WEBVTT

1
00:00:03.800 --> 00:00:06.400
In this video, we will review the

2
00:00:06.400 --> 00:00:09.400
clinical aspects of providing medication abortion after

3
00:00:09.400 --> 00:00:10.500
the first trimester.

4
00:00:11.100 --> 00:00:14.400
Information about pre-procedure evaluation and methods to

5
00:00:14.400 --> 00:00:17.400
prevent abortion complications are available in other videos.

6
00:00:18.600 --> 00:00:21.700
When proceeding with medication abortion after the first trimester,

7
00:00:21.700 --> 00:00:24.300
it's important to counsel patients about what to

8
00:00:24.300 --> 00:00:27.800
expect and understand their desires for the induction process.

9
00:00:28.800 --> 00:00:31.600
In general with the use of recommended medication

10
00:00:31.600 --> 00:00:34.400
regimens the abortion is complete within

11
00:00:34.400 --> 00:00:37.700
24 hours for at 85 to 95% of

12
00:00:37.700 --> 00:00:38.100
patients.

13
00:00:39.200 --> 00:00:43.000
Counseling should include a discussion of risks including Hemorrhage

14
00:00:42.700 --> 00:00:45.700
retained products or placenta requiring

15
00:00:45.700 --> 00:00:48.500
procedural management and prolonged induction

16
00:00:48.500 --> 00:00:48.800
time.

17
00:00:49.800 --> 00:00:52.100
Patient desires around analgesia and

18
00:00:52.100 --> 00:00:55.200
anesthesia should be discussed in the full range of

19
00:00:55.200 --> 00:00:58.600
options available to obstetric inductions are also

20
00:00:58.600 --> 00:01:01.700
appropriate for medication abortion including IV

21
00:01:01.700 --> 00:01:03.900
sedation and Regional anesthesia.

22
00:01:04.900 --> 00:01:08.100
Patients should also be aware that pregnancy expulsion

23
00:01:07.100 --> 00:01:10.700
can happen in an unpredictable fashion

24
00:01:10.700 --> 00:01:13.200
where they may precipitously deliver the

25
00:01:13.200 --> 00:01:16.600

fetus and that at times placental expulsion can

26
00:01:16.600 --> 00:01:18.600
be delayed after delivering the fetus.

27
00:01:19.500 --> 00:01:22.300
There's no definitive time period established in

28
00:01:22.300 --> 00:01:25.700
the literature by which intervention to remove the placenta

29
00:01:25.700 --> 00:01:28.900
should occur after fetal delivery and time

30
00:01:28.900 --> 00:01:31.300
of intervention is guided primarily by whether

31
00:01:31.300 --> 00:01:33.200
the patient is having increased bleeding.

32
00:01:34.600 --> 00:01:37.900
One study of 233 people undergoing induction

33
00:01:37.900 --> 00:01:41.000
termination showed that there was no increased bleeding

34
00:01:40.200 --> 00:01:43.700
for at least four hours after fetal delivery.

35
00:01:44.800 --> 00:01:47.300
In the majority of cases, the placenta will

36
00:01:47.300 --> 00:01:50.800
expel within an hour of fetal delivery, although evidence is

37
00:01:50.800 --> 00:01:51.000
limited.

38
00:01:51.900 --> 00:01:54.500
Medication abortion in the second trimester is

39
00:01:54.500 --> 00:01:58.500
most commonly done with mifopristone and mesoprostol and

40
00:01:57.500 --> 00:02:00.200
generally involves admission to the hospital.

41
00:02:01.100 --> 00:02:04.900
Other methods of labor induction may also be used including mechanical

42
00:02:04.900 --> 00:02:08.100
dilation with fully balloons oxytocin or

43
00:02:07.100 --> 00:02:08.900
amniotomy.

44
00:02:09.800 --> 00:02:12.500
We will focus on the use of mifeprystone and

45
00:02:12.500 --> 00:02:15.600
mesoprostol as the use of both is recommended

46
00:02:15.600 --> 00:02:19.800
by professional organizations such as the who ACOG

47
00:02:18.800 --> 00:02:22.200
arcog and SFP and

48
00:02:21.200 --> 00:02:24.700
use of other methods such as oxytocin alone

49
00:02:24.700 --> 00:02:27.700
has been shown to prolong the induction to abortion

50
00:02:27.700 --> 00:02:28.100

time.

51
00:02:29.100 --> 00:02:32.800
Typical medication regimens for second trimester induction abortion

52
00:02:32.800 --> 00:02:36.200
include a single dose of mifeprystone 200

53
00:02:35.200 --> 00:02:38.700
milligrams orally and cereal doses

54
00:02:38.700 --> 00:02:41.200
of misoprostol until the abortion is complete.

55
00:02:42.200 --> 00:02:45.000
If a pristone is an anti-progesterone that can help

56
00:02:45.600 --> 00:02:49.200
Prime the uterus for cervical dilation increase sensitivity

57
00:02:48.200 --> 00:02:51.800
to exogenous prostaglandin and

58
00:02:51.800 --> 00:02:54.100
create endogenous prostaglandin release.

