

Medication Abortion

What you need to know even if you aren't prescribing

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Objectives

1. Understand medications used in medication abortion and the mechanism of action
2. Understand likely complications of the procedure and how to manage them.
3. Review a sample protocol for management of abortion and early pregnancy loss.
4. Review the current legal status of abortion in Montana

Disclaimer: this will not be a comprehensive training on medication abortion.



Early Abortion Options


Medication

- High success rate (92-99%)
- Up to 10-11 weeks
- Can be started in clinic and completed at home
- Abortion occurs within 24 hours of second medication

Procedure

- High success rate (99%)
- Up to 13 weeks for D&C
- Up to 22 weeks 6 days for D&E
- Must be done in the office
- Procedure takes 10-15 minutes

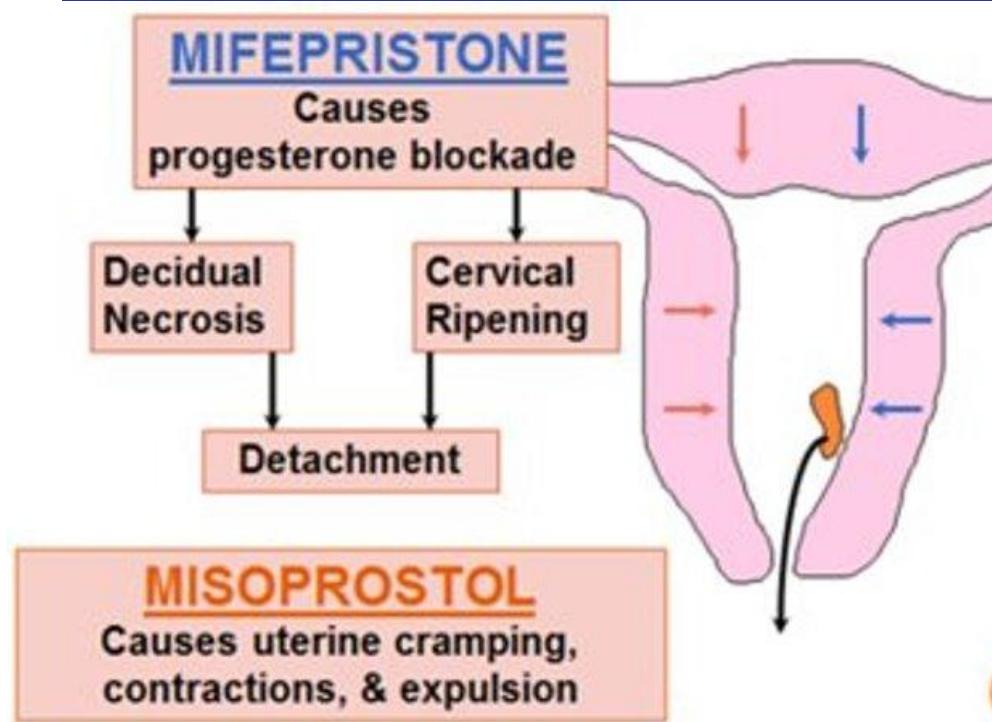
Considerations prior to medication abortion

- Hx of C/S does not increase risk of complication in MAB (might in D&C/D&E)
 - Multiparity does not increase the risk of complication in MAB
 - If doing procedural abortion, may want to consider risk of uterine atony
 - Large fibroids, nulliparity, young age, or poor procedural tolerance make MAB possibly a better option than procedural abortion
 - **Contraindications**
 - Known coagulopathy
 - IUD in place
 - Chronic renal insufficiency/chronic steroid use
 - Ectopic pregnancy
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Medication Mechanism

Mifepristone: interrupts progesterone preventing implantation

Misoprostol: stimulates the uterus to contract and expel the pregnancy



Side Effect Management

Nausea: ondansetron ODT

Cramping: ibuprofen 800 mg

Associate Signed Orders

Orders Signed This Visit (5)

- ibuprofen (MOTRIN;ADVIL) 800 mg oral TABS**
Disp-10 tablet, R-0, Take 1 tablet (800 mg) by mouth every 8 hours as needed for Pain., Normal
- miSOPROStol (CYTOTEC) 200 mcg oral tablet**
Disp-4 tablet, R-0, Dissolve 4 tablets (800 mcg) between cheek and gums one time for 1 dose. Take 24-48 hours after mifepristone administration in the clinic Place two misoprostol pills inside your right cheek and two pills inside your left cheek. Allow them to dissolve and soften for 30 minutes and then swallow them., Normal
- miSOPROStol (CYTOTEC) 200 mcg oral tablet**
Disp-4 tablet, R-0, 4 tablets (800 mcg) by Vaginal route one time for 1 dose. For Vaginal Use- Insert 4 tablets 6 hours after your first misoprostol dose. Lie down and put 4 misoprostol pills in your vagina and push them in far enough so they don't fall out. For Oral Use-Take 6 hours after your first misoprostol dose. Place two misoprostol pills inside your right cheek and two pills inside your left cheek. Allow them to dissolve and soften for 30 minutes and then swallow them., Normal
- ondansetron (ZOFRAN ODT) 4 mg oral disintegrating tablet**
Disp-10 tablet, R-0, Take 1 tablet (4 mg) by mouth every 8 hours as needed for Nausea/Vomiting., Normal
- mifepristone (MIFEPREX) tablet 200 mg**
200 mg
I attest that I am a REMS certified to provide mifepristone: Yes
The pregnancy is viable: Yes
Oral, ONE TIME, 1 dose, On Wed 11/9/22 at 1910

