Early medical abortion at home: author’s response

I would like to respond to the concerns of Mr Esen as follows:

1. Mr Esen expresses concern that administering mifepristone on the same day as a hospital assessment may result in women being given mifepristone when they are not certain of their decision and thus consequent distress. However, women that received mifepristone in our study (and continue to do so) are those who are ‘certain’ of their decision, as indicated in our inclusion criteria.

The two papers that Mr Esen alludes to actually show that a minority of women were ambivalent, that is, not certain of their decision. This is consistent with previous research from our abortion service using validated questionnaires that demonstrated that in the majority of cases (70%), the pregnancy was completely unintended. There are good clinical reasons (in addition to ‘psychological’ reasons) as to why women who are ‘certain’ of their decision to proceed with an abortion should be able to have the procedure without delay (mifepristone the same day). The wait to get an appointment with the referring doctor, then for an assessment visit and then wait for the procedure can be significant. This can result in women (who are certain of their decision) and who would wish to have an early medical abortion being too late to avail themselves of this method. The earlier a medical abortion is performed the less pain, bleeding and higher success rate. Increasing gestation is also associated with increasing complications, regardless of method. Furthermore, a common reason that deters women from choosing a medical method, is the need for repeat visits. Repeat visits mean more time off work, more travel costs, and for those with existing children, more child care to organise.

While the decision to have an abortion is not an easy one, the notion that women cannot really be certain of this decision, seems ‘paternalistic’ and could not serve to increase stress for women who are certain of their decision.

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REFERENCES


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