no association between choice of anaesthesia and deprivation category score (results not shown).

Discussion
This is the first study to determine women’s views on four possible ways of managing miscarriage or induced abortion. This study showed that if women in Lothian having a medical abortion were offered all four options in the future, the hospital medical method would be the most popular future choice. Clearly the majority of respondents were women currently choosing a medical abortion, which is likely to influence the choice of method overall. Also, women choosing medical abortion had the highest response rate, which may reflect the duration of time that they remained in hospital and thus had available time to complete the questionnaire. Nevertheless, medical abortion at home was the preferred option for almost one in four women having a medical abortion. Although this cannot legally be initiated at home, our results suggest that allowing women to leave our medical abortion service soon after administration of misoprostol and to subsequently abort at home could be a welcome service development.5,6 A recent evaluation of different sites for early medical abortion in England reported that the majority of women treated as outpatients were satisfied with this method.6 Furthermore, one pilot of early medical abortion on this ‘outpatient’ basis reported that it was significantly cheaper for the NHS than providing an inpatient service.5

In our study, only a minority (6%) of those undergoing a surgical abortion stated that they would opt for this under LA. This may be because women in our population have tended to choose surgical abortion because they want to be asleep and unaware of the procedure.7 Nevertheless, our study suggests that surgery under LA would be a welcome development for managing miscarriage, since almost one in three women in our miscarriage group stated that this would be their future method of choice. There was also good support for home medical management of miscarriage. Clearly, however, the limited numbers in this group mean that the precise extent of support cannot be accurately determined.

Conclusions
Our study suggests that one quarter of women undergoing an early medical abortion in our hospital service would choose to abort at home if this were possible. Allowing women to go home soon after they have received misoprostol may therefore offer a welcome service to women and be less costly to the NHS whilst remaining within the current legal framework. Women undergoing management of a miscarriage (although few in number) were also keen to opt for the new choices of home medical management and surgery under LA. By improving patient choice, these new services could help improve women’s journeys through difficult life events such as abortion or miscarriage.

Acknowledgements
The authors would like to thank the nursing staff of Bruntsfield Suite, Day Case Gynaecology Surgery and Pregnancy Support, Royal Infirmary Edinburgh, for distributing and collecting questionnaires.

Statement on funding and competing interests
Funding None identified.
Competing interests None identified.

References