Pain and abortion: Provider perspectives

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a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Disclosures

- Speaker for Bayer

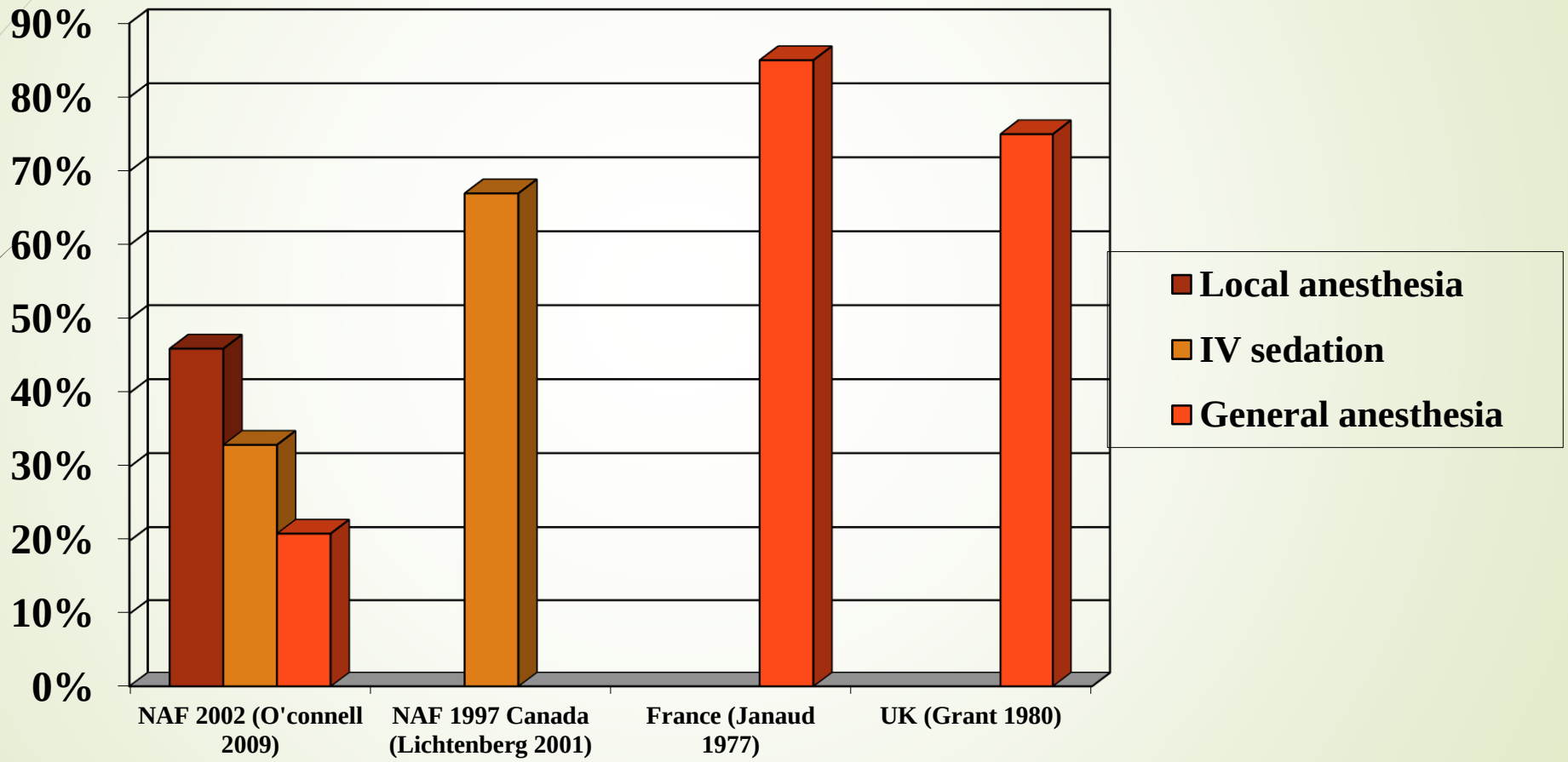
Objectives

- Pain management options
- Perception of pain (provider vs patient)
- Explore provider perspectives on pain management in abortion care
- Cultural aspects
- Recommendations by Medical societies on pain management in abortion care (RCOG, NAF)

Choice Of Pain Control Methods

- Non-pharmacological methods incl. verbal support and reassurance
- Local anesthesia
- Oral analgesics
- Minimal sedation
- Moderate sedation
- Deep sedation
- General anesthesia

Anesthesia types: 1st trimester surgical



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[1]O'Connell 2009. [2]Lichtenberg, [3]Janaud 1977; [4]Grant 1980

Anesthesia for 2nd trim surgical

NAF 2002 survey

- <10% of clinics offered local only or local with oral medication for most (>80%) of their patients
- >40% of clinics offered combined local and intravenous conscious sedation for most (>80%) of their patients
- 25% of clinics offered general anesthesia to most (>80%) of their patients

O'Connell 2008

Who are the providers?

