Medical and surgical abortion outcomes among women living with HIV

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Key Findings

The systematic review search yielded 2384 records through online database searching and an additional 391 conference abstracts. However, despite an extensive search for published and unpublished evidence, the systematic review authors found only one study that met the inclusion criteria and no existing datasets that could be used for new analyses of this topic. In the one included study, the authors provide evidence that outcomes from misoprostol-induced abortions for women living with HIV do not differ from HIV-negative women, since the effectiveness rate demonstrated was, according to the authors, similar to rates found in the general population in that context.

Evidence included in this review

One conference abstract was considered eligible for inclusion in the review.

Quality assessment

The systematic review authors were unable to conduct a risk of bias assessment of the one study included in the review due to insufficient information.

Clinical Implications

Despite limited research, there is no clear reason to doubt that both medical and surgical abortions are safe and effective for women living with HIV, and either option can be considered for this population. While additional research would strengthen the evidence base for future guidelines, healthcare providers should not be deterred from providing access to safe abortion to their patients living with HIV. Together, the medical and public health community should work to remove barriers and expand access to safe, legal medical and surgical abortions for all women, including women living with HIV.

Further research

There is a dearth of evidence on whether risks and outcomes of medical and surgical abortion among women living with HIV differ from HIV-uninfected women, or on outcomes of medical versus surgical abortion
among women living with HIV, limits evidence-based policy-making.

References

Abstract
Are women living with HIV at greater risk of adverse abortion outcomes compared to HIV-uninfected women? This review examines outcomes of legal medical and surgical abortion among women living with HIV. We searched PubMed, CINAHL, EMBASE, the Cochrane Central Register of Controlled Trials and relevant conference databases using combinations of terms for abortion, HIV, and outcomes of interest. We also sought unpublished data stratified by HIV status that could be newly analysed. Peer-reviewed studies and conference abstracts that examined outcomes of legal abortion (including efficacy, adverse events, side effects, and patient satisfaction) among women living with HIV, or compared these outcomes by HIV status or type of procedure (medical versus surgical abortion). Due to the small number of records that met inclusion criteria, we were unable to conduct substantial analysis. Of 2163 records identified and screened, we identified just one conference abstract that met our inclusion criteria. This study assessed the efficacy and acceptability of home administration of misoprostol for early medical abortion among women living with HIV in the Ukraine. Medical abortion was effective in 65 of 68 cases (96%) examined. The small number of failures included incomplete abortion (n=1), heavy bleeding (n=1), and ongoing pregnancy (n=1). There were no serious infections. Existing evidence is limited, but suggests that both medical and surgical abortion are safe and effective for women living with HIV. Healthcare providers should not be deterred from providing access to safe abortion to their patients living with HIV.

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