

Pain management for first trimester medical termination of pregnancy (MToP)

An international survey among providers

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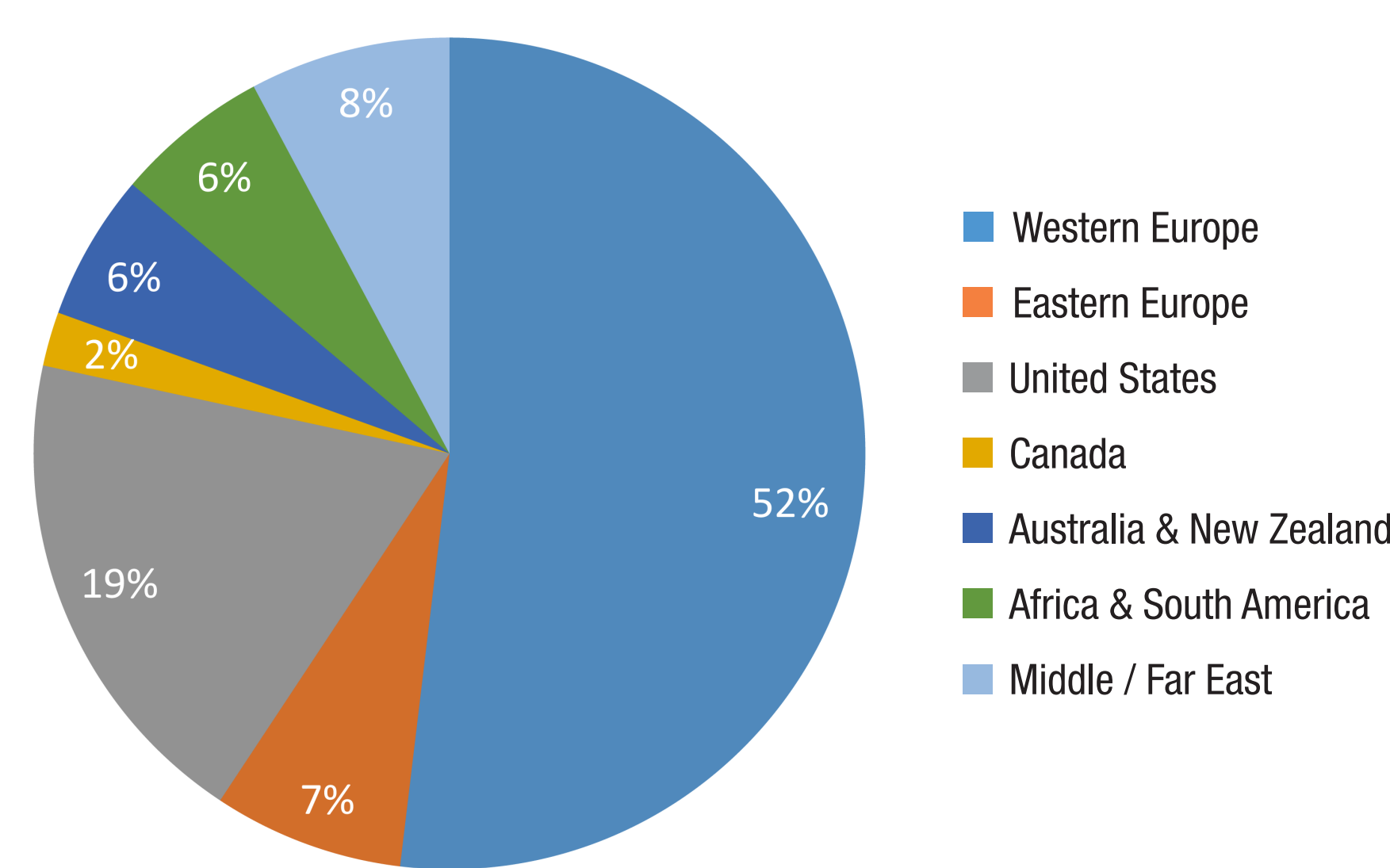
METHODS