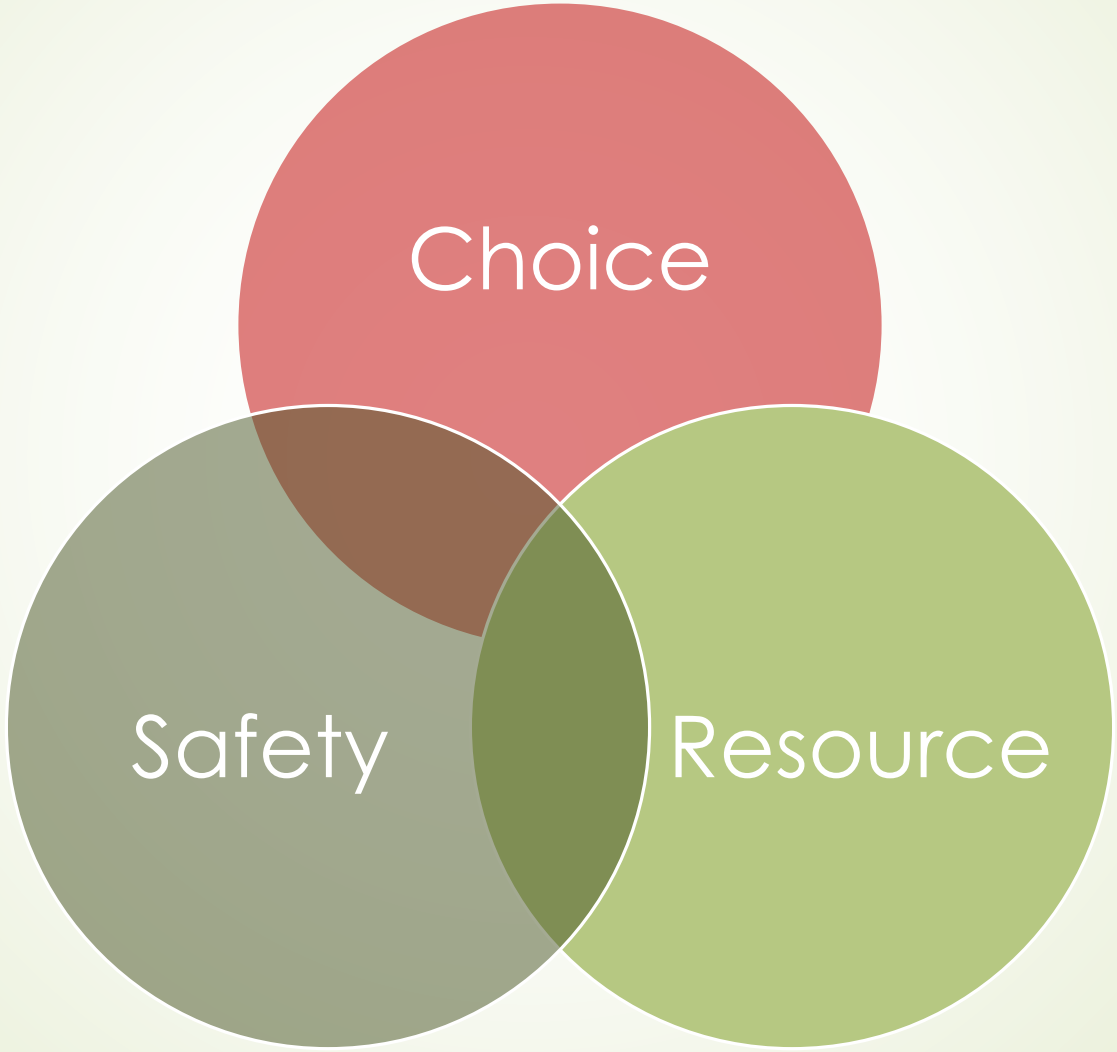
- Physicians and allied health care professionals
  - providing abortion procedure
  - providing anesthesia
  - providing abortion related care such as counselling

