

Medication Abortion

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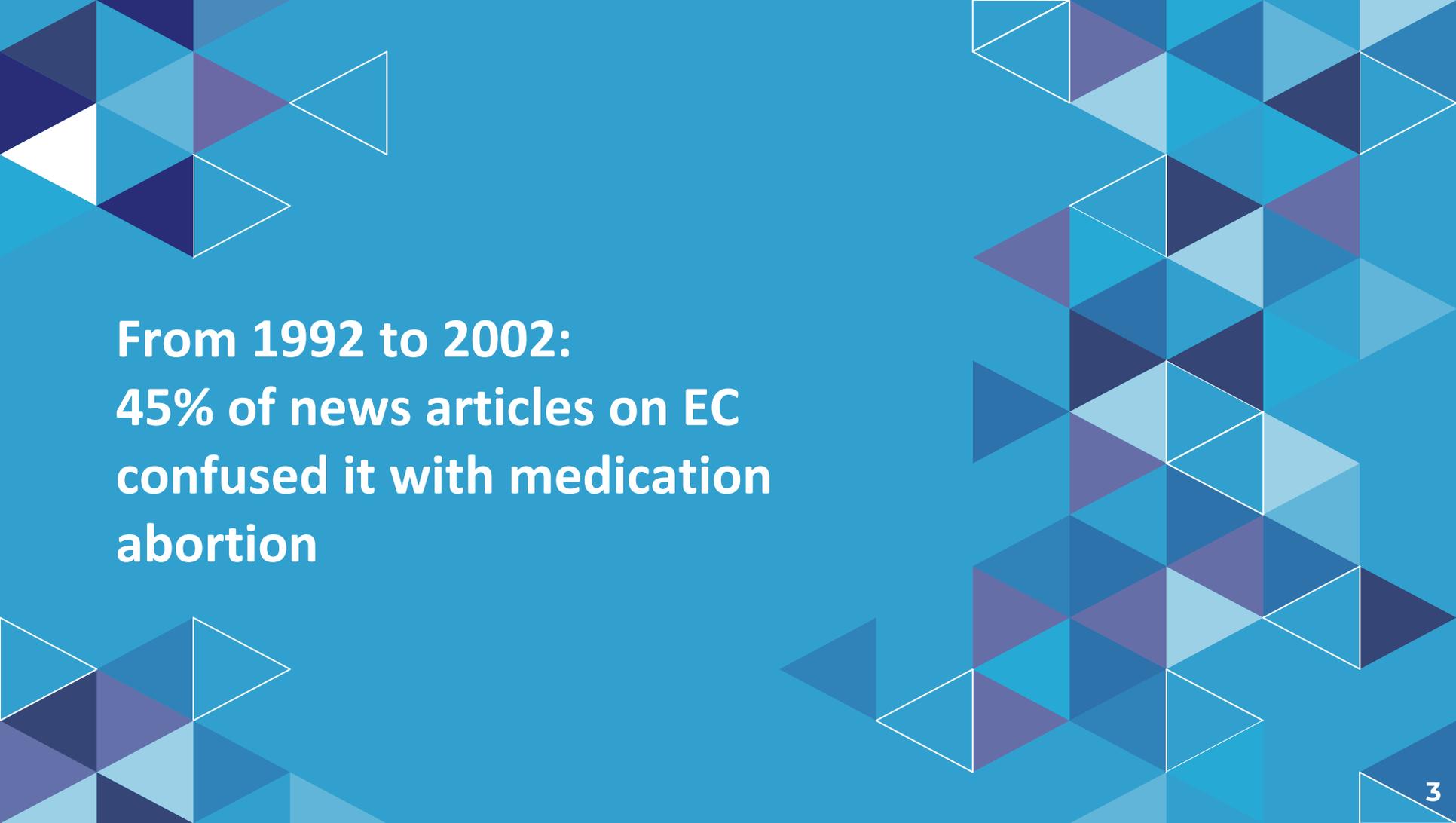
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Confusion with EC

Medication Abortion	Emergency Contraception
Ends an early pregnancy and causes it to expel	Prevents ovulation Copper IUD can also prevent implantation
Take pills in first 9-10 week of pregnancy	Take pills or use copper IUD within days of unprotected sex
Usually causes heavy bleeding and cramps	Mild side effects, if any
Stops pregnancy about 98% of the time	Pills prevent 60-90% of pregnancies Copper IUD prevents 99.9% of pregnancies



**From 1992 to 2002:
45% of news articles on EC
confused it with medication
abortion**

Why Medication Abortion?

