

Medical Abortion Care

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Objectives

1. Definition MA
 2. Counselling/consent
 3. Pre- abortion care
 4. Prescribing regimens
 5. Follow up/ complications
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- ▶ Nearly 1 in 3 women have an abortion during their reproductive years.
 - ▶ First trimester medical abortion has been rare in Canada before the approval of Mifegymiso
 - ▶ Federal approval of Mifegymiso medical abortion has the opportunity to increase access to induced abortion to Canadian women
 - ▶ Abortion care requires respect for women's autonomy in her reproductive health decisions, as well as confidentiality
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- ▶ Mifegymiso is covered for everyone in Ontario
 - ▶ Pharmacies, ultrasound dept, other practitioners may be resistant
 - ▶ Physicians are obligated by their licence to provide abortion or accurate information as to where to access
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Pr Mifegymiso

DIN 02444038

Mifegymiso contains:

Green box: **1 Mifepristone** tablet, 200 mg for oral use
Orange box: **4 Misoprostol** tablets, 200 mcg each (800 mcg total) for buccal use

Mifegymiso contient:

Boîte verte: **1 comprimé de mifépristone**, 200 mg pour usage oral
Boîte orange: **4 comprimés de misoprostol**, 200 mcg chacun (800 mcg au total) pour usage buccal

Store between 15-25°C in the original container. **KEEP OUT OF SIGHT AND REACH OF CHILDREN.**
Conserver entre 15-25°C dans le récipient d'origine. **GARDER HORS DE LA VUE ET DE LA PORTEE DES ENFANTS.**

Mifepristone tablet / comprimé
1 tablet / comprimé, 200 mg
Step 1 / Etape 1

KEEP OUT OF THE SIGHT AND REACH OF CHILDREN
Veillez lire le feuillet de renseignements pour les patients sur le médicament avant usage. **GARDEZ HORS DE LA VUE ET DE LA PORTEE DES ENFANTS.**

Read the Patient Medication Information leaflet before use.

Mifegymiso

24 - 48 hours after taking this tablet, you must do step 2.
24 - 48 heures après la prise de ce comprimé, vous devez faire l'étape 2.

1 tablet / comprimé, 200 mg
Step 1 / Etape 1

1 tablet / comprimé, 200 mg
Step 1 / Etape 1

1 tablet / comprimé, 200 mg
Step 1 / Etape 1

Misoprostol tablets / comprimés
4 tablets, 200 mcg each (800 mcg total)
4 comprimés, 200 mcg chacun (800 mcg au total)
Step 2 / Etape 2

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Key Statistics between Medical and Surgical Abortion

Key Outcome	Medical Abortion	Surgical Abortion
Completion rate, not requiring further intervention	95–98%	99%
Surgical aspiration rate	1.6%	Less than 1% reaspiration
Ongoing pregnancy with mifepristone–misoprostol regimen	0.5–0.9%	Less than 1%
Infection rate	0.18%	0.5%
Gestational age limit	Approved to 63 days	--
Cost	Cost of medications might be a concern in some provinces	No cost for the procedure but traveling expenses

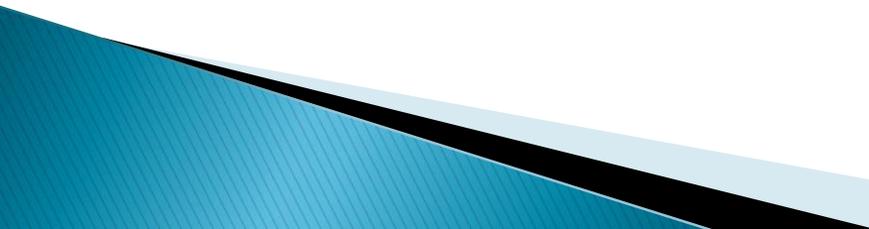
Medical Abortion

- ▶ Highly effective (>97%)
- ▶ Highly acceptable (63–96% choose again)
- ▶ Avoids surgery – usually more pain and bleeding than surgery
- ▶ Can take days to complete
- ▶ Heavy bleeding, more than a period
- ▶ Private– May want a support person
- ▶ Allows partner or support person to be present during abortion
- ▶ May require more than two visits
- ▶ May be shorter wait to obtain
- ▶ May be offered in a clinic or office

Surgical Abortion

- ▶ Highly effective (>99%)
- ▶ Highly acceptable (90–100% would choose again)
- ▶ May be done with sedation/anaesthesia
- ▶ Complete rapidly
- ▶ Light bleeding
- ▶ Low privacy–Need someone to take woman home
- ▶ Most clinics do not allow partners to be present, but some do
- ▶ Usually one or two visits
- ▶ May be a longer wait to obtain
- ▶ Usually in a hospital or abortion facility

Clinical Steps

1. Counsel and determine decision
 2. Focused history/physical exam
 3. Confirm GA
 4. Obtain BhG
 5. Obtain written consent
 6. Provide education materials
 7. Order Ultrasound
 8. Order BhCG x 2 reqs
 9. Rh-
 10. Physical Exam with STD testing
 11. Prescription for Mife
 12. Follow up in 7-14 days counsel contraception
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Pre-counselling

- ▶ Give opportunity to share the circumstances of the unplanned pregnancy
 - ▶ Review options
 - ▶ Define abortion and explore feelings, opinions and attitude towards abortion
 - ▶ Provide information on the types of abortions
 - ▶ Discuss the risks and benefits of the method being considered
 - ▶ Confirm that the decision is voluntary
 - ▶ Address emotional needs and offer follow up
 - ▶ Offer contraceptive care
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Counselling

- ▶ Most women have already made up their mind by the time they seek care, and counseling rarely changes the outcome. However, counselling can be helpful for some. While women should not rush their decision, they should be informed of the gestational age limits for abortion care services in their area.