Patient versus provider perception

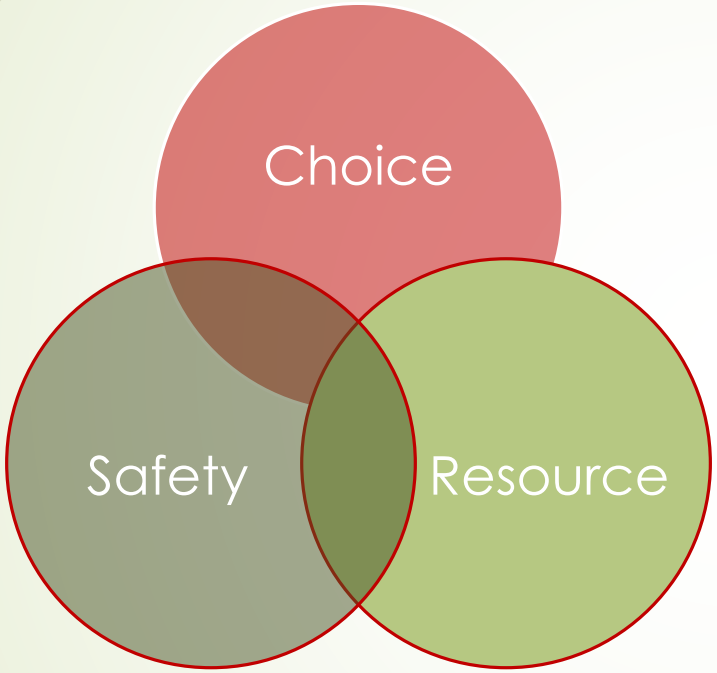
- Unfortunately, 78-97% of women report at least moderate procedural pain when local anesthesia alone is used[1]
- Observational study of 2300 women undergoing a 1st trimester surgical abortion under local anesthesia[1]:
  - 97% report some pain, majority moderate;
  - **Doctors underestimate pain as do counselors.**
- Pain correlates with provider; less pain with more experienced provider[3]

[1]Stubblefield 1989, [1]Belanger 1989, [1]Smith 1979, [1]Rawling 1998, [3]Borgotta 1997

Selection of analgesia/anesthesia



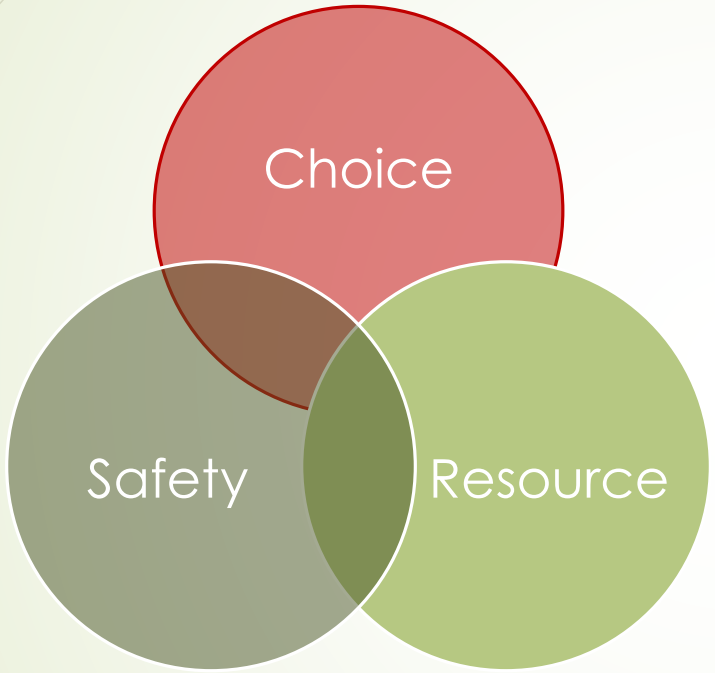
Safety



- Unsafe abortion responsible for 13% of maternal deaths worldwide, or 47,000 per year[1]
- Mortality ≈ 0.7 in 100,000, down from 4.1 in 1972. Six deaths in USA in 2008 related to legal surgical abortion[2,3,4].
- Anesthesia-related events account for 16% of deaths[4]
- Conflicting data regarding safety of local in comparison to general anesthesia[5-8]

[1]Guttmacher 2011. [2]Pazol 2011. [3]Strauss 2007. [4]Bartlett 2004; [5]Hakim-Elahi 1990. [6]Grimes 1979. [7]RCOG 2004. [8]WHO 2012

Provider Choice



- Acceptability of pain to patient, to provider, to society
- Personal choice versus patient coice
- Being used to …

Guidelines

- RCOG 2011:
  - Services should be able to provide surgical abortions without resort to general anaesthesia.
  - If conscious sedation is used during surgical abortion, it should be undertaken only by trained practitioners and in line with Department of Health guidance
  - Women should routinely be offered pain relief (for example, NSAIDs) during surgical abortion.
- NAF clinical Practice Guideline 2013:
  - Anxiolysis, analgesia, or anesthesia should be provided during abortion procedures for any patient in which the benefits outweigh the risks.

Goals

- Understanding women's expectations and goals
- Insuring informed choice
- Challenge our perceptions of patient preference and available choice
- Offering as much choice as possible in your setting and consideration of referral if you are not able to offer what the patient requests
- Arriving at shared objectives
- Maintain as much empowerment as possible during procedure

Resources / References

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