

Fundamental information on medical abortion

For the physician

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Protocols used

- Recommended until 7 weeks LMP: 92-98% success
- Used till 9 weeks: 85% success
- Mifépristone 200 or 600 mg by mouth: *steroid and antiprogesterone*
- **Two days later:** Misoprostol 400 or 800 µg
- Administration per mouth, sublingual or vaginal: *prostaglandins, PGE1*

Overwhelming medical data

- Dating et localization
Conversation with the patient, clinical examination, level of plasma β HCG and ultrasound
- Abortion decision must be carefully considered
- Ability of the woman to participate

Counter-indications

- Clotting disorders
- Extra-uterine implantation
- Counter indication to the medication itself
- Serious anemia
- IUD still in place

Psycho-social counter indications

- Explanations not understood
- Ambivalent patients
- Patient living in poverty
- Obstacles to subsequent emergency treatment
- Impossibility of holding a follow-up visit

CHOOSING THE METHOD

▪ **ADVANTAGES AND DISADVANTAGES**

medical abortion / versus surgical abortion

▪ **CHOICE OF LOCATION**

home versus / versus hospital

Medical abortion

- Early, from 4 weeks LMP
- Until 7 or 9 weeks LMP
- Success 95-98%
- Evacuation may require from few hours till two days
- Bleeding sometimes lengthy
- Pain ++
- Follow-up +++
- The patient controls the treatment

Surgical abortion

- From 6-7 weeks LMP
- later till 14-22 weeks LMP
- Success = 99%
- Local or general anesthesia
- Quick evacuation
- Bleeding is controlled
- Pain +
- Follow-up +
- The doctor controls the treatment

Choice of location

Home

Stage < 7weeks LMP
Distance home hospital < 1 h
Closest relative recommended
Privacy and autonomy

Hospital

Stage > 7weeks LMP possible
Medical staff comforting
Pain treatment
Better if alone

Clinical scenarios

- The patient has already settled on the medical method
- The patient has chosen abortion but not the method
- The patient is ambivalent concerning the continuation of the pregnancy
- The patient changes her mind on which method to use
- The patient wants to keep the abortion a secret

Effects expected from the method

- Bleeding and sac's evacuation
- Pain
- Gastro intestinal problems
- Fever and headaches


Determination of effectiveness

- Conversation with the patient and clinical examination
- Drop of β HCG
- Ultrasound

Complications

- Evolutive pregnancy 1 to 2,5%
- Hemorrhage 0,3 to 2,6%
- Incomplete abortion 2 to 5%
- Infections: rare ! 0,1% to 0,9%

Failure of the method: any outcome that leads to surgery




Treatment of complications

- Hemorrhage: rapid aspiration
- Infection: antibiotics
- Evolutive pregnancy: aspiration
- Retention: abstention, medical treatment or aspiration



Contraception

- Discussed at the first visit
- Chosen by the patient
- Will be commenced immediately following the abortion
- Rediscussed in the follow-up visit



Medical abortion is an excellent method
for a well-informed patient
who chooses it