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Comparing preoperative dating and pathology dating for second-trimester surgical abortions

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trusting relationships with abortion providers and developing a user-friendly, secure online platform to collect real-time data.

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P7

Predicting abortion — what's pregnancy intention got to do with it?

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Objectives: We sought to examine associations between antenatal measures of pregnancy context and outcomes.

Methods: English- or Spanish-speaking women, aged 15–44, at less than 24 weeks' gestation, completed self-assessments of pregnancy context, specifically: timing, intention, wantedness, desirability, happiness and planning. Pregnancy outcomes (abortion vs. delivery) were assessed via phone interviews and medical chart review. Multivariable regression was used to examine associations between pregnancy context and outcomes while adjusting for confounding variables (e.g., demographic characteristics and medical history).

Results: We enrolled 161 women from three walk-in pregnancy testing and abortion clinics from June 2014 to June 2015. Women who had a miscarriage ($n=25$) or were missing outcomes ($n=2$) were excluded from this analysis. Participants ($n=134$) were 26 (± 6.3) years old and at 9 (± 4.5) weeks' gestation, on average, and were culturally diverse: 44% self-identified as Hispanic; 35% black, non-Hispanic; 15% white, non-Hispanic; and 5% multiracial. Most were unmarried (85%), were parous (74%) and reported unfavorable or ambivalent pregnancy contexts whether considering intention (74%), wantedness (70%), planning (75%), timing (69%) or desirability (51%). However, 61% reported happiness with pregnancy diagnosis. Eighty-one (60.5%) delivered, and 53 (39.5%) had an abortion.

Abortion was most likely when women reported that the pregnancy was not desired (OR, 26.9; 95% CI, 9.42–76.5) even after consideration of other measures of pregnancy context (AOR, 10.55; 95% CI, 2.36–47.22) and after adjusting for covariates (fully adjusted OR, 16.0; 95% CI, 3.47–74.13). Pregnancy intentions were less associated with abortion (OR, 7.60; 95% CI, 2.50–23.12, AOR, 0.85; 95% CI, 0.02–36.77, fully adjusted OR, 0.38; 95% CI, 0.04–3.92).

Conclusions: Women's assessments of current desirability of pregnancy, not preconception pregnancy intention, appear most associated with abortion. Public health efforts to decrease abortion that focus on pregnancy intentions may be insufficient.

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P8

Factors associated with anesthesia choice in outpatient first-trimester surgical abortion

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Objectives: We aimed to determine predictors of, and satisfaction with, anesthesia choice among women undergoing outpatient first-trimester surgical abortion.

Methods: We created an instrument to examine characteristics associated with acceptability of local anesthesia alone or local anesthesia with moderate intravenous sedation (fentanyl and midazolam) for pain control. Eligible participants were limited to English- or Spanish-speaking women aged 18 or older planning a surgical abortion at less than 12 weeks' gestation at a single clinic. Eligible women were approached from October 2015 to June 2017 until the desired sample size of 315 was reached; 11 were excluded because they changed their mind about anesthesia choice or procedure.

Results: Some 149 participants selected local anesthesia alone, and 155 opted for local anesthesia with moderate IV sedation. The groups did not differ in age; gestational age; pregnancy history; alcohol, marijuana, opioid or benzodiazepine use; history of sexual abuse; or dysmenorrhea. Preprocedure, more women in the IV sedation group rated their pain tolerance as very low or low and their anxiety as moderate or severe compared with the local anesthesia-only group (23.4% vs. 11.5%, $p=.03$, and 60.6% vs. 42.3%, $p=.01$, respectively). Mean procedure pain scores were 6.87 (SD 2.11) out of 10 in the local-anesthesia-only group and 4.01 (SD 2.73) in the IV sedation group ($p<.0001$). More women in the IV sedation group (92%) were satisfied or very satisfied with the amount of pain relief compared with the local-anesthesia-only group (66%) ($p<.0001$).

Conclusions: Self-rated pain tolerance and preprocedure anxiety were associated with anesthetic regimen chosen. Intravenous sedation was associated with lower pain scores and higher satisfaction.

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P9

Comparing preoperative dating and pathology dating for second-trimester surgical abortions

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Objectives: We aimed to assess relationships between preoperative dating and pathology dating of second-trimester surgical abortions.

Methods: We conducted a retrospective chart review of surgical abortions performed from 14 to 23-6/7 weeks estimated gestational age at our institution from September 2015 to May 2017. We excluded women with multiple gestations, fetal anomalies, missing sonographic biparietal diameter or unreported fetal foot measurements. We assigned gestational age by ultrasonography for unknown last menstrual period or when the discrepancy between sonographic and last menstrual period dating exceeded 7 days (less than 15-6/7 weeks), 10 days (16 to 21-6/7 weeks) or 14 days (22 to 23-6/7 weeks). We performed Pearson's correlation between preoperative and pathology dating, and multivariate regression to identify patient characteristics associated with dating accuracy.

