

# FACTSHEET: Medical Abortion

For patients having a medical termination of pregnancy

## What is a medical abortion?

A medical abortion is a safe and effective method of terminating a pregnancy up to 9 weeks (63 days) gestation using medication rather than surgery. Medical abortion, also known as non-surgical abortion, is available at Clinic 66.

A medical abortion is a two-stage process. The first stage involves taking a tablet which blocks the hormone necessary for the pregnancy to continue. This is followed 24-48 hours later by a second medication which causes the contents of the uterus to be expelled. In essence, the medication induces a miscarriage.

Overall, medical abortions are a low risk, non-surgical option for early termination with a high success rate, up to 98%.

## Medicines used for a medication termination

There are two drugs that are used for a medical termination of a pregnancy. The first, which you will take in the clinic, is Mifepristone which blocks the effects of progesterone, the hormone that is needed for a pregnancy to continue. This stops the pregnancy from developing.

Then between 24 and 48 hours after taking the Mifepristone tablet, you will need to take 4 x Misoprostol tablets at home.

Misoprostol is a prostaglandin medication, designed to soften the cervix and make the womb (uterus) contract. This helps to push out the pregnancy tissue. In this way, Mifepristone and Misoprostol work together to end a pregnancy.

Before you are given any of the medicines, you will need to have an ultrasound scan. If the doctor assesses that your pregnancy is up to but not greater than 63 days in duration, and if a medical termination is suitable for you, then you should be able to start the treatment.



# Before you begin the treatment

A medical termination may not be possible or might not be a good option for you if:

- you are pregnant and might wish to continue with your pregnancy,
- your pregnancy is assessed as being of more than 63 days duration,
- you have a known or suspected ectopic pregnancy (a pregnancy outside of the womb),
- you have a known or suspected bleeding disorder,
- you are taking blood thinning medications (anticoagulants),
- you are regularly taking steroid treatment for arthritis or asthma or any other illness that requires steroid medicines,
- your adrenal glands do not work very well,
- you have a known allergy to Mifepristone, Misoprostol or prostaglandins,
- you have an intrauterine contraceptive (IUD) still in the uterus (womb)
- you have an infection in the womb or fallopian tubes,
- you are already quite anemic,

You do NOT need to have your blood checked, although if you attend the clinic in person, we usually take a baseline hormone level. There are other occasions when we recommend blood test to check hormone levels eg to rule out ectopic pregnancy.

You WILL be offered screening for Chlamydia, which is a common sexually transmitted infection, and can be present without a person knowing that they have it. Women who have a silent chlamydia infection who undergo medical abortion are at increased risk of infection, so we recommend that all women are tested. This can be done via a urine test.



# How to take the medicines

There are two parts to the process of a medical termination:

## The first step

You will take a single tablet of Mifepristone. This stops the pregnancy from developing further. Some women will get some bleeding and cramping after the first tablet. If this occurs, it is not a problem. Just wear a pad as you would normally. **Do not use a tampon.** However, some women don't feel any different after the first tablet, although some do find that the symptoms of pregnancy start to disappear.

## The second step

The next part of the treatment is to take 4 x Misoprostol tablets. You should plan for a very quiet day when you are going to take the Misoprostol tablets, as this is when you will miscarry. You should try to have someone with you, who knows what is happening, to provide support and assistance, if needed.

You will need to take the Misoprostol tablets between 24 and 48 hours after you took the Mifepristone tablet. You can decide on the exact time that you take the Misoprostol, so plan to fit this in with your routine or daily schedule. We recommend you do this in the morning, so the miscarriage process should be complete by late afternoon.

Take some pain-relief tablets, such as Paracetamol or Ibuprofen at least 45 minutes before you intend to start taking the Misoprostol tablets. We can give you a prescription for stronger painkillers if it is required.

When you take the Misoprostol tablets, we recommend "buccal administration". i.e. Misoprostol tablets are held in your mouth, between the cheek and gum, for 30 minutes. Any fragments of the tablets left after 30 minutes can be swallowed with a glass of water. This method of taking the tablets has been shown to be the most effective.

After this, you can expect some vaginal bleeding, cramps, and possibly to pass some pregnancy tissue. This commonly happens within four hours, but in some cases may occur anywhere between 30 minutes and 48 hours after taking the Misoprostol tablets. The bleeding lasts on average for 10 to 16 days and may be heavy, particularly in the first day or so.

