same as I would experience during a period.... I do suffer with endometriosis, and have extremely painful, heavy periods normally”</i>
	<i>“The pain felt like my normal period pains... Nothing extreme, but just that bit worse”</i>
	<i>“I think the word cramps, which was used during the consultation and on website does not describe what happens. I would be more prepared if “contractions” was used”</i>
	<i>“I’ve given birth three times and the pain really wasn’t too different from that”</i> <i>“I would describe the pain as a stabbing feeling, like someone squeezing my stomach muscles, like my insides were being twisted. The pain was intense and constant.”</i>
Pain downplayed by healthcare professionals	<i>“The management of pain before during and after could be explained better, I do feel like it’s washed over quickly and this can truly change the whole experience. Pain was undersold but I understand that it varies”</i> <i>“Nurses are great but I think they downplay the pain. Please stop telling people it's like period pain”</i>
More detailed information on pain management desired	<i>“[I would have liked] Clearer guidelines on how to use painkillers (time, doses, how to avoid vomiting)”</i> <i>“I think perhaps the leaflet could indicate a far broader timescale for possible pain, and suggest precautionary painkillers before beginning the process.”</i>
Practical advice to improve general patient experience	<i>“[I wish I had been told] to have water and light snacks (fruit etc) on hand as I was too drained to have been able to go and get anything”</i> <i>“Ensure you’re with someone you’re comfortable with to ensure they can support you throughout it”</i>
Better preparation of what to expect physically at all stages of abortion	<i>“[I wish I had been told] how long I could expect the process to last so I could have made more realistic plans around work... I wasn’t aware that the bleeding would be anything more than a regular period after the initial 24-hour period. A discussion about best vs. worst case scenario would have been helpful to plan accordingly.”</i> <i>“I was told there would be little bits of the pregnancy in my pads, but when I first saw how large/how much tissue came out I was very upset at what I saw because I hadn’t expected it to look like that”</i>

Results

During the evaluation period, BPAS provided 26,668 medical abortions up to 10 weeks’ gestation, and 2,005 patients responded to the survey (see Figure 1).

Of 1625 participants who responded to core quantitative questions, 1,233 (76%) were satisfied with their pain management. Mean maximum abortion pain score was 6.8 (+/- 2.2), with 59% (953/1625) reporting a score of 7 or above. Almost half experienced more pain than expected (48%, 787/1625). When asked about future method preference, 12% (202/1625) would choose a surgical abortion, of which 83% (167/202) indicated this related to pain experienced during medical abortion.

Predominant themes from free text responses left by 1745 participants were as follows: comparisons of medical abortion pain to period pain are accurate for some, not for others; pain downplayed by healthcare professionals; more detailed information on pain management desired; practical advice they wished they had been given to improve general experience; and better preparation of what to expect physically at all stages of abortion (see Figure 2).

Conclusions and recommendations

Whilst satisfaction with pain management was high, many patients experienced severe pain, often worse than expected. Participants wanted more considered, detailed information about pain management during medical abortion. To better prepare patients for the possible range of pain experience for medical abortion up to 10 weeks’, we recommend:

- Providers present patients with best and worst-case scenarios for possible pain and bleeding during and after abortion, including coping strategies
- Further work to trial and evaluate the acceptability and impact of using patient descriptions of pain in consultations or patient literature

References: continued 4) Taylor D, Postlethwaite D, Desai S, James EA, Calloun AW, Sheehan K, et al. Multiple determinants of the abortion care experience: from the patient's perspective. Am J Med Qual. 2013;28(6):510–8. 5) Grossman D, Rafterman S, Bessenar T, Duong LD, Tamang A, Dragoman MV. Experiences with pain of early medical abortion: qualitative results from Nepal, South Africa, and Vietnam. BMC women's health [Internet]. 2019 Oct 15 [cited 2022 Jul 19];19(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/31615501/> 6) Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006 Jan 1;3(2):77–101.