59
00:02:54.900 --> 00:02:58.400
Studies have shown that the addition of mifopristone 24

60
00:02:57.400 --> 00:03:01.000
to 36 hours before administration of

61
00:03:00.900 --> 00:03:04.000
exogenous prostaglandins can significantly

62
00:03:03.400 --> 00:03:06.300
reduce the induction to abortion time in

63
00:03:06.300 --> 00:03:09.800
the second trimester and the combination of both methods

64
00:03:09.800 --> 00:03:13.600
is the most effective causing approximately 95%

65
00:03:12.600 --> 00:03:15.600
to be complete within 24

66
00:03:15.600 --> 00:03:17.800
hours of initiating mesoprostol.

67
00:03:18.900 --> 00:03:21.600
Very Doses and routes of mesoprostol can

68
00:03:21.600 --> 00:03:24.000
be used for second trimester medication abortion.

69
00:03:24.800 --> 00:03:27.700
ACOG recommends a regimen of 200 milligrams

70
00:03:27.700 --> 00:03:30.800
of mifeprystone administered orally followed

71
00:03:30.800 --> 00:03:34.000
by 800 micrograms of misoprostol vaginally

72
00:03:33.600 --> 00:03:36.100
and then 400 micrograms of

73
00:03:36.100 --> 00:03:39.300
misoprostol vaginally are sublingually every three

74
00:03:39.300 --> 00:03:42.500
to four hours until abortion is complete for a

75
00:03:42.500 --> 00:03:43.600

total of five doses.

76
00:03:44.400 --> 00:03:47.300
While organizations recommend the combined regimen as

77
00:03:47.300 --> 00:03:50.700
first line mesoprostal alone is acceptable when

78
00:03:50.700 --> 00:03:53.700
mifidstone is not available an effective

79
00:03:53.700 --> 00:03:56.300
mesoprostol. Only regimen is to begin

80
00:03:56.300 --> 00:04:00.200
with an 800 microgram loading dose vaginally followed

81
00:03:59.200 --> 00:04:02.800
by 400 micrograms of mesoprostol either

82
00:04:02.800 --> 00:04:05.200
vaginally or sublingually every three

83
00:04:05.200 --> 00:04:07.700
to four hours for up to five doses.

84
00:04:08.600 --> 00:04:12.100
This table demonstrates the various recommended medication

85
00:04:11.100 --> 00:04:15.000
abortion regimens in the second trimester with

86
00:04:14.500 --> 00:04:16.900
and without mifopristone.

87
00:04:17.600 --> 00:04:20.300
These regimens are similarly recommended for those

88
00:04:20.300 --> 00:04:23.800
with prior uterine scars as there's no definitive evidence

89
00:04:23.800 --> 00:04:26.200
to demonstrate modification of risk of

90
00:04:26.200 --> 00:04:29.900
uterine scar dehiscence with altered mesoprostol regimens.

91
00:04:30.800 --> 00:04:33.800
if cervical dilation or complete abortion does

92
00:04:33.800 --> 00:04:37.100
not occur after five doses of mesoprostol based

93
00:04:36.100 --> 00:04:40.300
on the ACOG recommended regimen providers can

94
00:04:40.300 --> 00:04:44.000
use other methods for cervical ripening including osmotic

95
00:04:43.500 --> 00:04:46.400
dilators or fully balloon along

96
00:04:46.400 --> 00:04:50.600
with additional misoprostol or oxytocin amniotomy

97
00:04:49.600 --> 00:04:52.700
administering additional doses

98
00:04:52.700 --> 00:04:55.400
of mesoprostol after a 12 to 24 hour break

99
00:04:55.400 --> 00:04:58.500
or converting to a procedural abortion if

100
00:04:58.500 --> 00:04:59.000

feasible

101
00:05:00.200 --> 00:05:03.600
Both medication and procedural abortion are safe after

102
00:05:03.600 --> 00:05:06.300
the first trimester with very low rates of

103
00:05:06.300 --> 00:05:09.700
major complications particularly when compared with childbirth.

104
00:05:10.100 --> 00:05:13.300
patients preferences should primarily guide method choice

105
00:05:13.900 --> 00:05:16.500
Overall patients from all different backgrounds and

106
00:05:16.500 --> 00:05:19.700
circumstances have abortions after the first trimester

107
00:05:19.700 --> 00:05:23.000
and deserve Compassionate Care from well-trained

108
00:05:22.200 --> 00:05:25.400
providers. Please see other videos in this

109
00:05:25.400 --> 00:05:29.200
course for information on pre-procedural evaluation for

110
00:05:28.200 --> 00:05:31.500
providing both medication abortion and

111
00:05:31.500 --> 00:05:35.500
procedural abortion after the first trimester preventing and

112
00:05:35.500 --> 00:05:38.900
managing abortion complications and supporting patient decision

113
00:05:38.900 --> 00:05:41.300
making as they determine. What method is right

114
00:05:41.300 --> 00:05:41.600
for them.

115
00:05:43.200 --> 00:05:47.000
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