

In 2007 abortion was legalized during the first trimester in Mexico City. Little is known about how this has impacted the knowledge, attitudes and practices (KAP) of women's health care providers in Mexico City or throughout the country.

Obstetrician gynecologists are important providers for women in Mexico. We decided to anonymously survey Ob Gyns at their November, 2009 professional (Colegio Mexicano de Especialistas en Ginecología y Obstetricia) annual meeting in Cancun, Mexico in order to identify the present panorama of KAP and to particularly gain new information related to the specifics of abortion care provided to Mexican women.

During the meeting we anonymously surveyed 418 Mexican providers using audio computer-assisted self-interviewing technology (ACASI). This technique has been shown to be more effective than other survey strategies in obtaining sensitive data related to sexual and reproductive history. However, we found no reports of this technique being used to survey potential abortion providers. Given the subject of abortion provision is extremely sensitive, particularly for providers in states where abortion is illegal, we believed this technique could decrease reporting bias.

The majority of COMEGO participants who responded were Ob/Gyns (90%), Catholic (82%), 35-60 (76%), male (53%) and worked with trainees (74%). We documented a small but important shift among respondents reporting changes in provision pre and post legalization in Mexico City; prior to 2007, 11% and 17% provided medical and surgical abortions; now, 15% and 21% provide, respectively, and 30% are more interested in abortion provision now than they were a few years earlier. Not surprisingly, practitioners from Mexico City were more likely to provide services. Among providers of medical abortion, we found that the majority (81%) used an ineffective protocol. Despite significant efforts in recent years to increase the use of manual vacuum aspiration, surgical abortion providers reported using manual vacuum aspiration (45%) or sharp curettage alone (32%), and only 14% used electric vacuum aspiration. Most abortion providers were trained in residency (65% medical, 95% surgical).

Interest in abortion training was also an important finding of this study. The majority of practitioners wanted more training in medical abortion (87%) and surgical abortion (69%). Among non-providers, 49% and 27% expressed interest in learning to perform medical and surgical abortion, respectively.

This study revealed interesting and pertinent data related to abortion provision in Mexico among the nation's obstetrician gynecologists. Given the interest in learning to provide safe abortion services and the prevalent use of ineffective medical abortion regimens and sharp curettage, abortion training in Mexico should be strengthened.

We plan to disseminate these results nationally, to the Mexican Ob Gyn professional community, and to NGOs and other reproductive health organizations involved in abortion training in Mexico.