

Frequently Asked Questions (FAQ) for Medical Abortion

1. What is medical abortion (MA)?

MA is the use of one or more medications to terminate or end a pregnancy. Medical abortion is most effective when used early in pregnancy and the process often resembles a miscarriage. The most common medications used are:

Mifepristone – an orally active synthetic steroid with antiprogesterone & antiglucocorticoid activities.

Misoprostol – is a synthetic prostaglandin E1 analogue.

Mifepristone is typically used in combination with misoprostol. The combination is more effective than use of a single drug.

The WHO recommends where available the use of mifepristone (200mg) with misoprostol (800mcg) for early termination of pregnancy up to 63 days.

Where mifepristone is not available, **misoprostol can be used on its own**.

2. How effective is MA?ⁱ

MA is extremely effective when the dosing is used accurately within the suggested time frame. Studies have shown the combination of mifepristone+ misoprostol to be as high as 98% effective for early medical abortion.

Misoprostol alone has been shown to be up to **90%** effective for early medical abortion.

3. How is medical abortion different from surgical abortion?ⁱⁱ

	Medical abortion	Surgical abortion
Location	Abortion can be done at home in private.	Abortion happens at a health facility.
Effectiveness	Effective up to 98% of the time when medication is taken according to instructions.	Effective 99% of the time.
Gestation age	Most effective in pregnancy up to 9 weeks. Can be done very early in pregnancy, from 4 weeks since the first day of her last menstrual period (LMP)	May not be effective before 7 weeks LMP.
Length of time	Can take 1-2 days to complete, with on-going spotting or bleeding for 10-45 days.	Procedure is completed within 10–15 minutes.
Process	1. Resembles a natural miscarriage. 2. Does not require a service provider, anaesthesia or instrumentation. 3. Cramps can be severe and last longer than with a surgical abortion. 4. Women many experience side effects from the medication. 5. Woman may see pregnancy products. This may be distressing	1. A service provider inserts instruments inside the uterus. 2. Instruments may cause trauma to uterus or cervix. 3. Anaesthetics & pain medicines may cause side effects. 4. Woman does not see blood clots or pregnancy products. 5. No side effects from the abortion process.
Bleeding	Bleeding can be very heavy and may last longer than with a surgical abortion.	Bleeding may continue for a few days but lesser in amount and duration compared to medical abortion
Follow up	Follow up is only required if the medical abortion was unsuccessful. Surgical evacuation of the uterus might be required if unsuccessful. Follow up is also required to provide IUD or female sterilisation	Unless choosing an IUD or tubal ligation as post abortion contraception, no follow up is required.
Post abortion contraception	Most hormonal methods of contraceptives can be started with the first dose of medical abortion.	Almost all contraceptives can be started immediately after surgical abortion.

4. How is MA different from emergency contraception (EC), also called the 'morning after' pill?ⁱⁱⁱ

Emergency contraception is used to prevent pregnancy immediately after unprotected or inadequately protected sex. EC is most effective when used within 5 days of unprotected sex and cannot abort or terminate an already established pregnancy.

MA is effective only once pregnancy is established. It aborts or terminates the established pregnancy.

5. How do I take MA?^{iv}

Mifepristone + misoprostol protocol:

Swallow 1 tablet of mifepristone (200mg) with water.

Wait 24-36 hours

Place 4 tablets of misoprostol (800mcg) under the tongue and allow to dissolve for 30 minutes. Swallow the remainder with water.

Misoprostol only protocol:

1st dose: place 4 tablets of misoprostol (800mcg) under the tongue and leave to dissolve for 30 minutes. Swallow the remainder.

Wait for three hours.

2nd dose: place 4 tablets of misoprostol (800mcg) under the tongue and leave to dissolve for 30 minutes. Swallow the remainder.

Wait for three hours.

3rd dose: place 4 tablets of misoprostol (800mcg) under the tongue and leave to dissolve for 30 minutes. Swallow the remainder.

