

Why are some second trimester methods being favored over others in different settings?

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Advantages

Surgical abortion

- Very effective
- Safe
- Cheap
- Quick

Medical abortion

- Combination mife/miso highly effective
- Safe
- Relatively cheap
- No experienced personnel needed: junior doctors and nurses can assist

D & E: disadvantages

- Needs experienced physician
- Proper equipment
- Adequate dilation of cervix is necessary
- When complications occur--> can be quite serious
- Preferably to be used in combination with sonar

Medical abortion in 2nd trimester

Disadvantages:

- Often incomplete abortion: routinely perform vacuum aspiration
- Clinical observation necessary until woman aborts: no outpatient procedure--> expensive hospital beds!
- Mifepristone is expensive and not widely available yet
- Duration of outcome unpredictable: miso only
- Induction of labour: psychologically more traumatic for women and for the nurses! (easy for the doctor!)
- More painful

Methods being used depends on:

- Setting: available space/ beds/ number of patients
- Training of provider
- Willingness of provider: doctor/ nurse
- Availability of instruments/ medication
- Back-up support: complications D&E
- Reason for abortion

Circumstances determine often which method is being used.

In most countries women don't have a choice in the matter, although medical abortion was in the nineties promoted as if it gave women the possibility of choice. This has only succeeded with first trimester pregnancies up to \pm 8 to 9 weeks.

It is not a reality in the second trimester.

Medical abortion is often seen as the easiest option for the provider.

Favoured methods for abortion

Favoured by whom?

- By the woman?
- By the health care provider?
- By hospital management?
- Due to legal restrictions?