SOCIETY of FAMILY PLANNING
research, education, and leadership

Helping women choose between local anesthesia alone and IV sedation for first-trimester surgical abortion

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Project abstract

There are many factors that influence a woman's decision about pain control for first-trimester surgical abortion. The choice between the two most common options in outpatient abortion clinics, local anesthesia alone or local anesthesia in combination with moderate intravenous (IV) sedation, is affected by regimen effectiveness, cost, side effects, and recovery time. During pre-abortion counseling, women weigh these different factors before formulating their decision. However, there is a lack of knowledge on how to best help women decide between pain control options.

Our goal is to improve women's experience with first-trimester surgical abortion by providing better counseling on how to choose between the most common pain control options. We will design a counseling tool that predicts the acceptability of pain control regimens during first-trimester surgical abortion. Through the use of an expert panel, we have constructed an instrument to examine the demographic, clinical, and attitudinal characteristics associated with acceptability of local anesthesia alone and local anesthesia combined with moderate IV sedation.

In the proposed project, the instrument will be piloted among 20 women with cognitive-based testing, refined, and then validated among 315 participants undergoing surgical abortion. After analysis and item reduction, a final counseling tool will be created to be used in pre-procedure counseling to help women self-assess their ability to tolerate the procedure well under local anesthesia alone and to determine whether other factors may make local anesthesia alone or local anesthesia combined with moderate IV sedation the correct choice for them.

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