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Can mifepristone medication abortion be successfully integrated into medical practices that do not offer surgical abortion?

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Abstract

BACKGROUND: The introduction of medication abortion with mifepristone has expanded women's abortion options. Medication abortion may be easier than aspiration abortion to incorporate into medical practices. The purpose of this study was to determine the proportion of women who select medication abortion in a clinic setting where surgical abortion is not available.

METHODS: This retrospective cohort study examines patients presenting for pregnancy options counseling to Family Medicine and Obstetrics/Gynecology clinics at the University of New Mexico from 2002 to 2005. All women presenting for options counseling received a dating ultrasound. All patients with an estimated gestational age of 63 days or less who chose to terminate were offered on-site medication abortion or referral to affiliated sites for uterine aspiration. Medical charts were abstracted for surgical and medical abortions, follow-up visits and complications.

RESULTS: Two hundred twenty women presented for options counseling and 204 (92.7%) were eligible for medication abortion. One hundred seventy-three (85%) of the 204 eligible women chose medication abortion. One hundred thirty-six (88.3%) of 154 women under 7 completed weeks (49 days) chose medication abortion compared to 37 (74%) of 50 eligible women over 7 completed weeks ($p < .03$). Ninety-six percent of women undergoing medication abortion had at least one follow-up visit where 98% had a documented complete abortion.

CONCLUSIONS: Medication abortion can be successfully integrated into a practice that does not offer surgical abortion. Family medicine and obstetrician/gynecologist physicians may consider incorporating medication abortion into their practices even if they are unable to offer aspiration abortion.

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