Patient Preference

- Many women prefer medication abortion over suction/aspiration abortion

Patient Convenience

- Can be offered safely in a variety of settings



Safety and Acceptability of Medication Abortion

- ◀ Complication rate <0.5%
- ◀ High satisfaction rate; in U.S. Multi-Center Trial (n=1,080)
 - ◀ 58% rated experience as “positive”
 - ◀ 90% would choose medication abortion again
- ◀ Patients with options generally have higher satisfaction



Medication Abortion Regimens

- ◀ Mifepristone + Misoprostol to 10 weeks
 - ◀ Most effective, 97-99%
 - ◀ Several effective regimens
- ◀ Methotrexate + Misoprostol to 7 weeks
 - ◀ 84-97% effective within 4 weeks
 - ◀ 50 mg/m² IM + 800 mcg miso 3-5 days later
- ◀ Misoprostol alone to 9 weeks
 - ◀ 75-90% effective within 2 weeks
 - ◀ 800 mcg every 3-24 hours for 1-3 doses

Mifepristone

Causes progesterone blockade

Misoprostol

Causes **uterine cramping & expulsion**

Decidual Necrosis

Cervical Ripening

Detachment



Mifepristone-Misoprostol Regimen

	FDA Protocol
Gestational age limit	70 days
Mifepristone dose	200 mg oral
Misoprostol dose, route, and timing	800 mcg buccal Home self-administration 24 – 48 hours later*
Office follow-up visit	4-10 days after mifepristone

*Evidence also supports misoprostol 800 mcg vaginal 6-72 hours after mifepristone

Evaluation for Medication Abortion

- ◀ Successful if results in complete expulsion of the pregnancy without surgical intervention
- ◀ Aspiration can be performed for:
 - ◀ An ongoing viable pregnancy
 - ◀ A persistent nonviable gestational sac
 - ◀ Persistent bothersome bleeding



Establishing Gestational Age

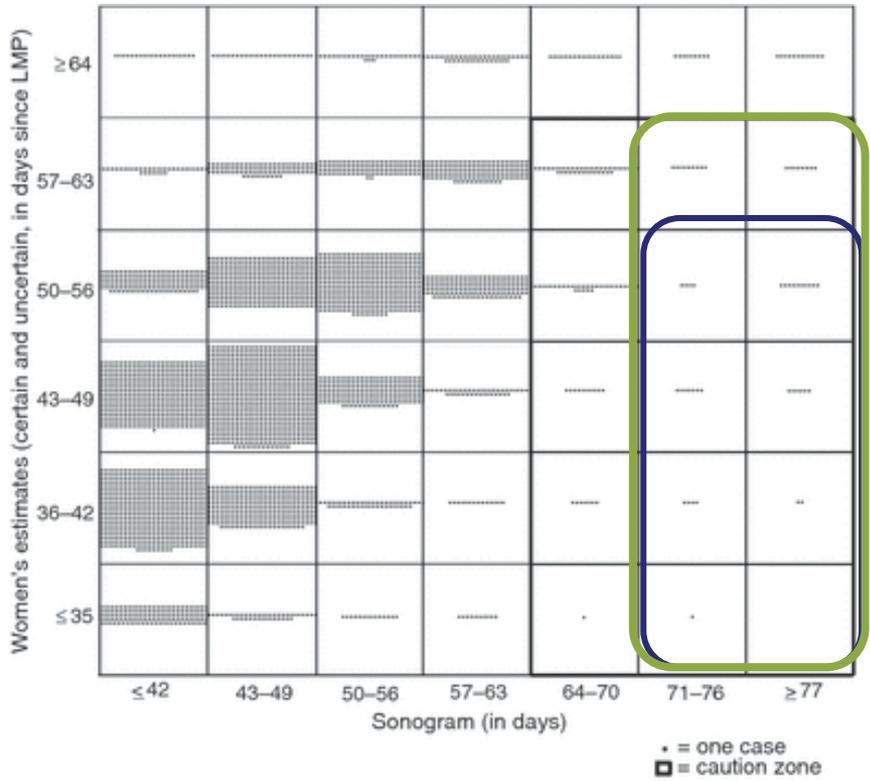


Ultrasound vs LMP +/- Exam <63d LMP

Gestational age by ultrasound of women who would have been incorrectly determined as eligible for medical abortion using alternative eligibility assessment techniques [n(%)]

	Gestational age by ultrasound (days)	Patient eligible by history alone		Patient eligible by physical examination and history (n=3874 total)
		Women certain of LMP (n=3041 total)	Women certain or estimated LMP (n=4257 total)	
Gestational age too advanced according to clinic protocols	64-70	50 (1.6)	92 (2.1)	56 (1.4)
	71-77	13 (0.4)	25 (0.6)	6 (0.15)
	≥78	13 (0.4)	26 (0.6)	1 (0.02)

How many patients would be beyond 10 weeks?