Results: Some 476 patients met inclusion criteria; population characteristics included preoperative gestational age of 19-3/7±2-4/7 weeks and BMI of 28.9±7.3 kg/m². Most ($n=373$, 78%) cases used ultrasonography to estimate gestational age, which was highly correlated with pathology dating ($R^2=0.97$, $p<.001$). Gestational age fell outside the expected Streeter foot length range in 186 (39%) cases. Sixty-one (12.8%) cases exceeded preoperative gestational age (mean 1-3/7±3/7 weeks), with 10 (2%) re-dated to 24 weeks'

gestation or more (range 24-2/7 to 25-6/7 weeks). Race, BMI, parity, and advancing gestational age did not affect dating accuracy.

Conclusions: Current preoperative dating correlates highly with Streeter fetal foot length dating established in 1920. However, even when best dating supports intent to perform an abortion at less than 24 weeks, the gestational age for a small percentage of pregnancies may be more than 24 weeks based on the Streeter criteria. Therefore, it may be time to reassess and revise this 100-year-old pathology standard.

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P10

Mifepristone checklist for pharmacists – development and testing a user-requested tool

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Objectives: Canadian regulations permit pharmacists to dispense mifepristone when prescribed by a doctor or nurse-practitioner. Pharmacists are experts in managing medication stock and dispensing. Pharmacist counseling provides a valuable therapeutic double check to increase safety and answer patient questions. Pharmacists requested a tool to aid in this counselling. We aimed to develop and evaluate the usability of a pharmacist dispensing checklist and resource guide for community pharmacists.

Methods: We developed resources based on the Society of Obstetricians and Gynaecologists of Canada Clinical Guidelines for medical abortion and the Health Canada Product Monograph for Mifegymiso®. “Think aloud” cognitive interviews and a brief survey based on the System Usability Survey were conducted with 12 pharmacists from 9 communities in western Canada.

Results: Revisions were made based on findings on the content, layout, language and ease of use of the checklist and resource guide. Participants identified clinical value in the one-page checklist to be used at the time of dispensing the medication. The participating pharmacists appreciated having access to a resource guide that outlined expectations of their professional role in supporting patients through their medical abortion. Pharmacists identified practical methods of incorporating these resources into their pharmacy practice setting. Typical patient counseling sessions aided by these tools lasted 8 min.

Conclusions: Findings suggest that the checklist and resource guide are useful clinical tools. The materials are now available to community pharmacists across Canada through the Canadian Abortion Providers Support (CAPS) website at <https://www.caps-cpca.ubc.ca>.

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P11

Individual abortion provider experiences with targeted harassment

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Objectives: Overt violence against abortion clinics is declining, but other forms of harassment remain common. Our study aimed to understand harassment experiences of individual abortion providers.

Methods: We conducted a cross-sectional web-based survey of abortion providers in the United States. Quantitative data were analyzed using Stata SE, and write-in responses were analyzed qualitatively, with Atlas.ti used for organization.

Results: We received 321 completed surveys; 34.9% of providers reported harassment, 28.3% of whom had experienced online targeting. Experience with harassment was more common with increasing provider age (OR, 1.9; 95% CI, 1.4–2.6 per decade), higher procedure volume (OR, 4.7; 95% CI, 2.3–9.6 for more than 10 procedures/month), outpatient practice setting (OR, 8.9; 95% CI, 2.7–29.6) and second-trimester abortion provision (OR, 3.5; 95% CI, 1.7–7.4). Individual accounts of harassment varied in scope from overt threats to invasive acts of intimidation (“drawn on the *inside* of my windshield in the fog was a hanger”). Workplace challenges included absolute bans on provision as well as a culture of harassment and obstruction (“some nurses do not follow some orders or try hard to find documentation omissions/errors to delay my OR cases”). Protestors commonly engaged in character assassination both on a professional level (“posting on an internet doctor rating site attacking me”) and to society at large (“a YouTube video with my face in a circle that resembled a target”).

Conclusions: More than one third of abortion providers have experienced personally targeted harassment, most commonly intimidation, obstruction and public character attacks. The increasing incidence of internet-based harassment may embolden opponents and amplify their impact.

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P12

Abortion attitudes, training and experiences among medical students in Jamaica, West Indies

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Objectives: We aimed to define abortion attitudes, training and experience among medical students in Jamaica, a restricted environment for legal abortion.

Methods: From September to November 2017, we conducted an anonymous online cross-sectional survey to investigate abortion attitudes, training and experience among medical students enrolled at the University of West Indies (UWI), Jamaica. Multivariate regression was used to evaluate the impact of student characteristics and experiences on abortion attitudes.

Results: Some 1404 medical students responded for a response rate of 88%; 42.5% were female, and 54.7% identified as very religious. Sixty-four percent of students had a positive attitude toward abortion, which was an abortion attitudes sum score greater or equal to 27. In multivariate analysis, medical students’ attitudes toward abortion were favorably affected by a personal or family experience with abortion, identification as nonreligious, and being of older age and mixed race. Some 78.8% reported no abortion training and only 17.9% reported miscarriage management training. A total of 1321 (94%) agreed that abortion training should be included in the medical school curriculum.

Conclusions: The majority of medical students at UWI had favorable attitudes toward abortion despite their limited training in a restrictive environment. Prior personal experience with abortion was the strongest