(TOTAL: 12 tablets)

Other ways misoprostol can be taken:

Vaginally:

Place 4 tablets of misoprostol (800mcg) as far inside the vagina as possible with clean gloved fingers. Lie down for 30 minutes. If the remainder fall out after getting up, it is OK as enough of the medicine has been absorbed already.

Buccally:

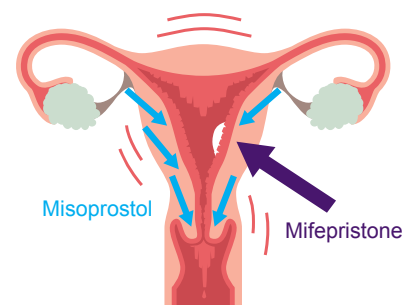
Place 2 tablets each in the left and right side of the cheeks and allow to dissolve for 30 minutes. Swallow the remainder with water.

6. How do mifepristone and misoprostol work? What is their mechanism of action?^v

Mifepristone works by blocking the hormone progesterone thereby:

- Stops the pregnancy growing
- Causes the developing placenta and embryo to detach from the uterine lining
- Softens and dilates the cervix
- Increases uterine contractility
- Sensitises the uterine myometrium to prostaglandin-induced contractions

Misoprostol works by causing contractions of the womb and softens the cervix (mouth of the womb) to expel the pregnancy easily.



7. When can women take MA?^{vi}

Women can take this MA protocol up to 63 days or 9 weeks since the **first day** of their last menstrual period. It is **very important to be accurate** about the duration of pregnancy before taking MA since the effectiveness of the regimen diminishes with increasing gestational age (duration of pregnancy).

8. Why is the indication strictly pregnancy below 9 weeks and below, what about up to 12 weeks?^{vii}

The protocol is different if pregnancy is more than 9 weeks. The above protocol will not be effective if pregnancy is more than 9 weeks.

9. How safe is MA?^{viii}

- Medical abortion is very safe. Serious complications are very rare
- Reported rates of on-going pregnancy: 0.2-1%
- Blood transfusion rates are very low 0-0.2%
- Rates of infection requiring antibiotic treatment are well below 1%
- Deaths due to medical abortion are estimated at 1 in 100,000
- Side effects of misoprostol are usually tolerable, less common in lower doses and can be managed by medicines

10. What is the experience of medical abortion like/how long will it take?^{ix}

The process of a medical abortion is like a miscarriage.

- Up to 25% of women might experience some spotting or bleeding after taking mifepristone. Most women however, do not experience any effect
- Expulsion of products of conception normally occurs after taking misoprostol, but may occasionally happen after taking mifepristone
- The timing of the expulsion after taking misoprostol varies between four and six hours

Women should complete the full drug regimen to ensure the abortion is complete.

11. What to expect during MA?^x

- Women using MA should expect to experience strong cramps one to three hours after taking misoprostol. This will diminish as the abortion happens
Pain killers should be provided
- Women using MA should expect vaginal bleeding that is a little heavier than an average menstrual period
- On average, bleeding usually continues up to 9 days, but may in rare cases continue up to 45 days. This bleeding is not heavy
- Women should expect to see the products of conception/clots
- Women might experience shivering, fever, vomiting or diarrhea

12. How does a woman know if the abortion is complete?^{xi}

If a woman has not bled since taking the medication or has not experienced any cramps or is still experiencing signs of pregnancy such as nausea, tenderness of her breasts etc., she can be relatively certain she is still pregnant. A pelvic examination by a health care provider or an ultrasound if available, can also be used to determine on-going pregnancy as well as to rule out an ectopic pregnancy.

13. What happens if the abortion is not complete?

If the pregnancy is not an ectopic pregnancy and has not terminated, a health care provider can determine whether to give additional misoprostol or else perform a vacuum aspiration of the pregnancy.

14. Is there any concern about birth defects in case pregnancy is not terminated?

There is a slight risk of birth defects in the event of an on-going pregnancy following misoprostol use. This should be explained to the woman and termination suggested as the preferred option. The risk of birth effects is estimated less than 1%.