- This was a self-administered anonymous survey
- A questionnaire regarding pain management for first trimester medical termination of pregnancy (MToP) was developed by a group of experts in medical abortion. It was made available to Health Care Providers (n=425) offering MToP worldwide through a FIAPAC dedicated website. This questionnaire was accessible during 2 months (Oct and Nov 2014).
- Statistics were mainly descriptive

Respondents – N=283

- Respondents were from all over the world (Figure 1, Table 1)

Figure 1 Geographical repartition of respondents

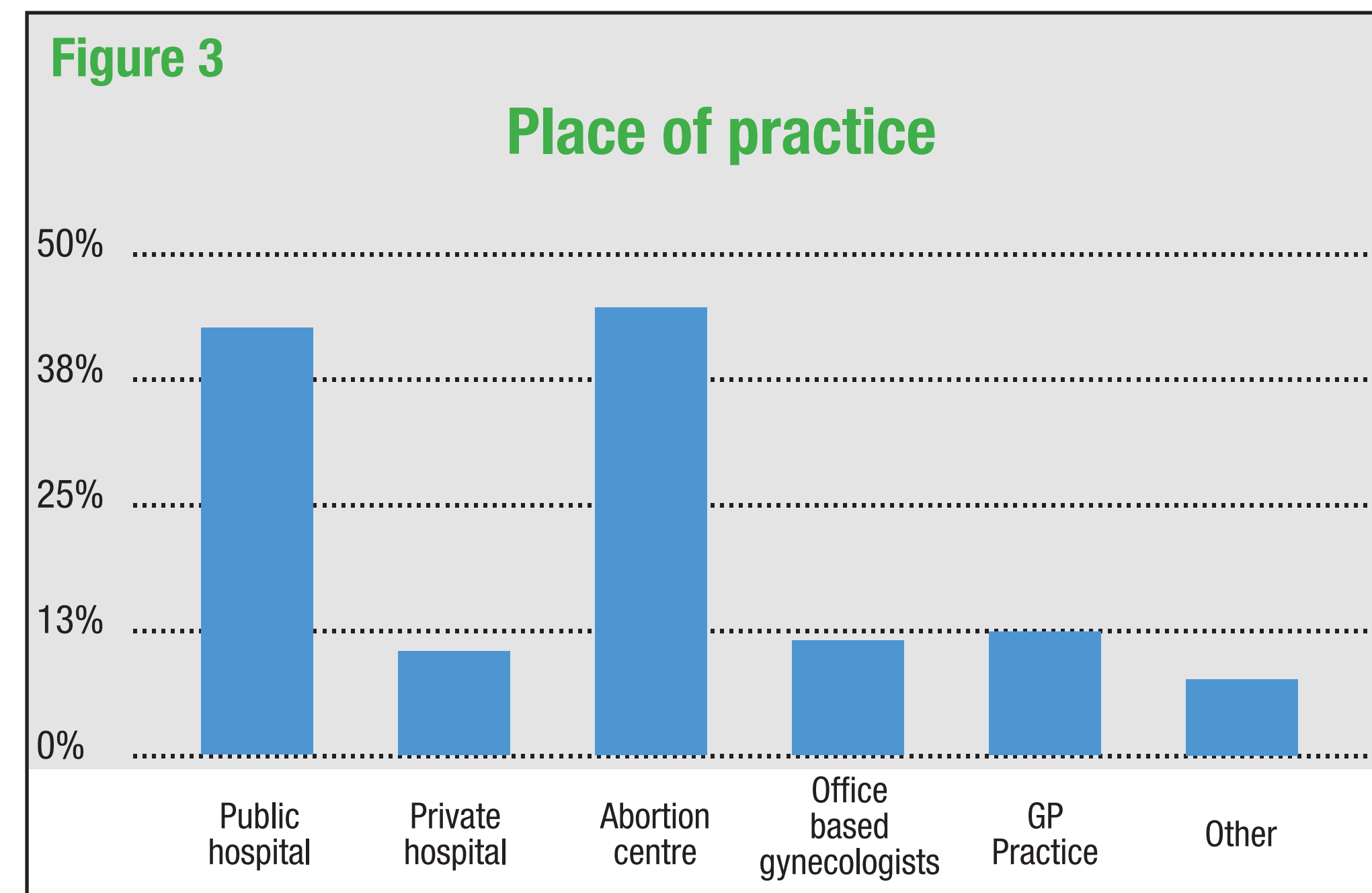
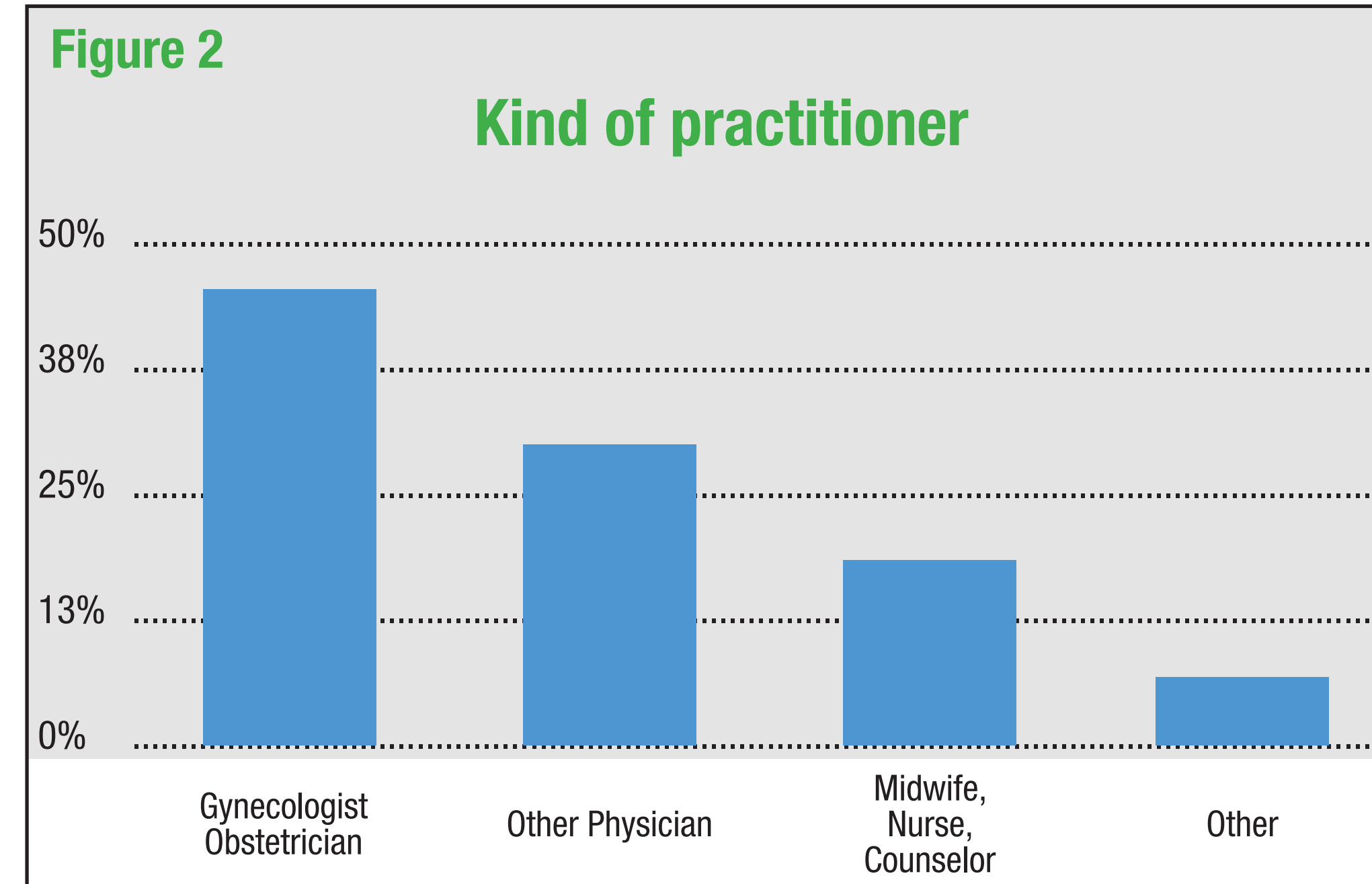