1.2% (0.9% by "certain" LMP)

0.9% (0.6% by "certain" LMP)



Contraindications and Precautions

Contraindications

- ◀ Known allergy to mifepristone
- ◀ Confirmed or suspected ectopic pregnancy
- ◀ Hemorrhagic d/o or concurrent anticoagulant therapy
- ◀ Inherited porphyria

Precautions

- ◀ IUD in place (remove before beginning)
- ◀ Steroid dependent patient
- ◀ Severe anemia
- ◀ Severe/unstable health problems





What to Expect

- ◀ 1-5 hours after misoprostol:
 - ◀ Cramping
 - ◀ Heavy bleeding
 - ◀ Passage of clots and possible gray tissue
 - ◀ GI upset, fever/chills, headaches
- ◀ **Call if bleeding soaks more than two maxi-pads/hour for 2 consecutive hours**

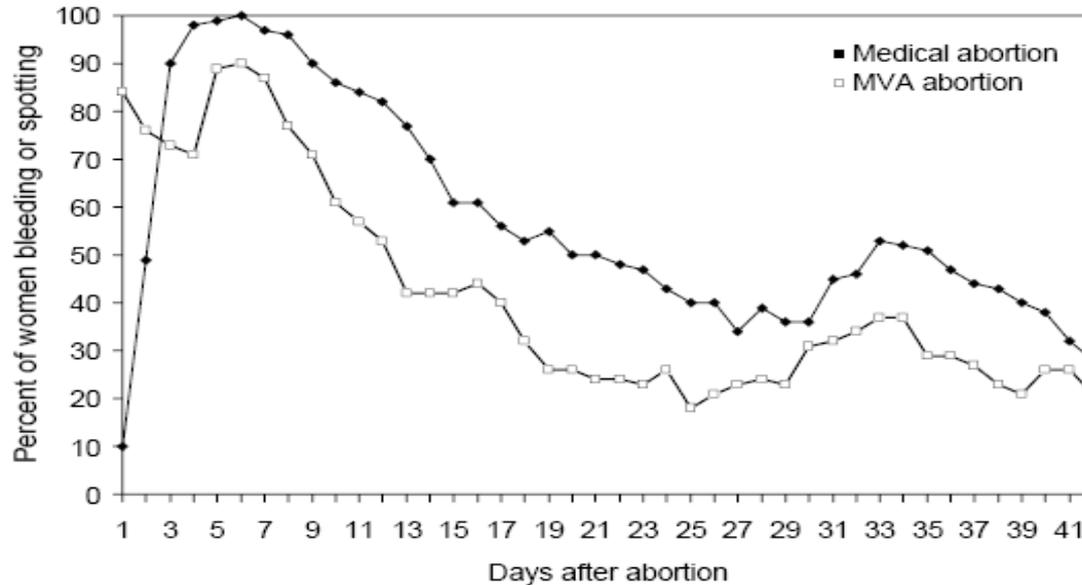


Symptom Management

- ◀ Patients who receive a description of symptoms to expect have less distress¹
- ◀ Offer anti-emetic
- ◀ Detail pain medicine usage in handout
- ◀ Recommend NSAID as soon as cramping starts
- ◀ Consider offering small amount of narcotic

Johnson JE. J Pers Soc Psychol, 1973

Bleeding or Spotting after Medical or Aspiration Abortion



Davis A. et al., 2000 JAMWA

What are options for confirming completion?

Ultrasound

- ◀ Thickened, heterogeneous endometrium is normal
- ◀ Look for ongoing viable pregnancy or retained gestational sac

Beta hcg

- ◀ 60% drop at 6-10 day follow up
- ◀ Caution with later gestations/very high hcg levels





When to start contraception?

- ◀ Contraceptive implant
 - ◀ Day of mifepristone
- ◀ Pill, patch, ring
 - ◀ Day of misoprostol (or as soon after as desired)
- ◀ Depo Provera, IUD
 - ◀ Follow up visit



State Restrictions

- ◀ **34** require medication abortion be provided by a licensed physician
- ◀ **17** prohibit prescription of mifepristone via telemedicine
- ◀ **4** require counseling on “reversal”



Providing Medication Abortion

- ✓ Adapt recognized guidelines for setting
- ✓ Arrangement for emergencies
- ✓ US: Sign Danco form, report adverse events
- ~~~~~
- ✓ Determine appropriate patients
 - ◀ Assess gestational age
 - ◀ Evaluate for ectopic pregnancy
- ✓ Counsel, consent and prepare patient
- ✓ Determine outcome