What are we measuring when we measure pain in abortion?

Developing a conceptual framework for pain in medical abortion

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1 Background

1 in 2 (58%) of people in one Finnish cohort reported **severe pain** during early medical abortion (EMA)[1].

- Reproductive pain has long **been minimised**, deepened by **racial and socioeconomic inequities**[2–4].
- Most early abortions in Great Britain are now **EMA at home**, where **self-report** is the main record of pain[5–6].
- Research mostly uses **one rating score of pain,** timed and measured with different scales across studies[7–8].

2 Methods

Conceptual synthesis

Pain theory and acute pain measurement in reproductive healthcare.

Qualitative secondary analysis

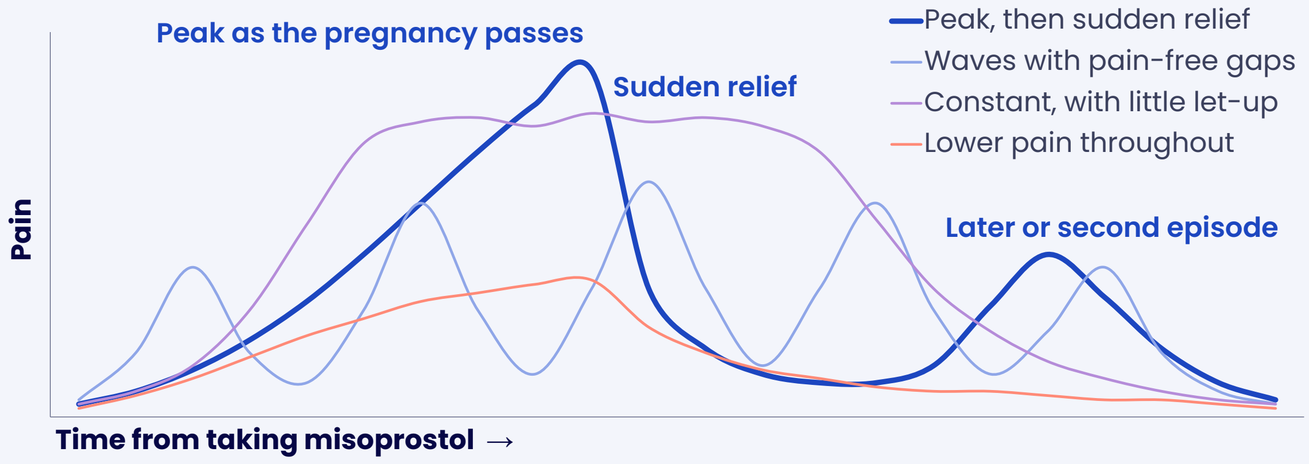
- Secondary, phenomenologically informed thematic analysis of 32 interviews ~ 6 weeks after MA at home in Scotland (PANDA-Q1 Study, University of Edinburgh) [9–10].
- Thematic content analysis of first-person accounts from Reddit, R/abortion to test and extend the domains and inform item language.

Next: item generation, expert review and cognitive interviews.

3 Results

Which moment does a single number capture?

The shape varied as much as the intensity.



Illustrative patterns from participant accounts, not plotted data; see also Grossman et al. 2019[11]

> *the big like clot came out, the pain pretty much went away like right there*
>
> Aged 18, 6 weeks' gestation

> *All of a sudden it just instantly hit me and it was at that level constantly for a long time.*
>
> Aged 26, 12 weeks' gestation, explaining a rating

What counts as pain?

Passing clots, nausea and shaking were described as separate from pain, and sometimes as worse.

> *it was only really just the sensation that I didn't like of clots coming out*
>
> Aged 18, 6 weeks' gestation

Shown in the body, played down

Severity showed in what pain stopped people doing; 'manageable' meant many different things.

> *all you could focus on was the pain so you couldn't even talk*
>
> Aged 26, 12 weeks' gestation

> *I need to be prepared for something more painful happening*
>
> Aged 26, 12 weeks' gestation, explaining a rating

Draft Conceptual Framework

Contextual influences
shaping conditions

- Information and preparation
- Pain and repro health history
- Social support & setting

Associated symptoms

- Stigma and cultural norms about pain
- Method and gestation

THE PAIN EXPERIENCE · CORE CONSTRUCT

Sensory

- Onset and time course (pattern, peaks, duration, later episodes)
- Character (cramping, burning, sore)
- Site and radiation
- Severity (worst and overall)

… or part of the physical manifestation?

Affective & cognitive-evaluative

Unpleasantness · Expectations · Making sense (is this normal? is it working?) · Beliefs about pain and comparisons · Emotional responses · Manageability

Responses
validators

- Analgesia use
- Analgesia effect
- Non-drug strategies (positioning, heat)
- Help-seeking
- Interference (movement, sleep, eating, concentration)

4 Implications

Time: capture the pattern and duration, not only one recalled number.

Boundaries: decide where pain ends and other symptoms or responses to the EMA begin.

Context: measure preparation, pain history, social support, setting, and stigma and cultural norms alongside the pain.

Responses: record interference, analgesia use, its effect and non-drug strategies to validate and explain the core pain construct.

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With thanks to the PANDA-Q1 participants and the University of Edinburgh study team · matthea.roemer@open.ac.uk