RESPONDENTS

- Respondents were mainly women (75.3%)
- Age
 - 23% below 40
 - 58% between 40 and 60
 - 19% above 60
- Most were gynaecologists/obstetricians (Figure 2)
- Their place of practice is presented in Figure 3
- 41% of respondents performed > 100 terminations of pregnancy during the previous year

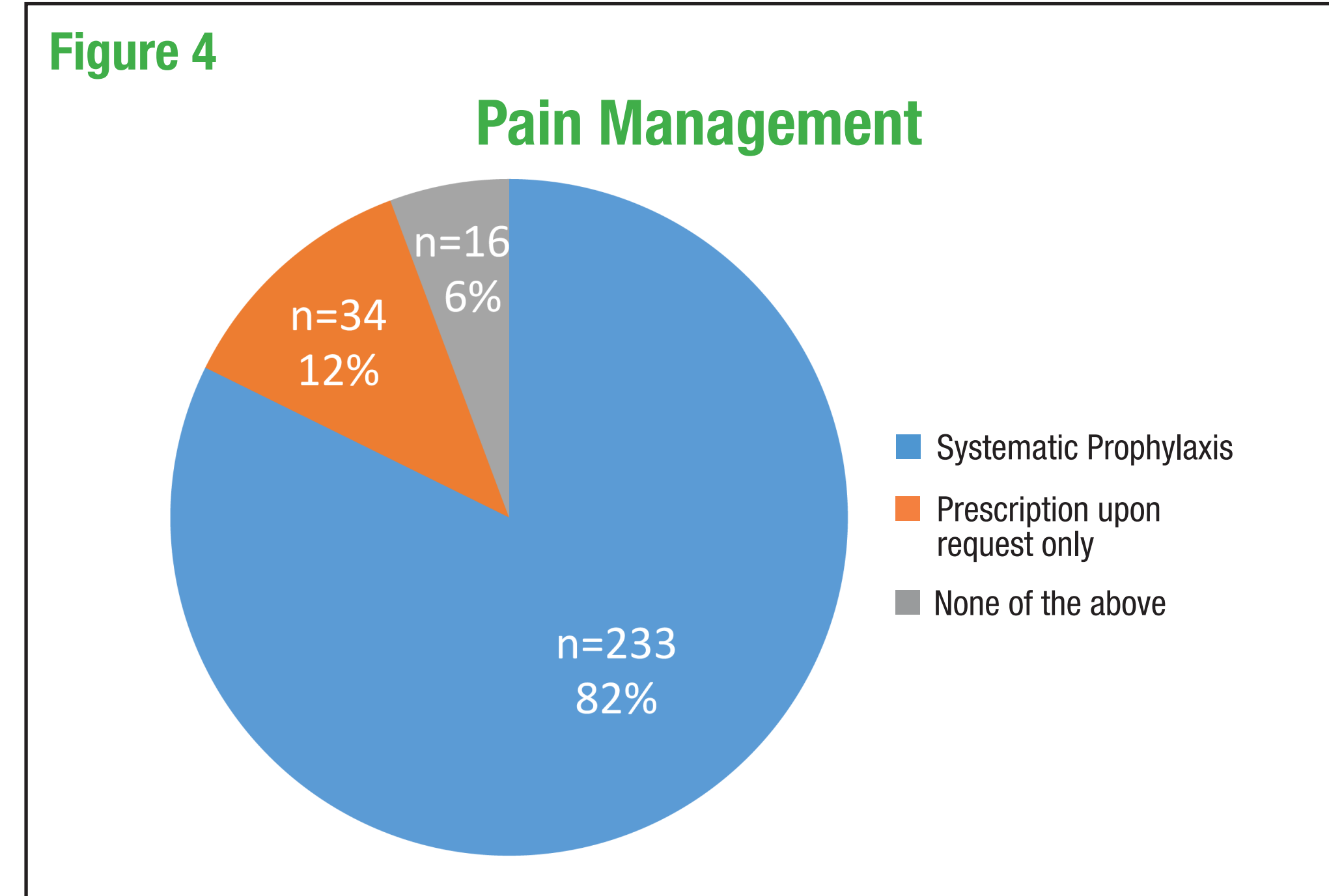


Table 1		Total	
Region	Country	n	%
Western Europe	AUSTRIA	8	2.8
	BELGIUM	19	6.7
	DENMARK	1	0.4
	FINLAND	2	0.7
	FRANCE	44	15.5
	GERMANY	4	1.4
	GREAT BRITAIN	20	7.1
	ITALY	5	1.8
	NETHERLANDS	9	3.2
	NETHERLANDS ANTILLES	1	0.4
	NORWAY	1	0.4
	PORTUGAL	5	1.8
	SPAIN	3	1.1
	SWEDEN	13	4.6
