Among the most serious risks of abortion, regardless of the method used, is excessive blood loss during and following the procedure. On average, the women in both groups experienced minimal blood loss (Table 5). Only 2% of women who had medical abortions and 1% of their counterparts who had surgical procedures experienced a reduction in their hemoglobin levels of greater than 2 g per deciliter (which is considered clinically meaningful blood loss), and none required a transfusion (not shown).

Analysis of participants’ diaries showed that medical abortion clients reported more blood loss than did surgical abortion patients. The mean number of days of bleeding (i.e., heavy, normal, or light) was significantly greater for women who had medical abortions than for those who had surgical abortions.* For both groups, however, heavy bleeding accounted for only a small number of total bleeding days.

Expectations about both the amount and the duration of bleeding also differed between the medical and surgical groups. Medical abortion patients were more likely than surgical patients to have bled more and longer than they had expected to.

Acceptability
Where and when an abortion occurs after a medical procedure may significantly influence the method’s acceptability. According to participants’ diaries, 82% of medically induced abortions took place on the day the women received misoprostol, and 8% took place throughout the next two weeks. However, medical abortion early in gestation can escape detection; 10% of medical abortion patients did not recognize when their abortions occurred.

Most medical patients could identify where they were when the abortion occurred (even if they could not pinpoint the time of the abortion). Nearly three-quarters (72%) reported that their abortions occurred at the clinic, but only 20% said they occurred at home. About 1% reported other locations, and the rest were unsure.

At the exit visit, all but one patient (who had had a surgical procedure) stated that the explanation they had received about their method adequately prepared them for the abortion experience. The remaining woman reported that the experience was worse than she had expected it to be.

The vast majority of women were satisfied with their abortion experience—97% of those who had medical procedures and 95% who had surgical abortions (Table 6). Of the 13 women who were not satisfied with the experience, five had method failures. Nevertheless, about half of women who had failures remained satisfied with their abortions. A patient who had undergone a surgical intervention after the medical procedure failed concluded that there was nothing wrong with the medical method, but that she was simply “unlucky.”

In all, 178 women had had a previous surgical abortion—60% vacuum aspiration, 37% dilation and curettage, and 3% some other surgical procedure. When asked how their experience during the study compared with their previous abortion experience, women who had medical abortions were significantly more likely than those who had surgical procedures to say that their study experience was more satisfactory (32% vs. 4%). Medical clients were less likely than surgical clients to report that the study abortion was not as satisfactory as their previous abortion (3% vs. 11%).

Women who had medical abortions were significantly more likely to say they would select the same method again than were those who had surgical abortions (96% vs. 52%). Nearly all (95%) medical abortion clients would recommend their method, compared with only 28% of surgical abortion clients.

Additionally, 37% of surgical abortion clients would recommend medical abortion to friends, while only 2% of medical abortion clients would recommend surgical abortion. Thus, in hindsight, some of the surgical abortion clients believed that the alternative procedure was preferable to the one they had chosen, perhaps because of discussions they had with women who obtained the other procedure.

At their final visit, women were asked to describe the best and worst aspects of their abortion method (Table 7, page 14). Each was permitted up to three answers. For medical abortion, the features most frequently cited by patients were that the method is less painful than surgical abortion (35%), is safer (30%), does not involve surgery (20%) and is effective (14%). The emphasis on less pain is not surprising, given that surgical abortion is delivered with minimal anesthesia in Vietnam.

Prolonged heavy bleeding was most commonly reported as the worst feature of medical abortion (mentioned by 39% of women). A substantial proportion of medical clients (17%) also reported that the method involved too many visits and too lengthy a follow-up. Some 30% of women who had medical abortions, however, were unable to offer any negative features of the method.

Women who chose surgical abortion clearly appreciated the method’s effectiveness (46%), as well as the ease and simplicity of the procedure (23%). Yet 23%...