

Fact Sheet: Pregnancy Advisory Centre

EARLY MEDICATION ABORTION

An early medication abortion can occur by using two medications, mifepristone and misoprostol to cause the pregnancy to miscarry.

Since its first use in 1988, mifepristone has been safely used by millions of women world-wide with approximately 95-98% experiencing a successful abortion.

What you can expect:

You can expect to be at a health facility for approximately two hours where you will be assessed by a health worker and doctor and then take the first medication. You will be able to return to work or resume your normal daily activities at home until you take the second medications 24- 48 hours later. On the day you take the second lot of medications it is recommended you have a support person who can stay with you at home.

How it works:

A tablet, mifepristone, blocks the action of progesterone, a hormone essential for pregnancy. This changes the lining of the uterus preventing the pregnancy from continuing. It opens the cervix and increases the sensitivity of the uterus to the second medication

The second medication misoprostol, also taken orally, is administered up to 48 hours after the first medication, causing the uterus to contract, assisting the expulsion of the pregnancy tissue.

NB: these two medications will not prevent an ectopic pregnancy from growing. An ultrasound and a blood test are essential to exclude ectopic pregnancy prior to an early medication abortion.

Possible side effects:

These medications cause **cramping, pain** and **bleeding**, usually after one to six hours of taking the Misoprostol tablets. Pain can vary from mild period type pain to severe cramping and pain. For most people the pain can be managed by pain relieving medication.

Bleeding: can vary from light spotting to a very heavy flow with blood clots and pregnancy tissue. The duration of the bleeding can also vary – most people will experience spotting for two to six weeks after the procedure, however, if there is stop/start bleeding a review by your medical practitioner is recommended.

Headaches, nausea or vomiting can occur along with **chills** and or **flushes**.

Continuing pregnancy: minimal bleeding and continuing pregnancy symptoms can mean the pregnancy is still present. This occurs in about 1% of early medication abortions and requires a follow up surgical termination.

Continuing pain and bleeding: for approximately 2% of clients having an early medication abortion, the tissue will not be completely expelled from the uterus and pain/bleeding can persist. A surgical procedure, known as a dilatation & curette may be needed in these circumstances. D&C procedures are very safe but do have some risks and these will be explained to you if you require a D&C procedure.

Future fertility: early medication abortion does not reduce the chance of becoming pregnant again. You can become fertile as early as two weeks after an abortion and need to consider contraception as soon as the current pregnancy is over.

Follow up care and support:

A low sensitivity urine test will be provided to be completed at home 3 weeks after. Occasionally a blood test or an ultrasound may also be used to confirm the abortion is completed.

24 hours telephone support is available for clients who have an early medication abortion procedure.

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The following table provides a comparison of what you can expect for each of the procedures.

Please do not hesitate to ask the health work to explain anything about this information that is unclear to you.

Medication abortion for a pregnancy less than 9 weeks (PBS) or 10 weeks (Non PBS)	Surgical abortion
Can be used from 4 weeks after last period.	May not be available before 6 weeks from last period.
Most effective for a pregnancy of less than 10 weeks.	Most effective for a pregnancy of more than 7 weeks.
Resembles a natural miscarriage.	Involves inserting a tube into the uterus to remove the contents.
Abortion process lasts one to two days.	The operation procedure is completed within 10–15 minutes.
Clients can expect to be at the PAC for at least 2 hours.	Clients can expect to be having two clinic visits and be at the hospital for up to five hours on the day of operation procedure.
The abortion usually happens at home and support is required.	The abortion operation happens in a health facility. Overnight support is required after an anaesthetic.
May be painful for a number of hours after using misoprostol.	May be mildly painful afterwards when the uterus contracts.
Longer period of bleeding up to several weeks.	Shorter period of bleeding.
Anaesthesia is not needed. Pain medication will be provided for you.	Pain medication, light sedation and anaesthesia are required for the procedure.
Severe complications are rare.	Severe complications are rare.

For more information

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<https://www.sahealth.sa.gov.au/pregnancyadvisorycentre>