Most women require no further medication. However, if no bleeding has occurred within 24 hours after taking the Misoprostol, you should contact us as soon as possible. Your doctor may then ask you to take a second dose of Misoprostol.



## Signs & Symptoms of the treatment

The information that follows lists the most common symptoms you may experience as part of the medical termination process. It is important to understand these symptoms and risks that may arise from using this treatment.

### Vaginal Bleeding:

- The start of bleeding will usually begin within **4 hours** of taking the misoprostol tablets and most women will experience bleeding starting within 48 hours.
- Bleeding can range from light to heavy. Bleeding is usually more than a typical menstrual period.
- Bleeding should diminish once the pregnancy tissue is expelled. Pregnancy tissue looks like whitish mucus.
- Vaginal bleeding does not mean that the pregnancy has been expelled. **A follow-up assessment is necessary, to confirm the ending of your pregnancy.**
- The follow up is very important. If you have pregnancy tissue left behind and don't know about it, you could become unwell. You may need to have an additional ultrasound examination, and/or blood tests to make sure that your uterus is empty.
- The bleeding lasts on average for 10 to 16 days. Light bleeding can continue for 30 days or more.
- Your period will usually return to normal within 6 weeks of the miscarriage.

## Problem Bleeding

- It is concerning if you saturate **two (2)** or more sanitary pads per hour for **two (2)** consecutive hours i.e. more than 4 pads in two hours.
- If you experience bleeding that seems to be too heavy or are at all concerned about the amount of bleeding you are experiencing, then you should contact the clinic or your doctor or call the **MS Health 24-hour Nurse After-care Telephone Service on 1300 515 883.**

## Cramping

- Cramping usually starts quite soon after taking the Misoprostol tablets and will commonly start within 4 hours of taking the tablets. Cramping can range from mild to severe and is usually more than you would experience in a typical menstrual period.
- Significant cramping should diminish once the pregnancy is expelled from the uterus and does not usually last longer than 24 hours.

## Pain Management

To help control your pain, you should:

- use a hot pack on your lower abdomen or back,
- walk around and/or sit on the toilet,
- massage your lower abdomen quite often; and,
- take some pain relief medications, as directed by us or your doctor.

## Other possible side effects

Sometimes the medical termination treatment can cause headaches, breast tenderness, fainting, hot flushes, skin rashes or itching. Misoprostol tablets can cause nausea, vomiting, diarrhoea, dizziness, pain or discomfort in the abdomen, cramps, fever, and chills.

These side effects are usually only experienced for a short time and should not last more than 24 hours. If you experience problems or are at all concerned about side-effects you should contact the clinic, your doctor, or the **MS Health 24-hour Nurse After-care Telephone Service on 1300 515 883.**



## Possible adverse side effects

Although cramping and bleeding are expected as part of ending a pregnancy, rarely, serious and potentially life-threatening bleeding, infections or other problems can occur following a medical abortion. The use of this treatment is not risk free.

You should get immediate advice or seek medical attention if you experience:

- heavy vaginal bleeding- soaking **two (2)** or more sanitary pads per hour for **two (2)** consecutive hours or pass large, fist-sized clots.
- prolonged heavy bleeding. It is expected that, on average, bleeding will continue for 10 to 16 days after a medical termination and may initially be quite heavy. You should be seen at the clinic for any bleeding that continues for more than four weeks.
- severe cramping or abdominal pain which is not improved by pain-relief medication.
- fever or chills that last for more than 6 hours.
- any abnormal vaginal discharge.
- feeling sick with weakness, fatigue, nausea, vomiting, or diarrhoea more than 24 hours after taking the Misoprostol tablets.

## Follow Up

It is extremely important that you stick to any follow-up arrangements or appointments that you have been advised to complete.

Follow-up is essential to confirm that the termination of pregnancy has been successful. If the termination is not complete, we will discuss any further treatment options, which may include surgery. We will advocate for you if you need to see another doctor or go to hospital.

It is strongly recommended that you do not plan to travel during the time that you are bleeding so that you can visit the clinic or your doctor if it seems necessary.

## For more information

For further information visit our website at: [www.clinic66.com.au](http://www.clinic66.com.au)

<https://www.clinic66.com.au/surgical-vs-medical-termination>

<https://www.clinic66.com.au/medical-abortion>

<https://www.clinic66.com.au/medical-abortion-preparation>

<https://www.clinic66.com.au/tele-abortion>