were unable to name any good characteristics of the method. Although surgical abortion clients reported far less pain during the study than did medical clients, 57% considered pain the method’s worst feature. Surgical clients also included fear of surgery and mental stress among the worst features of their method.

Discussion

Our findings suggest that mifepristone-misoprostol medical abortion is a safe, effective and desirable alternative to surgical abortion in Vietnam. The method’s success rate in our study (96%) is the highest documented in a developing country\textsuperscript{13} and is comparable to the rate found in developed countries.\textsuperscript{14} Moreover, while the medical abortion failure rate in our study exceeds that of the surgical method, many Vietnamese women apparently are willing to accept an increased risk of failure, since most said they would choose medical abortion again and would recommend it to their friends.

Three women whose pregnancies had not yet terminated as of their exit visits were advised to return for additional follow-up rather than receive surgical intervention. Two had had complete abortions by the time they returned and thus required no backup procedure, while the third eventually received sharp curettage to complete her abortion. This experience confirms that the method’s failure rate is largely a function of the protocol employed and suggests that the date of the follow-up visit can be successfully delayed beyond the current standard of two weeks, which has been adopted from the surgical regimen.

Side effects were more common among medical abortion clients than among surgical clients, but they did not jeopardize the safety of the medical regimen and were tolerable for the vast majority of women who chose that method. However, women who had medical abortions reported bleeding more and longer than they had expected and more frequently than women who obtained surgical procedures. Since women’s expectations may significantly affect their comfort and satisfaction with a method, medical abortion patients must receive appropriate advance information to prepare them for the method’s potential side effects.

This trial was conducted in major clinics in large urban areas, where backup facilities are easily accessible and of reasonably high quality. Studies in rural areas with more basic facilities are needed before the method’s safety, effectiveness and acceptability for women throughout the country can be judged. Additionally, since many medical abortion clients reported that the regimen involved too many visits and many surgical clients chose their method because it entailed fewer visits, research into a simplified protocol involving fewer clinic visits is important. Nevertheless, our results indicate that mifepristone-misoprostol medical abortion can complement available surgical services and help meet the pressing need for safe, effective and acceptable abortion services in Vietnam.

References


5. Winikoff B et al., 1997, op. cit. (see reference 4).


13. Winikoff B et al., 1997, op. cit. (see reference 11); and Winikoff B et al., 1997, op. cit. (see reference 4).

14. Winikoff B et al., 1997, op. cit. (see reference 4); Peyron R et al., 1993, op. cit. (see reference 3); and Aubény E et al., Termination of early pregnancy (up to and after 63 days of amenorrhea) with mifepristone (RU 486) and increasing doses of misoprostol, International Journal of Fertility, 1995, 40(Suppl. 2):85–91.

Resumen

Contexto: En los países en desarrollo donde es elevada la demanda de servicios de aborto, tales como Vietnam, es enorme la necesidad que existe de contar con alternativas seguras y eficaces para evitar la intervención quirúrgica. Una buena opción en algunos de estos países puede ser el aborto médico realizado mediante el uso del mifepristona y el misoprostol.

Métodos: En un estudio comparativo realizado sobre la seguridad, la eficacia y la aceptabilidad de los abortos médico y quirúrgico, 393 mujeres de dos clínicas urbañas eligieron entre el método médico en base a mifepristona y misoprostol y el procedimiento quirúrgico estándar.

Resultados: Las tasas de éxito para ambos métodos resultaron extremadamente elevadas (96% para el aborto médico y 99% para el aborto quirúrgico). Las pacientes del aborto médico indicaron un número mucho mayor de efectos secundarios que las que se sometieron a procedimientos quirúrgicos (más comúnmente dolores, sangrado prolongado y náuseas), aunque ninguno de estos efectos secundarios representó un riesgo médico serio. Casi todas las mujeres, fuere cual fuere el método escogido, se mostraron satisfechas con su experiencia. Además, entre las mujeres que previamente se habían sometido a un aborto quirúrgico, aquellas que escogieron un aborto médico eran más proclives que las que decidieron de someterse a un aborto quirúrgico a indicar que su aborto actual era más satisfactorio que el anterior (32% contra 4%).

Conclusiones: El aborto médico en base a mifepristona y misoprostol es seguro, eficaz y...