

Early Medical Abortion: Fact Sheet

Medical abortion is the use of tablets to terminate a first trimester pregnancy. The tablets used for medical abortion are Mifepristone and Misoprostol.

Mifepristone blocks the action of progesterone which is essential for establishment and development of pregnancy.

Misoprostol has a direct effect on the uterus and cervix, causing uterine contractions and cervical dilation.

Medical abortion tablets are NOT contraceptive tablets. The tablets are NOT suitable for all women. Special care must be taken to ensure patient does NOT have absolute or relative contraindications. The tablets do NOT prevent an ectopic pregnancy from growing.

There are also risks and complications associated with these tablets and the patient needs to be carefully monitored.

The Fertility Control Clinics abortion protocol adheres to best practice standards and sound medical evidence.

Professional care is provided at our accredited health care facility and our patients have access to a surgical abortion where the tablets have failed to work.

The Fertility Control Clinic provides 24-hour nurse aftercare telephone service on (03) 9419 2922 for help or advice.

The steps of a medical abortion procedure:

Day 1:

One (1) tablet of Mifepristone taken at the clinic

- You will see a doctor, counselor and pathology before taking the Mifepristone tablet. Sometimes bleeding can occur after taking the Mifepristone (first tablet) and before taking the Misoprostol. You will have access to a nurse, should you have problems or concerns.

Day 3:

Four (4) tablets of Misoprostol taken with pain relief and anti-nausea tablets at home.

- The tablets should be taken by holding the tablets in your mouth, between the cheek and gum, for 30 minutes. Within 1 hour and up to 6 hours, you should expect vaginal bleeding, cramps and to pass some pregnancy tissue. If no bleeding has occurred within 24 hours after taking Misoprostol, you should contact the clinic for advice

Day 10 -14:

A follow-up appointment at clinic

- You must attend the follow-up appointment because it is very important to confirm that the termination of the pregnancy is complete and to exclude possible complications.

A medical abortion is not suitable if:

- You are more than 56 days pregnant
- You have the following known or suspected: coagulation disease (bleeding disorder); taking anticoagulants; take steroids (e.g. for asthma uncontrolled by treatment); take corticosteroids; have adrenal failure; allergic to Mifepristone and Misoprostol; have an IUD in place; have a pelvic infection; and are breastfeeding

The most common side effects:

Bleeding / Pain and cramping / Nausea, vomiting and diarrhoea / Headache

The risks and complications:

- **Excessive bleeding:** 1-2 women in 1,000 may require a blood transfusion
- **Infection:** 1% of women may develop toxic shock syndrome which can lead to death
- **Incomplete abortion:** occurs in up to 5% of pregnancies
- **Continuing pregnancy:** in 1-2% of pregnancies, the tablets fail
- **Ectopic pregnancy:** the tablets will not end an ectopic pregnancy
- **Foetal malformations:** linked to the use of Misoprostol

Clinical monitoring and reporting:

Our Clinical Governance Committee monitor the quality and safety of medical abortion and report any adverse drug reactions to the Therapeutic Goods Administration.