

A Medication Abortion Pain Management Education Tool: Impact, Utilization, and Adaptability

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Abstract

Background and Purpose: The lack of standardized pain management options for medication abortion (MAB) is a health and health equity concern. It is a key driver of healthcare utilization, which may place abortion-seekers at risk for criminalization in increasingly restrictive environments. This project sought to determine whether a patient pain management education video could decrease pain, lower additional healthcare utilization, and increase satisfaction among patients undergoing MAB.

Methods: A five-minute pain education video was developed and implemented at a small mid-Atlantic Family Medicine practice that provides MAB via telehealth in numerous states. A pre-/post-test analysis was conducted comparing two independent patient samples. The pain scores were evaluated using an independent t-test, and patient satisfaction scores were assessed using a Mann-Whitney U test. The proportion of healthcare utilization was analyzed using a Z test of two proportions. The video's adaptability and usability were analyzed using descriptive statistics.

Results: The pre- and post-intervention groups (n=171 and n=157, respectively) were demographically similar (mean 27.70 years old, mean gestational age 51.82 days). There was no statistically or clinically significant difference in pain or satisfaction levels. Healthcare utilization significantly decreased (23.98% n=41 pre- versus 15.29% n=24 post-intervention, respectively p=0.04884).

Conclusions: A video-based patient pain education tool was associated with decreased healthcare utilization rates, but there was no improvement in pain or satisfaction among those undergoing MAB in a small family practice telehealth setting.

Implications: Pain control disparities during MAB are a human rights concern, especially in states with restrictions. The implementation led to reduced healthcare utilization by providing an accessible resource for pain management education, which may help abortion seekers in restricted states avoid criminalization. Further research is needed to address pain and examine the drivers of healthcare utilization.

Keywords: Mifepristone, medication abortion, pain, utilization, criminalization, patient education, videorecording