

## Expectations and experiences of pain during medical abortion at home: a secondary, mixed-methods analysis of a patient survey in England and Wales

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### Background

While medical abortion is widely acceptable, it can be painful, and there's limited research on the best ways to manage this pain. Helping patients understand and expect the level of pain they might experience is important for their overall satisfaction and quality of care.

British Pregnancy Advisory Service (BPAS), an abortion provider that performs 80,000 medical abortions annually in England and Wales, changed its pain management policy in March 2021. Previously, all patients were given codeine for pain, but now codeine is only offered to those who request it after counselling. An evaluation showed that patients who opted for codeine were more satisfied with their pain management, possibly because they were better prepared for the pain. We analysed patient feedback to improve counselling on pain.

### Methods

From November 2021 - March 2022, we sent patients who had medical abortion up to 10 weeks' gestation a link to an online survey. We focused on answers to questions about future abortion method, as well as three optional free-text questions:

- How would you describe the pain you experienced to a friend?
- Is there anything else you would like to tell us about your experience of pain, or how it was managed?

- Is there anything you know now that you wish you had been told before your abortion?

### Results

Of 11,906 patients invited to participate, 1,596 (13%) responded with at least one free-text comment. Patients described their pain in different ways, focusing on how strong the pain was, the physical sensations they felt, and comparisons to other reproductive pain. Some people did liken the pain they experienced to period pain. However, others found it unhelpful when providers had used period pain comparison, as it didn't prepare them for what they actually experienced. Many felt they weren't given enough detailed or realistic advice about how painful it could be. Results also suggest that pain experiences impact method preference. Participants recommended better counselling for pain and abortion preparation, including first-hand accounts of medical abortion at home and a wide and accessible range of descriptions of pain

### Conclusions

Abortion providers should use patient-centred recommendations to better prepare patients for pain during a medical abortion. Setting realistic expectations can improve abortion experience and support informed method choice. Further research is needed to develop and test patient-centred counselling materials.

[Read the paper:](#)

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