Focused history and physical

- ▶ Confirm gestational age:
- ▶ Contraindications:
 - Anaemia
 - Coagulation disorders
 - Chronic steroid-dependent use
 - Asthma
 - Recent bleeding or pelvic pain
 - Infection, miscarriage or ectopic
 - IUD in place
 - Contraindications/ sensitivity for medications

Other considerations

Mifeguymiso may be offered with caution to women with:

- ▶ Renal failure
- ▶ Liver disease or liver failure
- ▶ Malnutrition
- ▶ Uncontrolled diabetes

May be offered safely to women who:

- ▶ Have had C section
 - ▶ Have had multiple gestations
 - ▶ Are obese
 - ▶ Have uterine abnormalities
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Gestational Age

- ▶ GA is days following first day of onset of LMP
 - Certainty of LMP
 - Clinical exam
 - **Ultrasound
 - Quantitative BhCG

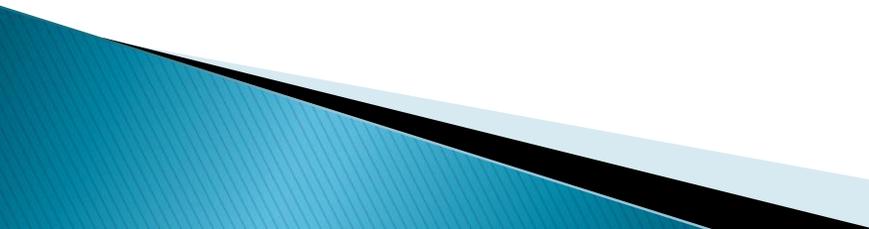
Last menstrual Period Dating

- ▶ Certainty of dating is highly predictable of GA
 - LMP is considered certain if:
 - Menses are predictably, regular, and recorded
 - Occurred at expected time
 - Menses was of expected duration
 - Inaccurate LMP when:
 - Lighter than usual
 - Does not take place on expected day, or spotting is present
 - Taking or discontinuing hormonal contraception
 - Breastfeeding

Psychosocial History

- ▶ Certainty of decision
 - ▶ Supportive person
 - ▶ Prior experience with MA or miscarriage
 - ▶ Access to a phone
 - ▶ Able to complete follow up
 - ▶ Awareness of any costs
 - ▶ Need super absorbent pads
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Education and Counselling for MA

- ▶ How drugs are administered
 - ▶ Effectiveness, effects and side effects
 - ▶ Information about teratogenicity
 - ▶ Need for follow up
 - ▶ What to expect
 - ▶ When to seek urgent care
 - ▶ Written information regarding whom to contact and where to access emergency care
 - ▶ Written information on signs and symptoms of ectopic pregnancy, complications (bleeding, pain, infection) and toxic shock syndrome
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Contraception Counselling

- ▶ Counselling should begin at first visit – ovulation can occur as early as 8 days after MA
 - ▶ Oral, patch, ring, injectable can begin day after administration of misoprostol
 - ▶ IUD or IUS can be inserted at one week follow up
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Administration

1. Mifepristone 200 mg is taken with water
2. Misoprostol 800 mcg may be administered buccally or vaginally(4 tabs x 200 mcg) at a convenient time 24–48 hours after mifepristone
3. Hold 2 tabs each cheek and gums for 30 minutes or insert into vagina

- ▶ Follow up BhCG within 7 days is required. A decrease of 50% at 24 hours post misoprostol or 80% at 7 days post mifepristone is expected, otherwise ectopic pregnancy must be ruled out

Misoprostol

- ▶ May be administered buccally, vaginally or sublingually
- ▶ Misoprostol 800 mcg (4 x 200 mcg tablets) should be self administered at a convenient time 24–28 hours after taking mifepristone
- ▶ For buccal administration, hold 4 tablets between cheek and gums (2 tablets in each cheek pouch) for 30 minutes and then swallow any fragments
- ▶ For vaginal administration, wash hands, then push 4 tablets up into the vaginal using the index finger

- ▶ Quickly absorbed orally and rapidly de-esterified in liver, peak levels within 30 min
 - ▶ Elimination half life 20–40 minutes
 - ▶ < 1% of active metabolite is excreted in urine
 - ▶ Renal dosing only for dialysis dependent
 - ▶ Administered sublingual and vaginally preferred
 - ▶ No known drug interactions
 - ▶ Antacids or food with administration may decrease bioavailability
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Expected symptoms

- ▶ Cramping and bleeding within 30–60 minutes of taking Misoprostol
 - ▶ Bleeding heavier than menstrual bleeding
 - ▶ Clots normal
 - ▶ Headache, muscle ache, low-grade fever, chills and flu-like symptoms may occur within 24 hours of taking misoprostol
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Not normal

- ▶ High fever (. 38 degrees) at anytime or a low grade fever that lasts for more than 4 hours
- ▶ Severe pain that does not improve after taking pain medication
- ▶ Heavy bleeding to the point of soaking more than 2 maxi-pads per hour for more than 2 hours in a row
- ▶ Flu-like symptoms or gastrointestinal symptoms lasting longer than 24 hours after Misoprostol.
- ▶ Foul smelling vaginal discharge

REPRODUCTIVE RIGHTS HEALTH RESOURCES

Cover Contraception

<https://www.covercontraception.org/>

Action Canada for Sexual Health and Rights

<https://www.actioncanadashr.org/>

National Abortion Federation Canada (offers a course)

<https://nafcanada.org/>

Reproductive Health Access Project

<https://www.reproductiveaccess.org/>

Planned Parenthood Ottawa

<https://ppottawa.ca/>

Period Poverty

<https://www.unfpa.org/menstruationfaq>