Early medical abortion at home

We write in support of using mifepristone at the first visit for early medical abortion (EMA), without an obligatory cooling-off period.[1]

In our service in South East Wales, we have been providing home EMA since 2007 in a setting very similar to that described in the pilot study reported by Cameron *et al*.[2] Similarly, patients attending our service are able to have mifepristone administered at their first visit. Patients return 48 hours later to obtain misoprostol, then return home to abort. This procedure is followed providing the patient has been seen by a counsellor and a nurse specialist and there is no hint of ambivalence. If any uncertainty is detected then abortion is deferred.

The incidence of non-attendance at the second appointment of the EMA procedure in our service since 2007 is shown in Table 1.

In 2010, all five patients who failed to attend for the second part were thwarted by the winter valley weather conditions rather than by a change of heart. Many made valiant attempts to get to us and vice versa.

One patient this year appears to have changed her mind between the first and the second visits. She vomited after taking the mifepristone. It is not clear if the vomiting was self-induced. She then decided to continue with the pregnancy. An incidence of regret of 0.001% over 4 years is very low and so any concerns about hasty decision making would appear to be unfounded in practice.

We believe that the risk of regret is offset by the involvement of trained counsellors. Most patients have a wait of 7–10 days between their first contact with the abortion service and being seen at the clinic. The pre-visit information is comprehensive, and a clinic booklet that all patients are asked to read on arrival appears to prepare them very well for the decision-making process. Now that the service is established, local word of mouth has been very powerful in promoting the popularity of home EMA and creating reasonable expectations in patients. We can see no reason to further defer the onset of abortion if the woman is certain of her decision at the first visit.

We hope that our experience encourages others to have confidence in using mifepristone at the first visit where appropriate.

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Table 1 Number of patients undergoing home medical abortion and number not attending for the second part of the procedure

Year	Patients (*n*)	Non-attenders at second appointment (*n*)
2007	50	0
2008	50	0
2009	203	1
2010	375	5
2011	125	1

REFERENCES

1 **Esen UI**. Early medical abortion at home [Letter]. *J Fam Plann Reprod Health Care* 2011;**37**:123.

2 **Cameron S**, Glasier A, Dewart H, *et al*. Women's experiences of the final stage of early medical abortion at home: results of a pilot survey. *J Fam Plann Reprod Health Care* 2010;**36**:213–216.