

# Opt-in versus routine codeine for medical abortion up to 10 weeks' gestation: a cross-sectional evaluation of pain management at BPAS

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### Background

Pain is often described as one of the worst parts of a medical abortion, yet we don't have good evidence for how best to manage and medicate for it. Studies show that non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are effective, but pain can still be severe. Opioids, such as codeine, are commonly provided as a back up to NSAIDs but evidence to support doing this is limited. Concerns about misuse and addiction have led to calls for health services to stop routinely providing opioids.

British Pregnancy Advisory Service (BPAS) provides approximately 80,000 medical abortions up to 10 weeks' gestation a year across England and Wales. In March 2021, BPAS changed its clinical policy on opioids for pain management for medical abortion up to 10 weeks'. Previously, codeine was provided routinely for those eligible. Subsequently, an "opt in" approach was recommended in which codeine was to be offered after discussion of risks and benefits. We performed a service evaluation to assess the impact of this change on pain and satisfaction with pain management during medical abortion.

### Methods

From November 2021 - March 2022, we sent patients who had medical abortion up to 10 weeks' gestation a link to an online, anonymous, English-language survey. Our primary outcomes were:

- Maximum pain score during abortion
- Satisfaction with pain management

The survey also included: demographics, medical history and treatment characteristics, including how patients were counselled about codeine.

### Results

Of 11,906 patients invited to participate, 1,625 (14%) completed the survey. We found that, on average, participants rated worst pain experienced during abortion as 6.8/10. Overall, 76% were very satisfied or somewhat satisfied with pain management.

We identified that uptake of the new guidance was lower than expected; 49% (801/1625) of participants reported that they were offered codeine via an "opt-in" approach but 37% (601/1625) reported that codeine was provided as routine. Use of codeine during medical abortion was similar between routine and opt-in groups (73% vs 72%). Those offered "opt-in" codeine were more likely to be satisfied with their pain management than those provided codeine routinely (aOR 1.48 95% CI 1.12-1.96, p<0.01).

### Conclusions

Our findings suggest that patients have a better experience with pain management during medical abortion when they are able to opt-in to receiving codeine. There remains a need for robust research exploring strategies to improve the quality of pain counselling and management for medical abortion.

Read the paper:

<https://srh.bmj.com/content/early/2024/01/30/bmj.srh-2023-201893.long>