	SWITZERLAND	12	4.2
Eastern Europe	ALBANIA	1	0.4
	ARMENIA	2	0.7
	BULGARIA	2	0.7
	GEORGIA	1	0.4
	HUNGARY	1	0.4
	KAZAKHSTAN	1	0.4
	KIRGISISTAN	2	0.7
	MOLDAVIA, REPUBLIC	1	0.4
	RUSSIA	1	0.4
	SLOVENIA	7	2.5
	TAJIKISTAN	1	0.4
UKRAINI	1	0.4	
United States	UNITED STATES	54	19.1
Canada	CANADA	6	2.1
Australia & New Zealand	AUSTRALIA	8	2.8
	NEW ZEALAND	8	2.8
Africa & South America	ARGENTINA	1	0.4
	BURUNDI	2	0.7
	COLOMBIA	2	0.7
	GHANA	1	0.4
	KENYA	2	0.7
	MALAWI	2	0.7
	MEXICO	4	1.4
	NIGERIA	2	0.7
SOUTH AFRICA	1	0.4	
Middle/Far East	BANGLADESH	1	0.4
	INDIA	2	0.7
	NEPAL	2	0.7
	PAKISTAN	15	5.3
	THAILAND	1	0.4
	VIETNAM	1	0.4
TOTAL		283	100.0

