Obesity Does Not Complicate Medical Abortion

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NEW ORLEANS — Obesity was not found to increase the risk of adverse events in women undergoing medical abortion in a retrospective chart review of 1,193 procedures.

Medical abortion might be considered before surgical abortion in obese patients because of the additional risk obesity confers during surgical abortions, Dr. Melissa Strafford said at the annual meeting of the American College of Obstetricians and Gynecologists.

Dr. Strafford and her colleagues reviewed charts for women who had medical abortions from 2005 to 2007 at Boston Medical Center. The investigators compared extremes of body mass index to detect any difference in complication rates. Overall, 1,398 charts were reviewed; the researchers excluded women with a body mass index between 30 and 35 and those who had repeat abortions, leaving 1,193 procedures performed using mifepristone and misoprostol.

A total of 918 of those women (77%) had a BMI of less than 30 and 131 (11%) had a BMI of greater than 35.

Overall, 743 women (81%) with a BMI of less than 30 had a documented complete abortion, compared with 106 (81%) of those with a BMI of greater than 35. An equal number required surgical intervention—about 5% of each group. And the numbers requiring additional visits and treatment also were similar—at 64 (7%) for those with a BMI under 30 and 6 (5%) of those with a BMI over 35.

While there was some difference in the composition of the two groups, multiple regression analyses did not change the results, said Dr. Strafford.

Medical abortion should be considered for obese patients because surgical abortion presents an increased risk. That makes early counseling and referral even more important for obese patients, she said. ■