

Home or Hospital? Women's location preferences for early medical abortions

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Background and Objective

Over the past two decades there has been much debate as to whether early (<10 weeks gestation) medical abortions (EMAs) should be available to be administered at home or, instead, undertaken in hospital. This was highlighted further during the COVID-19 pandemic as access to hospitals became restricted. This service evaluation aimed to explore women's experiences and preferences around having EMAs at home or in hospital and what influenced this.

Method

This was a single-centre evaluation conducted Feb-May 2022 via a self-completion questionnaire given to all the women attending for EMA at Newcastle upon Tyne Hospitals NHS Foundation Trust. Treatment at home was the default care for healthy women opting for medical abortion <10 weeks gestation. The questionnaire focused on experiences of accessing care and preference around location of abortion. It was given when women attended for their first dose of mifepristone and completed anonymously. Responses were a mixture of multiple choice, Likert scale rating, and free text. Descriptive statistics were used for quantitative responses. Free text responses were analysed thematically and grouped into categories.

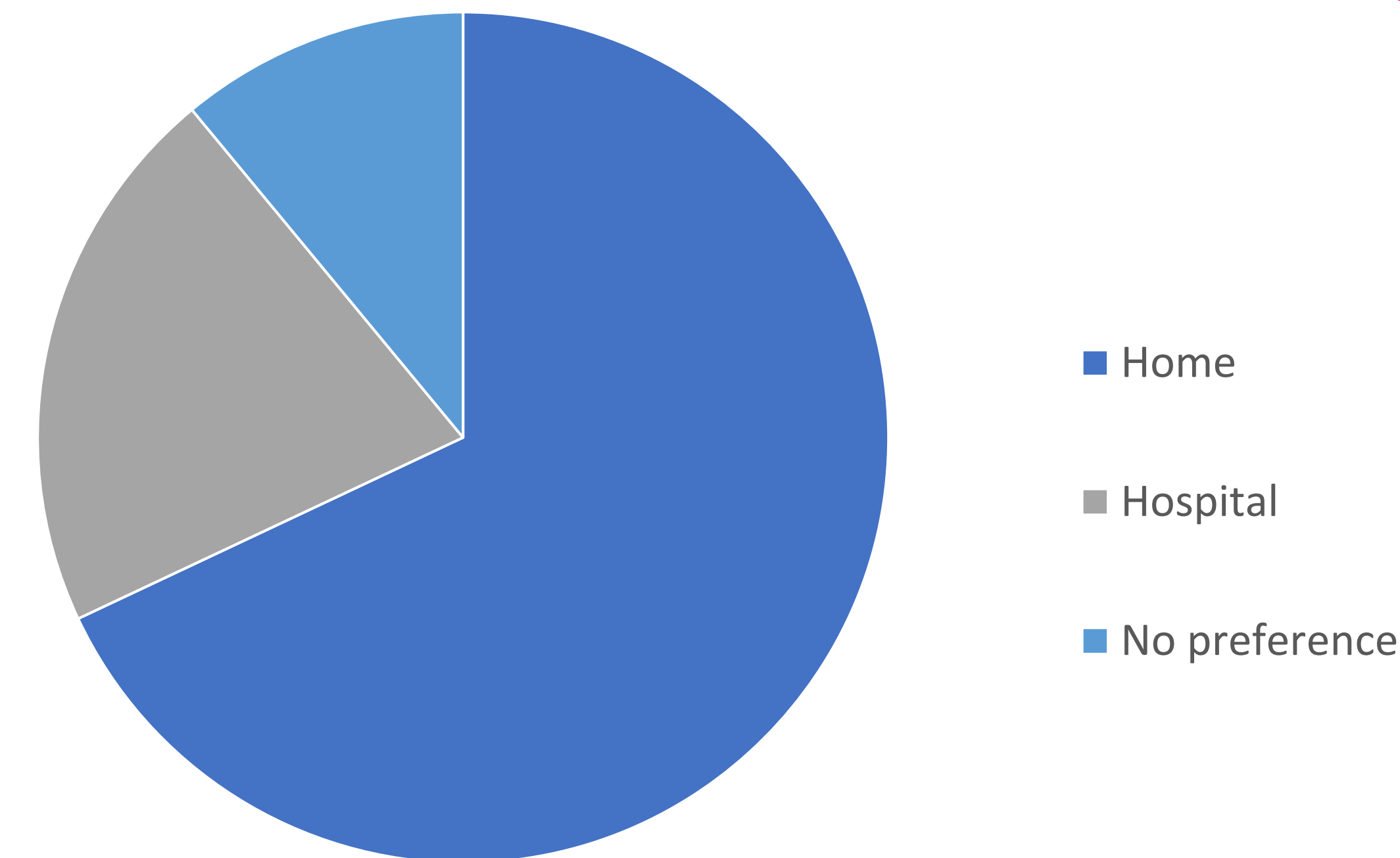


Figure 1: Pie Chart showing the percentage of women that preferred having their EMA at home or in hospital

Results

93/187 (50%) of women offered the questionnaire completed it. **68%** said they preferred **home** EMA, whilst **21%** indicated they would have preferred to be in **hospital** for their treatment (Figure 1). For those preferring home, the most frequently cited reasons included increased **privacy** (80%), feeling more **comfortable** (67%), being with a partner/family member (48%) and caring responsibilities (36%). Those preferring in-hospital care most often said it was because they felt **safer** (53%), wanted **confirmation** the abortion was complete (47%) and felt they would be more **supported** in hospital (53%) (Figure 2).