Complications/Concerns

- Bleeding:
 - Heaviest about 2-5 hours after taking misoprostol and slows within 24 hours.
 - Bleeding can last up to 4 weeks
 - If soaking more than 2 pads/hr for more than 2 consecutive hours, should be evaluated for hypovolemia.
 - Significant bleeding requiring transfusion is extremely rare.
- Other side effects
 - Low-grade fever, chills, nausea, vomiting, diarrhea, flu-like symptoms all can be side effects of misoprostol. All should resolve within 6 hours of administration.



Mife/Miso Protocol

- **Prior to administration**
 - Ectopic Risk Factors?
 - Rh status? Rhogam not needed if <8w
 - Ultrasound to confirm dates if dating not certain (irregular menses, recent hormonal contraception, etc)
- Administer **mifepristone 200 mg po** in clinic.
- Patient chooses either **buccal or vaginal misoprostol** administration
 - Buccal administration: 800 mcg 24-48 hours after mifepristone
 - Vaginal administration: 800 mcg 6-48 hours after mifepristone
 - For **pregnancies >9w**, give second dose by same route 4 hours after first dose.

Patient Instructions

C. Take the misoprostol (Day 1, 2, or 3)

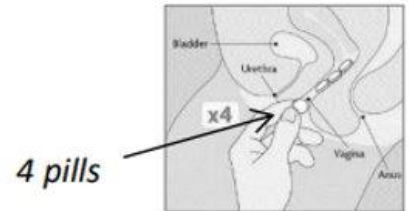
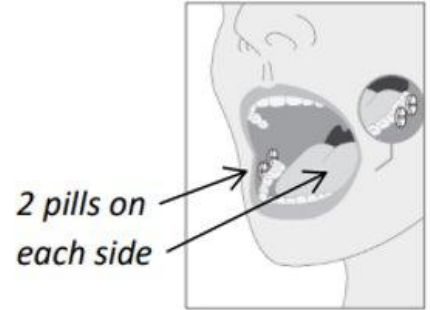
Before you take the misoprostol, swallow one tablet of ibuprofen 800 mg to reduce cramps. You may also take one tablet of ondansetron 8 mg to reduce nausea.

-- 30 minutes later, take the misoprostol using your chosen method:

- a) **BUCCAL**: Take the misoprostol between 24 and 48 hours after the mifepristone. Put **FOUR** tablets of misoprostol between your cheek and gum, 2 on each side of your mouth. Let them dissolve for 30 minutes. After 30 minutes, swallow any remaining pill fragments with water.

OR

- b) **VAGINAL**: Take the misoprostol 6-48 hours after the mifepristone. Wash your hands, then lie down and use your finger to insert **FOUR** tablets one at a time as high up into your vagina as your fingers can reach. Remain lying down for 30 minutes. You may then resume normal activity. Don't worry if pieces of the tablets come out at that point, as the medicine has already been absorbed.




Follow-Up

- **Confirmation of completed abortion**
 - Quantitative bHCG (must have initial drawn day of MAB). Drop >50% in 48 h or 80% in 7 days.
 - TV US at 1-2 weeks (should have initial one done at least 1 day prior to MAB)
 - Home pregnancy test at 4 weeks
- **Address contraception**
 - OCPs can be started day of MAB
 - IUD, DMPA, Implant should be scheduled after confirmation of completed abortion
 - Tubal ligation: federal consent cannot be signed on same day as an abortion



Gratitude to Dr. Jenna Walters and Dr. Kris Schwacha,
Hennepin Healthcare Family Medicine Faculty, creators of
the Hennepin protocol shared here.

Montana legal landscape

- 20 week ban is currently temporarily enjoined (law not in effect)
 - A restriction on exceptions after viability has been temporarily blocked by a district court in Montana.
 - A second physician is required to approve an abortion if after viability.
 - Abortions after viability are banned except in the case of danger to the mother's life and physical health
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Resources/References

- Reproductive Health Access Abortion section
- Reproductive Health Education in Family Medicine (RHEDI)
- Guttmacher Institute (law/policy)
 - Overview of State Abortion Laws



Questions/Discussion

