

Determinants of choice of the first trimester abortion method, acceptability of and satisfaction with the chosen method

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Objectives: To determine women's motivation for choosing surgical or medical abortion, differences in acceptability and in satisfaction with the method chosen. Research was also done on satisfaction with counselling before abortion and on the question whether women would choose to use misoprostol at home, if they had the possibility. Our hypotheses were that: choice of abortion method is related to women's age; choice of abortion method is related to women's reproductive history; there is no difference in acceptability of the two methods; there is no difference in the satisfaction with the two methods.

Methods: A cross-sectional study was performed from 20 January 2015 to 30 June 2015 at our clinic. We included 235 women who presented for abortion, and were pregnant up to 10 weeks. The women were divided into two study groups considering the method of abortion: surgical abortion (n.38) and medical abortion (n.191). All subjects completed an anonymous questionnaire. Descriptive statistical analysis was done and in addition, Student's t-test, Chi-square test, Mann-Whitney test, Friedman's test and Spearman correlation were used. A p-value less than 0.05 was considered statistically significant. **Results:** The choice of method was related to the number of deliveries, miscarriages and previous abortions ($p < 0.05$) and also to gestational age at the time of abortion ($p < 0.001$), while it was not related to patients' age. There were no differences in the general acceptability of procedure between groups. However, pain during the procedure was significantly stronger in the medical abortion group ($p < 0.001$), and so was bleeding ($p < 0.001$). Nausea ($p < 0.001$) and chills ($p < 0.001$) were more frequent in medical abortion group, and there were no differences in vomiting, diarrhea, dizziness and headache between groups. Women in the surgical group were more satisfied with the method ($p = 0.026$). The majority of the patients were satisfied with the counselling before abortion. A quarter of women would choose home use of misoprostol.

Conclusions: We confirmed that choice of abortion method was related to women's reproductive history. There were no differences among general acceptability of the two methods. In contrast with our expectations, the choice of abortion method was not related to women's age. Women were more satisfied with surgical abortion. Non-directly the study showed that health care workers should provide more education on postabortion use of contraception.