15. Does medical abortion have long-term effects on a woman's health?

No data exists to show any adverse long term effects on a woman's health.

16. How often can I take MA?

There is no evidence that shows there any negative effects from taking MA repeatedly; however women can minimise need for repeat abortions by using an effective contraceptive method of their choice.

17. How much time is safe between when I take MA and when I take it again?

There is no evidence supporting the need for a specific time gap between two medical abortions.

18. Is there an age restriction for MA?

There is no age limit for using MA however local regulations regarding the use of products for minors should be taken into consideration.

19. Can you use mifepristone and misoprostol if you are still breastfeeding?^{xii}

Women who are breastfeeding may take mifepristone and misoprostol for MA. There is no evidence to suggest that either medication is harmful to babies. Misoprostol enters breast milk soon after taken, and it is likely that mifepristone does as well. Women who are worried can breastfeed immediately before taking the Misoprostol tablets or wait four to five hours after taking the Misoprostol tablets.

20. How is MA stored?

- Keep away from moisture
- Store between 10°C (50°F) - 25°C (77°F)
- Use first in first out dispensing practices

Post abortion care:

1. What kind of follow-up care is necessary after an abortion?

In the event of a successful abortion, follow up care should include counselling and provision of family planning/contraception, in case this has not been provided already along with mifepristone.

2. How soon after having a medical abortion can women resume sexual intercourse?

It is recommended that a woman waits till bleeding stops before she has sexual intercourse. This is to ensure the completion of the abortion as well as to prevent any infection.

3. How soon after a medical abortion will a woman resume normal menstruation?

Some studies suggest that women will return to their normal menstrual cycle immediately. Ovulation can resume as early as 8 days after the abortion.

4. How soon after having a medical abortion can a woman become pregnant?

A woman can become pregnant almost immediately after her abortion – within two weeks. It is important to ensure that women start using family planning methods/contraception as soon as possible in order to prevent future unwanted pregnancies.

5. When can women start contraception after a medical abortion?

If using a mifepristone+misoprostol regimen, all hormonal methods (the pill, injectables, implants) can be initiated on the first day a woman takes mifepristone.

If using a misoprostol only regimen, all hormonal methods (the pill, injectables, implants) can be initiated on the first day a woman takes misoprostol.

If she wants to use the IUD or sterilisation, she will have to return to the clinic once her abortion is complete and she is no longer pregnant. It is important to remember that no contraceptive except the condom protect against sexually transmitted diseases.

6. Will medical abortion affect a woman's ability to have a child in the future?

There is no known effect on a woman's ability to have children in the future.

Contraindications, side effects & danger signs:

1. What is a contraindication?

A contraindication is a reason why a patient should not use certain treatments or medical drugs.

2. What are the contraindications for MA?

- Women with pregnancies beyond 63 days
- Women with known allergies to mifepristone or misoprostol
- Women with inherited porphyria
- Women with bleeding disorders or on blood thinning medicines
- Women with suspected ectopic pregnancy
- Women with adrenal or hepatic failure
- Women with significant anaemia, heart disease or women on long term oral steroids or steroid injections should exercise caution
- If woman has an IUD in place, this should be removed before taking the abortion medication.

3. What is an ectopic pregnancy and how do I know if I have one?

An ectopic pregnancy is a pregnancy that occurs outside of the uterus, most often in the fallopian tubes.

Women with ectopic pregnancies may experience pregnancy symptoms along with intense lower abdominal pain or cramping, irregular bleeding, fainting, shoulder pain. A health care provider can determine whether a pregnancy is ectopic through examination or ultrasound. As ectopic pregnancies are **life threatening and dangerous**, if an ectopic pregnancy is suspected, **seek immediate medical attention**.