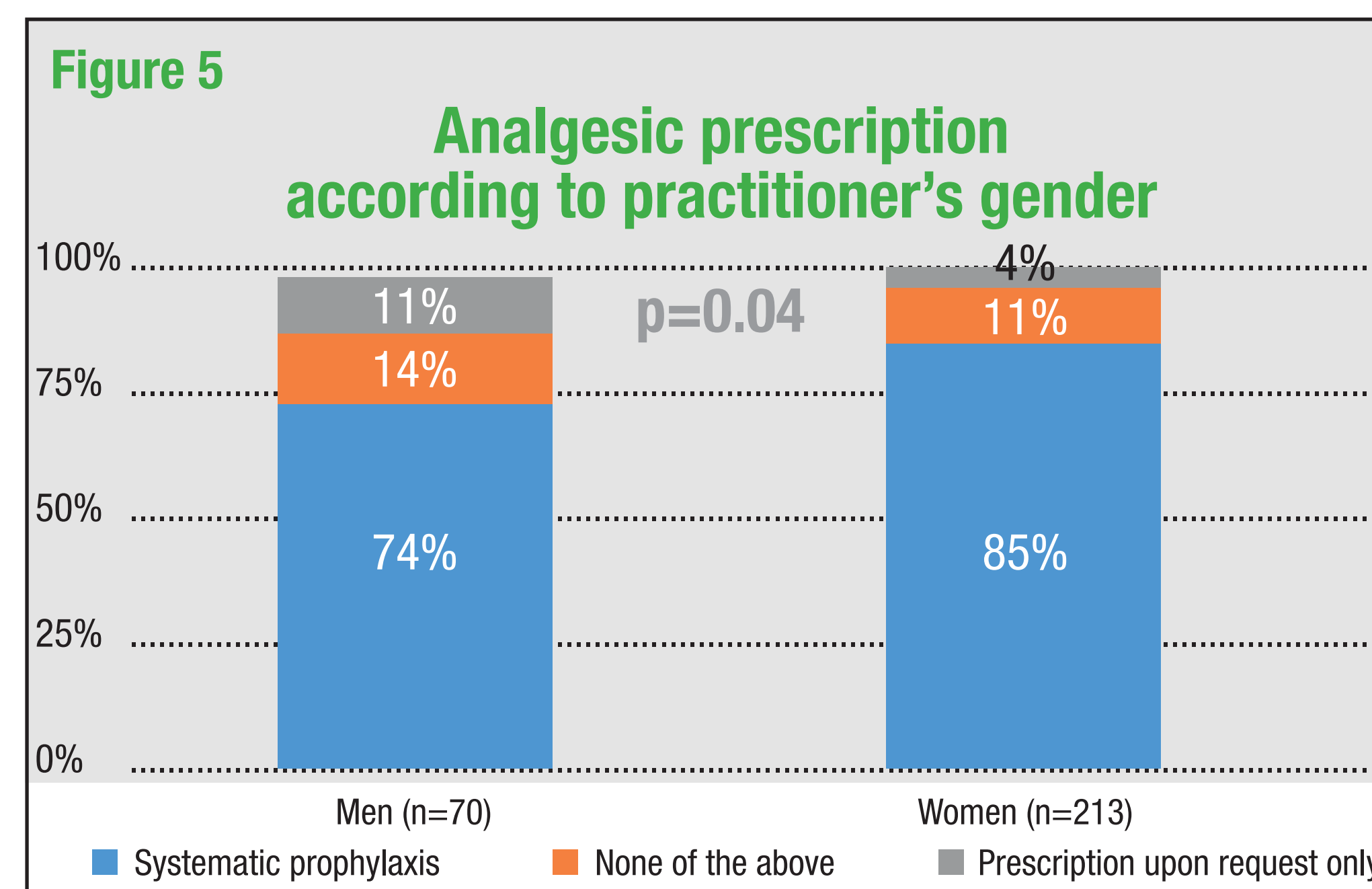


PAIN MANAGEMENT

- Most respondents reported systematic prophylaxis (Figure 4)

