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Surgical abortion in patients with opioid dependence: Disparities in demographic factors, procedural pain, and post-abortion contraception

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Introduction**:** The US opioid epidemic is a major public health crisis and there has been a notable increase in opioid use among women of reproductive age. Women who use opioids have high rates of unintended pregnancy and low contraceptive use. They also experience social stigma that puts them at risk for lower-quality healthcare. Despite their high rates of unintended pregnancy and resultant higher need for abortion care, no previous study had explored the abortion experiences of women in this population. Our objective was to compare demographics, procedural pain, and post-abortion contraception between surgical abortion patients with and without opioid dependence (OD).

Methods**:** An anonymous post-procedure survey was offered to all surgical abortion patients at a high-volume, multi-site, ambulatory abortion practice, 2017-2018. Participants reported medical and demographic information, completed the Rapid Opioid Dependence Screen (RODS) and answered questions regarding intraoperative pain using a 0-100 scale, post-abortion contraception, and perceived provider support of contraceptive autonomy.

Results: Of 1,888 patients approached, 1,553 completed the survey (82% response), 1,525 completed the RODS and 88 (5.9%) screened positive for OD. Patients with OD had more abortions after 15 weeks (18.4% vs. 5.9%), higher rates of chronic pain (21.6% vs. 7.9%), depression (40.0% vs. 16.4%) and anxiety (35.0% vs. 21.1%) and were more likely to receive post-abortion LARC (37.5% vs. 24.7%) (all $p<0.05$). Patients with OD had higher median pain scores versus those without (35.0 vs. 22.5, $p=0.002$). In multivariable linear regression modeling accounting for gestational age (GA), prior pregnancies, chronic pain and mental health factors, individuals with OD had a mean pain score 7.8 points higher than those without ($p=0.023$). Intravenous (IV) sedation significantly reduced pain in all patients but did not significantly modify the effect of OD status on pain. For contraceptive use, a multivariable model accounting for GA, prior pregnancies, demographics, and insurance status found that patients with OD remained more likely to receive post-abortion LARC (aOR 1.71,95% CI 1.05, 2.78) than those without. Measures of contraceptive autonomy did not differ according to OD status.

Conclusions: Patients with OD report higher levels of intraoperative pain during surgical abortion and procedural pain is reduced with IV sedation. Patients with OD are more likely to receive post-abortion LARC and do not experience differences in perceived contraceptive autonomy.

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Mifepristone and sublingual misoprostol versus sublingual misoprostol alone for missed abortion: Results of a randomized placebo-controlled trial

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Introduction**:** Medical management of missed abortion has been demonstrated to be a safe and effective alternative to uterine aspiration. Regimens for medical management subjected to clinical trials using pretreatment with mifepristone followed by misoprostol have generally employed vaginal misoprostol. However, misoprostol-only regimens recommended by the World Health Organization also include sublingual misoprostol. We compared the efficacy and safety of pretreatment with mifepristone followed by sublingual misoprostol with the efficacy and safety of sublingual misoprostol alone for the management of missed abortion.

Method**:** 287 women with an anembryonic gestation or in whom embryonic or fetal death was confirmed were randomly assigned to receive either 200mg oral mifepristone followed in 24h by 800mcg sublingual misoprostol (mifepristone-misoprostol group) or placebo followed in 24h by 800mcg sublingual misoprostol (misoprostol-alone