Contents

1.	Introduction		
2.	2.1	demography of abortion Induced abortion as a major public health concern The demography of unsafe abortion Use of contraception Role of abortion in determining the fertility rate Legislation governing the provision of abortion Estimating the occurrence of abortion 2.6.1 Annual numbers of abortions 2.6.2 Abortion rates and ratios 2.6.3 Trends in abortion rates	4 4 4 5 6 9 9 10
		Demographic and social factors 2.7.1 Age 2.7.2 Marital status 2.7.3 Parity 2.7.4 Socioeconomic status 2.7.5 Ethnicity 2.7.6 Length of gestation Conclusions	11 12 12 14 15 15 15
	2.9	Recommendations	17
3.	3.1	hanisms for medical abortion Reproductive physiology 3.1.1 Menstrual cycle 3.1.2 Implantation 3.1.3 Maintenance of pregnancy Agents used for medical abortion and their mode of action 3.2.1 Prostaglandins 3.2.2 Antiprogestogens 3.2.3 Epostane 3.2.4 Oxytocin 3.2.5 Hypertonic agents 3.2.6 Ethacridine lactate 3.2.7 Hydrophilic cervical dilators (tents) 3.2.8 Cervical ripening devices	17 18 18 19 20 20 22 23 24 25 25 26
4.	Meth 4.1 4.2 4.3	Methods available Surgical methods 4.2.1 Menstrual extraction 4.2.2 Dilatation and vacuum aspiration Medical methods 4.3.1 Prostaglandin 4.3.2 Mifepristone 4.3.3 Mifepristone in combination with prostaglandin 4.3.4 Provision of medical abortion Comparison between medical methods and vacuum aspiration	27 27 27 28 29 29 29 29 32 33

	4.5 4.6	Conclusions Recommendations	33 34			
<u>.</u>	Methods of abortion at 9–14 weeks of gestation 35					
٥.	5.1	Current practice	35			
	5.2	Preabortion cervical preparation	35			
		5.2.1 Benefits	35			
		5.2.2 Selection of patients	35			
		5.2.3 Methods	36			
	5.3	Surgical methods	38			
		5.3.1 Dilatation and curettage	38			
		5.3.2 Dilatation and vacuum aspiration	38			
	5.4	Medical methods	39			
		5.4.1 Prostaglandins	39			
		5.4.2 Mifepristone in combination with prostaglandin	39			
	5.5	Comparison between vacuum aspiration and medical methods	40			
	5.6	Conclusions	40			
	5.7	Recommendations	41			
6.	Methods of abortion after 14 weeks of gestation 4					
	6.1	Problem of second-trimester abortion	42			
	6.2	Preabortion cervical preparation	42			
	6.3	Medical methods	43			
		6.3.1 Vaginal prostaglandin	43			
		6.3.2 Parenteral prostaglandin	45			
		6.3.3 Intra-amniotic injection of prostaglandin	45			
		6.3.4 Extra-amniotic injection of prostaglandin	46			
		6.3.5 Mifepristone in combination with prostaglandin	47			
		6.3.6 Cervical preparation with laminaria prior to abortion with	40			
		prostaglandin	48			
		6.3.7 Intra-amniotic injection of hypertonic agents	48			
		6.3.8 Extra-amniotic injection of ethacridine lactate	49 49			
	6.4	Surgical methods	49			
		6.4.1 Dilatation and evacuation	51			
	0.5	6.4.2 Hysterotomy	51			
	6.5	Factors affecting the warman's choice	51			
		6.5.1 Factors affecting the woman's choice	52			
	0.0	6.5.2 Factors affecting the choice for the providing doctor	53			
	6.6 6.7	Conclusions Recommendations	54			
7.	Col	mplications of abortion and their prevention	54			
1.	7.1	Mortality	55			
	,	7.1.1 Illegal abortion	55			
		7.1.2 Legal abortion	55			
	7.2	Morbidity	55			
	7.3	Factors affecting complications of abortion	55			
		7.3.1 Gestational age	55			
		7.3.2 Age and parity	58			
		7.3.3 Method of abortion	58			
	7.4	Classification of complications	58			

	7.5 7.6	7.4.1 Immediate complications7.4.2 Delayed complications7.4.3 Late complicationsConclusionsRecommendations	62 64 66 66
8	Acc	eptability of medical abortion	66
	8.1	Factors affecting acceptability	67
		8.1.1 Personal factors	67
		8.1.2 Factors relating to the abortion method	67 68
	8.2	Problems of assessing acceptability Studies of assessing acceptability of early modical abortion	68
	8.3	Studies of acceptability of early medical abortion 8.3.1 Acceptability of medical abortion compared with	00
		vacuum aspiration	80
		8.3.2 Acceptability of the environment in which medical	
		abortion occurs	82
	8.4	Acceptability to providers	83
	8.5	Conclusions	84
	8.6	Recommendations	84
bens 9	e. Intro	oducing medical abortion as a routine clinical service	84
	9.1	Experience in France and Great Britain	84
	9.2	Experience in developing countries	85
	9.3	Planning the provision of early medical abortion	86
		9.3.1 Assessing the feasibility of introducing services	86 88
	9.4	9.3.2 Factors to be considered Conclusions	92
	9.4	Recommendations	92
hege	Acknow	rledgements	93
9	Referer	nces	93