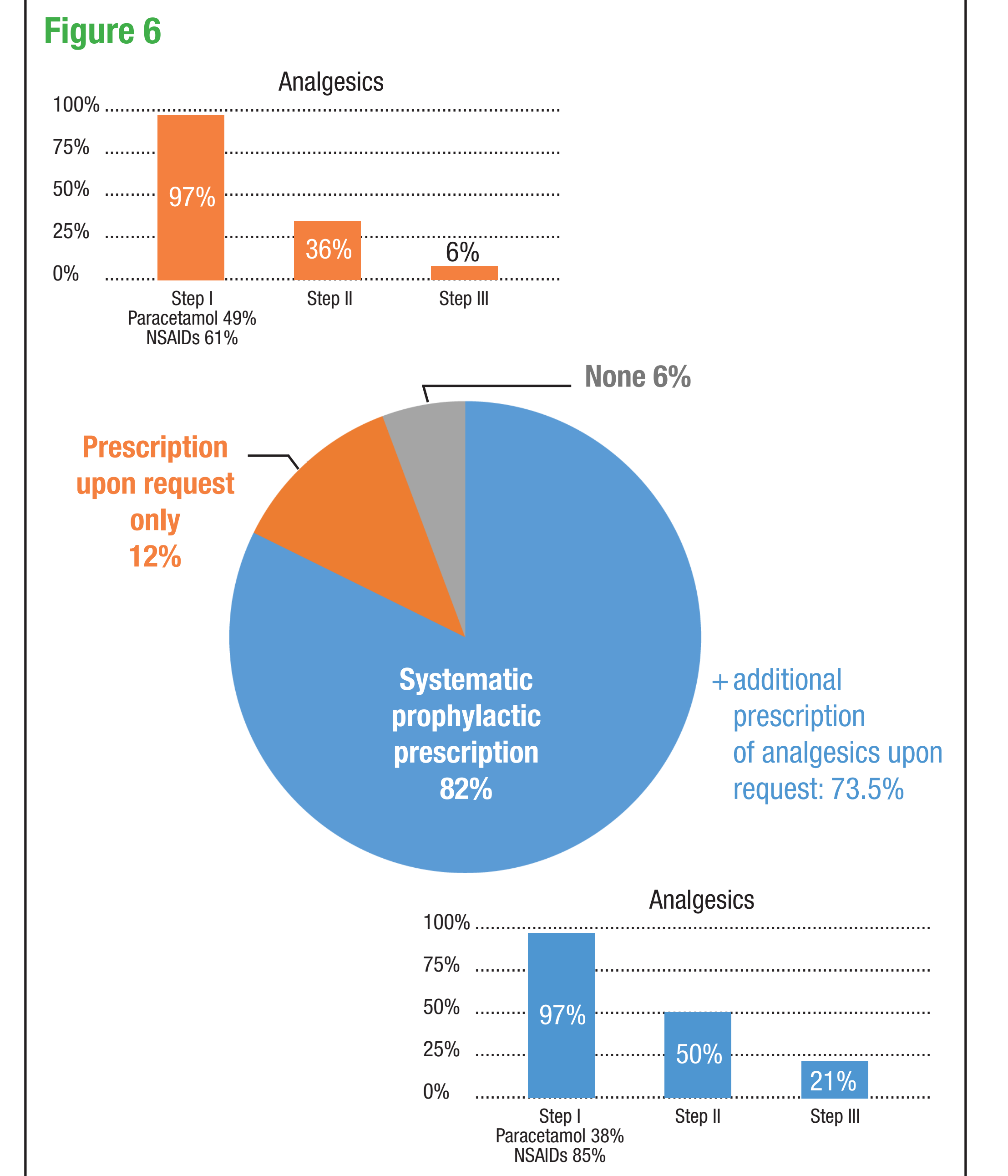


- There was a significant difference in analgesic prescription according to practitioner's gender (Figure 5) and no difference for the other parameters (practitioner's age, kind of practice and experience)



KIND OF ANALGESICS

- For systematic prophylactic prescription as for prescription upon request only, the most often prescribed analgesics were step 1 (Figure 6)