4. What are some common side effects and their management during a medical abortion?

Side effects	Management
Low grade fever	Provide paracetamol and observe
Headache	Provide pain killers and observe
Dizziness	Recommend rest and an increase in fluid intake
Nausea/vomiting	Provide an anti-emetic and recommend rest
Diarrhoea	Provide an anti-diarrheal

5. What are some danger signs/complications of medical abortion, and what can be done about these?

Warning signs	Management
Heavy vaginal bleeding	<ol style="list-style-type: none"> 1. Assess for signs of low blood volume/hypovolemic 2. If no hypervolemia, assure client, advise her to take ibuprofen, plenty of oral fluids, rest and check back if symptoms worsen. 3. If client is showing signs of hypovolemia, replace fluids and perform surgical evacuation of uterus. 4. Blood transfusion may be required in rare cases
High fever (>100.4°F or 38°C) or more after taking misoprostol or fever that lasts more than a day	<p>This suggests infection:</p> <p>Treat infection with broad-spectrum antibiotic treatment and perform surgical aspiration. In the extremely rare case of severe infection or sepsis, the woman should be hospitalised for treatment.</p>
Foul smelling vaginal discharge	<p>This suggests infection:</p> <p>Treat infection with broad-spectrum antibiotic treatment and perform surgical aspiration. In the extremely rare case of severe infection or sepsis, the woman should be hospitalised for treatment.</p>
NO bleeding after 24 hours of taking misoprostol	<ol style="list-style-type: none"> 1. Examine clinically to rule out ectopic pregnancy and decide: <ol style="list-style-type: none"> a. to wait for a few more days; OR b. to give additional misoprostol; OR c. to perform vacuum aspiration

Other commonly asked questions:

1. I vomited after I left your office and am not sure if I threw up the first pill (mifepristone). What should I do?

If you swallowed the pill more than 1 hour ago, then it was probably absorbed. If you took the pill less than 1 hour ago, the dose of the Mifepristone should be repeated along with an anti-nausea medication.

2. I took the mifepristone in the office yesterday and started to bleed before using the second pills (misoprostol). Do I still need to use the misoprostol?

Yes. The process is most effective when the mifepristone and misoprostol are both used. If you were planning to insert the misoprostol tablets vaginally and have started bleeding, you may want to switch to sublingual administration.

3. I wasn't able to take the misoprostol pills as scheduled and now it has been more than 72 hours since I took the mifepristone. Should I still use the misoprostol? Do I need to repeat the mifepristone?

The misoprostol should still be used if she didn't already cramp and bleed and expel the pregnancy (mifepristone alone works about 65% of the time), but there is no need to repeat the dose of mifepristone. Research most strongly supports using misoprostol between 24-48 hours after the Mifepristone. Misoprostol also works when it is used earlier or later, and using it late is better than not using it at all.

4. I used the misoprostol pills 24 hours ago and I still haven't had any bleeding. What should I do?

This happens most often with very early pregnancies. If an intrauterine pregnancy was seen on ultrasound, there is nothing to worry about and a little more time is often all that is needed. In this case, options include waiting another 24 hours and having the woman call back if she still hasn't bled or dispensing a second dose of misoprostol right away.

If an ultrasound wasn't performed prior to the medication abortion or an intrauterine pregnancy wasn't seen on the ultrasound, then ectopic pregnancy should be considered and excluded as soon as possible.

5. I accidentally swallowed the misoprostol pills before the 30 minutes was up. Is this OK?

Yes. The pills are still safe and usually effective if swallowed. If the woman doesn't have any bleeding within 48 hours she should be advised to call back. There may be more gastrointestinal side effects when the pills are swallowed rather than placed in the cheeks or vagina, but though uncomfortable this is not dangerous. For pregnancies between 7 and 9 weeks the efficacy of misoprostol used orally is slightly lower than when used buccally or vaginally, but it still works the vast majority of the time.

6. I took the misoprostol 6 hours ago and am still having heavy bleeding and passing large blood clots, is this normal?

Yes, bleeding with a medication abortion is usually heavier than a period and often accompanied by clots. The heaviest bleeding typically occurs 2-5 hours after using misoprostol and usually slows within 24 hours. Some women, however, bleed heavily for up to 48 hours and may pass clots days or even weeks later. This is common and is not dangerous, if there are no symptoms of anemia or hypovolemia.

