

Results: A D and C was performed in 74 (3.4%) of 2,208 women. Increasing parity was predictive for D and C in univariate analysis and continued to be predictive in multivariate analysis (aOR 1.24 per birth, 95% CI 1.05, 1.46). Multivariate analysis found Hispanic ethnicity (aOR 2.40, 95% CI 1.12, 5.17) also to be predictive for D and C. Gestational age, prior cesarean section, age, smoking, study site, and weight were not predictive for D and C.

Conclusion: Dilation and curettage is an uncommon outcome in medical abortion. Prior delivery, regardless of route, is a predictive variable for D and C. Further, Hispanic ethnicity appears to be a predictor for D and C for unclear reasons. Communication barriers may be a possible explanation for this finding.

P10

THE PROVISION OF MEDICAL ABORTIFACIENTS BY PHARMACIES IN MORELOS, MEXICO

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Introduction: Self administered medical abortion is difficult to study and evaluate. Abortifacients such as Mifeprex (estrogen-progesterone), oxytocin, and misoprostol (prostaglandin E₁) have been utilized around the world. In countries such as Mexico where elective abortion is illegal, misoprostol is accessible in pharmacies, however, its specific use to self induce abortion is poorly understood.

Materials and Methods: Of the 774 pharmacies registered in the state of Morelos, 177 (23%) were randomly selected. Between September and December 2006, a trained fictitious client visited each pharmacy, indicated she was pregnant and asked about medications to “induce menstruation.” Data were promptly recorded on standardized surveys and complete data sets were obtained from 173 pharmacies. SPSS was used for data analysis.

Results: An abortifacient was recommended by 55% of pharmacies, 36% of which recommended misoprostol. Of these, 29% provided incorrect dosing or information. No correlation existed between the provision of misoprostol, the age or sex of the pharmacy employee, the type of pharmacy (chain vs. independent), or location (urban vs. rural). The cost was 900-1800 pesos per 28 tablets (~\$4 US per tablet), and only 6 of 123 pharmacies that offered misoprostol sold loose tablets. The elevated cost of misoprostol could be a barrier to its correct use for abortion.

Conclusion: A higher percentage of pharmacy employees are aware of misoprostol as an abortifacient than previously reported. However, many are providing incorrect information to women which can have important medical consequences. Further study is warranted on information acquisition by pharmacists, and novel approaches to information dissemination to women should be investigated.

P11

ELICITING WOMEN’S PREFERENCES IN MEDICAL ABORTION TREATMENT USING WILLINGNESS TO PAY

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Introduction: Consideration of women’s preferences in medical abortion treatment is important. Willingness to pay (WTP) uses the monetary amount a person is willing to pay for an attribute of treatment as a proxy for its value to the individual.

Materials and Methods: A 35-item, self-administered survey will be completed by 200 women desiring medical abortion. The survey includes preference and WTP variables for abortion method, route, timing and

location of misoprostol administration, side effects, and efficacy. Willingness to pay was assessed for four mifepristone-misoprostol regimens defined by misoprostol route (oral [400 mcg], buccal, sublingual, and oral [800 mcg]) as compared to a regimen using vaginal misoprostol. Regimens and outcomes were based on published studies.

Results: To date, 136 women have enrolled. Most (87%) respondents reported it was very or extremely important to know all regimens available to them and to be able to choose. Median WTP values to avoid side effects were: emesis \$50, nausea \$40, diarrhea \$20, fever \$20, and chills \$10. Except for the regimen with sublingual misoprostol, women preferred the regimen with vaginal misoprostol in the comparative scenarios. The median difference in WTP for vaginal and sublingual misoprostol regimens was zero. The median difference in WTP for oral and buccal regimens was \$50 less than for vaginal regimens (p<.001). The principal determinant of preference was efficacy.

Conclusion: Knowledge about and choice in medical abortion regimens matters to women. Women value more effective regimens and avoiding gastrointestinal side effects. Final data from the entire study population will be presented.

P12

MISOPROSTOL INHIBITS INNATE IMMUNE DEFENSES AGAINST *CLOSTRIDIUM SORDELLII* IN VITRO

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Introduction: Fatal intrauterine infections, caused by *Clostridium sordellii*, have been reported after medication abortion with oral mifepristone (MFP) 200 mg followed by intravaginal misoprostol (MISO) 800 mcg. MISO is a prostaglandin (PG)E analog that activates receptors for the endogenous mediator PGE₂. PGE₂ is a potent suppressor of innate immunity through its ability to stimulate cAMP production in macrophages and neutrophils. We hypothesized that MISO inhibits innate host defenses against *C. sordellii* through the stimulation of cAMP production in macrophages and neutrophils.

Materials and Methods: Rat peritoneal and uterine macrophages (PMs and UMs) were exposed to MFP (0.1-10 uM) and/or MISO (0.1-10 uM) prior to assessing their ability to generate the proinflammatory cytokine TNF-alpha in response to *C. sordellii* or peptidoglycan (PGN). We used PGE₂ and the PGE₂ analogue sulprostone (SP), which does not stimulate cAMP production, as comparators. We also studied the effects of MFP and MISO on the phagocytosis of fluorescently-labeled *C. sordellii* by PMs and human neutrophils and measured cAMP responses to MISO in rat PMs.

Results: Like PGE₂, MISO stimulated cAMP production in rat PMs whereas SP did not. MISO, but not SP, suppressed TNF-alpha production by PMs and UMs stimulated with *C. sordellii* or PGN. Interestingly, MFP caused an exaggerated TNF-alpha production, which was fully suppressed by MISO. Lastly, MISO significantly impaired the phagocytic capacity of both PMs and neutrophils.

Conclusion: These data support the hypothesis that MISO suppresses the ability of macrophages and neutrophils to respond to *C. sordellii* in vitro.

P13

DECREASED WAITING PERIODS IN A PUBLIC PREGNANCY TERMINATION CLINIC

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Introduction: Historically in our public hospital setting, first trimester pregnancy termination was performed in the operating room by suction