PAIN MANAGEMENT, SYSTEMATIC PROPHYLAXIS

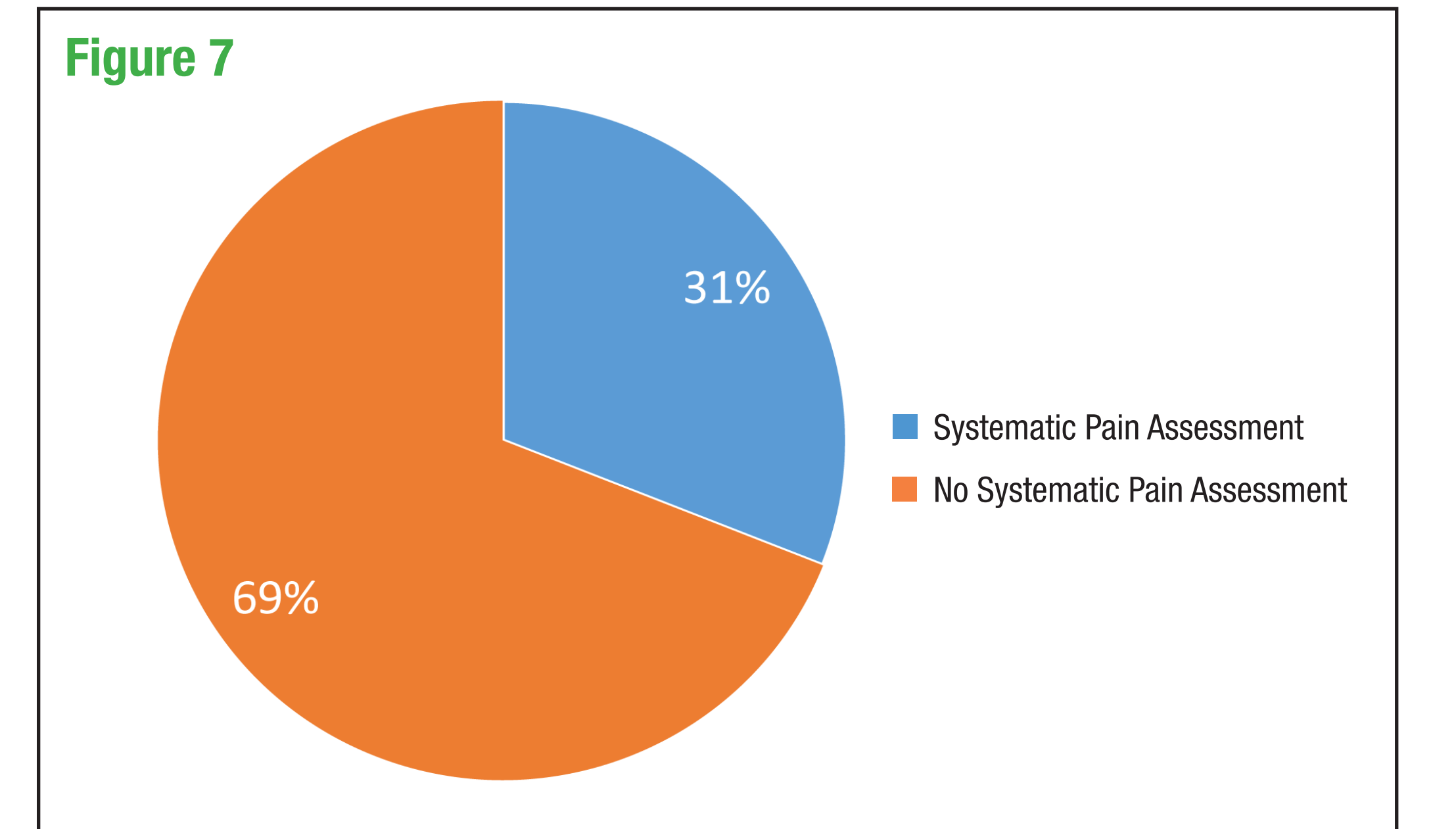
- Start
 - after mifepristone intake for 24/229 (10.5%)
 - after misoprostol intake for 205/229 (89.5%)
- Median treatment duration = 2 days [1-20 days]

CHANGE IN PAIN MANAGEMENT

- There was no significant change in pain management according to pregnancy age or according to the place for misoprostol intake

SYSTEMATIC PAIN ASSESSMENT

- Only 31% of respondents reported systematic pain assessment (Figure 7)



CONCLUSION

- There are widespread variations in the assessment and management of pain during MToP, reflecting the lack of evidence based guidelines.
- This is a clear need for improvement in using available effective pain treatment to avoid unnecessary pain by patients.

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