When a patient calls for bleeding:

- I Quantify how often she is soaking through a thick sanitary pad. If she hasn't been using pads (e.g. using tampons or sitting on the toilet), ask her to start using pads.
- II Ask about symptoms of anemia and hypovolemia (dizziness, feeling faint on standing up, racing heart,). This is very rare, unless she was dehydrated to begin with, and is one of the reasons to advise women during the initial counseling to eat and drink before inserting the misoprostol.
- III If she is using fewer than 2 pads per hour and she has no symptoms of hypovolemia, reassure her that the bleeding and clots are normal and will probably decrease after 24 hours. Tell her to call back if the bleeding increases or she develops symptoms.
- IV If she is soaking through more than 2 pads/hour for 2 hours in a row, but she has no symptoms and stays within an hour of a health care facility:
Advise her to:
 - Take Ibuprofen 600 mg every 8 hours
 - Increase fluids
 - Rest, avoid strenuous activity, change position gradually
 - Call back for any new symptoms
 Call the patient back in 1-2 hours to check on bleeding and symptoms.
- V If persistent, heavy bleeding (greater than 2 pads/hour) occurs despite the above advice or symptoms of hypovolemia are present, arrange for clinical evaluation as soon as possible .

7. I had my medication abortion 3-5 weeks ago and I'm still bleeding.

On average, women bleed for 9 -14 days following a medication abortion. Some women bleed or pass clots for as long as 4 weeks. After the first few days of heavy bleeding some women will have little or no bleeding, some will have bleeding that stops and starts, and others will have bleeding similar to a menstrual period for several weeks. Sometimes the first menses following a medication abortion is especially heavy. In the absence of other symptoms, the bleeding is not dangerous and it is safe to wait for it to stop on its own. Triage these calls as above (question #6).

If a woman experiences heavy bleeding (not spotting) greater than 4 weeks after mifepristone, or if she has symptoms of anemia, hypovolemia, or infection, she should be evaluated in the office.

8. My girlfriend took the misoprostol 4 hours ago and for the last 2 hours she has been vomiting and has a fever of 101 degrees. I'm worried something is wrong.

Low grade fever, chills, nausea, vomiting, diarrhea and flu-like symptoms are all side effects of misoprostol and should resolve within 6 hours of using the misoprostol. The fevers, chills and cramping caused by misoprostol can be alleviated by using Ibuprofen 600mg. Women can be counseled to use NSAIDs prior to or after misoprostol use to help with these symptoms. If a woman feels ill, has abdominal pain, nausea, vomiting or diarrhea, or has a fever >100.4 more than 24 hours after using misoprostol she should be evaluated in the office for possible infection.

9. Are there psychological consequences to medication abortion?

There is no evidence that early medical abortion is associated with an increase in psychological problems such as depression, anxiety, or suicidality. Studies have shown that among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they deliver that pregnancy. A range of emotions is normal following abortion. Women often experience feelings such as sadness, happiness, empowerment, anxiety, grief, relief and/or guilt. Feelings vary and they often change over time. Women who are concerned about their emotions should be encouraged to talk with their physician.

10. Is medical abortion safe for HIV positive women?

Yes, however HIV positive women have a slightly increased risk of having products of conception retained in her reproductive tract. Also, certain ARV's may increase her risk for anemia and it is recommended that she take iron pills during her medical abortion.

11. Can adolescents use medical abortion?

Yes. There is no medical reason why not. Medical abortion is slightly more painful for women who have never given birth before (nulliparous) and so it is recommended that they take pain medication accordingly.

12. Can medical abortion be used by women with reproductive tract infections (RTI)?

A woman seeking medical abortion should begin a course of treatment for her RTI. There is no reason to wait for RTI treatment to be completed before either medical or surgical abortion.

13. If women are pregnant with twins, should the dose of mifepristone or misoprostol be increased?^{xiii}

There is no need to take additional mifepristone or misoprostol if pregnant with twins. The success rate of the procedure is the same as for women with a single pregnancy and the perceived bleeding and pain were also the same.

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