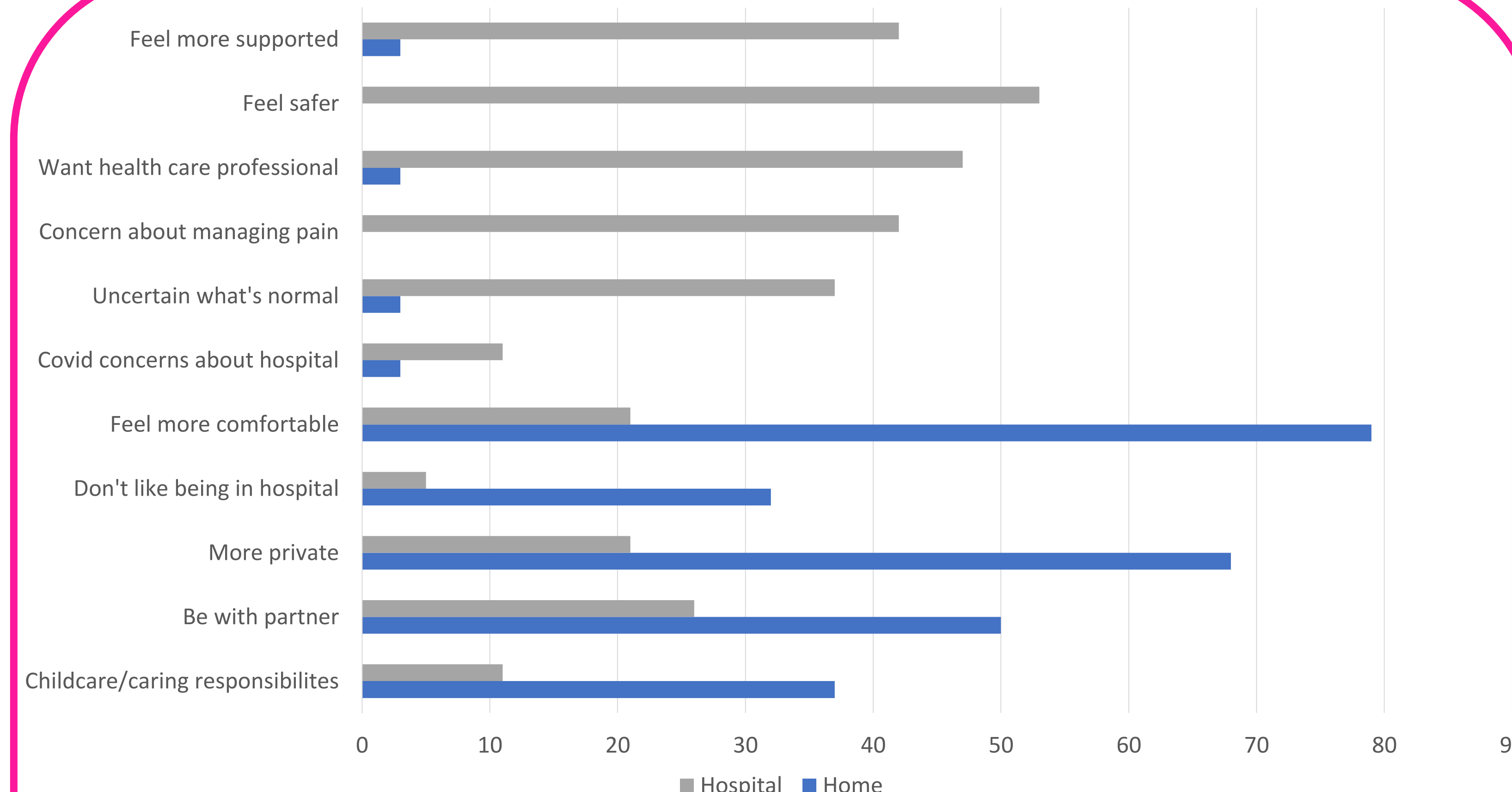


Figure 2: Bar chart showing percentage of each group, preferring home or hospital, that highlighted each reason as having influenced their decision

Conclusion

Whilst many women value the option of EMA at home, a significant proportion of women would have preferred the option of hospital-based EMA. Not all women feel safe having EMA at home and, for some, having an abortion at home means being alone or unsupported. The results suggest that women should be given the option to choose the location that best fits their circumstances.