Medical Abortion

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Conflict of Interest

- Salaried physician at Women’s Health Clinic
- No conflicts to disclose.

Objectives

- To become familiar with the procedure for a medical abortion using mifegymiso
- To be able to manage possible complications of this procedure;
- To develop a plan to integrate medical abortions into your practice.

BACKGROUND

- Available for years in other countries. Mifepristone/misoprostol is 96 to 98% effective up to 63 days gestational age (closer to 98% at 47 days)
- Canadian guidelines have been evolving.
- Approved up to 63 days EGA (used up to 70 days commonly in other countries)
- Initially there was a course through the SOGC that was required to prescribe. NOT NOW. Nurse practitioners and physicians can prescribe this.

What is a Medical Abortion?

- Using a combination of two medications to terminate a pregnancy.
- Mifepristone followed by misoprostal.
- Alternate to a surgical abortion in early pregnancy.

MEDICAL ABORTION – MEDICATIONS- Mifegymiso

Mifepristone – an “anti progestin” or a Progestin blocker.

- taken in the office but not necessarily

Misoprostol – Prostaglandin E1

- stimulates uterine contractions to empty the uterus.
- taken buccally 24 to 48 hours later.

Packaged as 200 mgs Mife/800 mcgs misoprostol

Surgical vs Medical Abortion in Early Pregnancy

Surgical Abortion

- May be done in one or two visits
- Procedure is completed within a short period of time with good pain control.
- Post op bleeding is less.
- Less private. Done in a hospital or a clinic.
- Costs covered if have Manitoba Health Coverage or third party coverage.
- Risk of injury to cervix or uterus.
- Available up to 19 weeks 6 days in Manitoba.
- Access variable depending on where located.

Medical Abortion

- May be done in one or two visits but requires a follow up contact and blood work.
- Process takes place over several days. Unpredictable when will actually pass the tissue but usually in 4 to 6 hours.
- Bleeding and pain before and during passage of pregnancy can be considerable.
- More private as done at home.
- Feels more natural to some women as like a spontaneous abortion.
- Costs covered depending on the circumstance.
- Available up to 63 days in Manitoba
- Could be managed by primary care provider

Eligibility for medication abortion

- Pregnancy of 63 days or less and intrauterine (ideally u/s confirmed)
- Do not have to have an ultrasound if can confidently assess dates to be under 63 days (combination of certain dates/bimanual examination)
- Office ultrasound if available.

Eligibility

- No contraindication to medications being used.
- Contraindications for Misoprostol
  – uncontrolled severe asthma
  - inflammatory bowel disease
- Allergy to mifepristone or misoprostol
- Not on anticoagulant or chronic oral steroids (puffer for asthma ok)

Eligibility

No medical condition that would increase complication risk

- cardiac disease
- renal failure
- severe liver disease
- bleeding disorder
- porphyria
- adrenal failure
- anemia with hemoglobin less than 95
- severe uncontrolled asthma

Eligibilitiy

- Sure of decision to terminate pregnancy
- Willing to have surgical abortion if medical abortion fails

Eligibility

- Access to emergency care if needed.
- Distance to emergency care.
- Access to a phone to call for help and for follow up
- Transportation
- *Access to a washroom
- *Privacy

*not an absolute contraindication but worth discussing

What if they are breast feeding?

- Debate on this subject.
- No problem with mifepristone.
- Misoprostol may cause diarrhea in breastfeeding infant. May consider “pumping and dumping” for 8 to 24 hours after but many suggest no need

What if they have an IUD in place?

- The IUD must be removed before the medication is given.
- Consideration must be given to whether this pregnancy is ectopic.
- Ideally an ultrasound is done to ensure intrauterine pregnancy before the medical abortion.

What if the pregnancy is ectopic?

- Mifegymiso will not work if the pregnancy is not in the uterus (methotrexate would be the medication used)
- If you have a high index of suspicion or are certain that this is ectopic this requires an alternate approach which depends on where you practice. Termed a Pregnancy of Unknown Location or PUL.
- If a woman takes mifegymiso and turns out to have an ectopic pregnancy the BHCG will not drop appropriately which will signal to the physician that she needs assessment/treatment for an ectopic pregnancy. If you are concerned that this might be an ectopic follow up is in 24 to 48 hours after the mifegymiso with a beta HCG instead of a week.

Cost

- Mifegymiso costs approximately $ 320. 00 depending on where dispensed. Pain meds additional cost. We also give Naproxen 250 mg. Tylenol 3 and Gravol to help manage the side effects.
- Cost is covered if receive care at

  -Health Sciences Centre/Women's Hospital

  - Women's Health Clinic

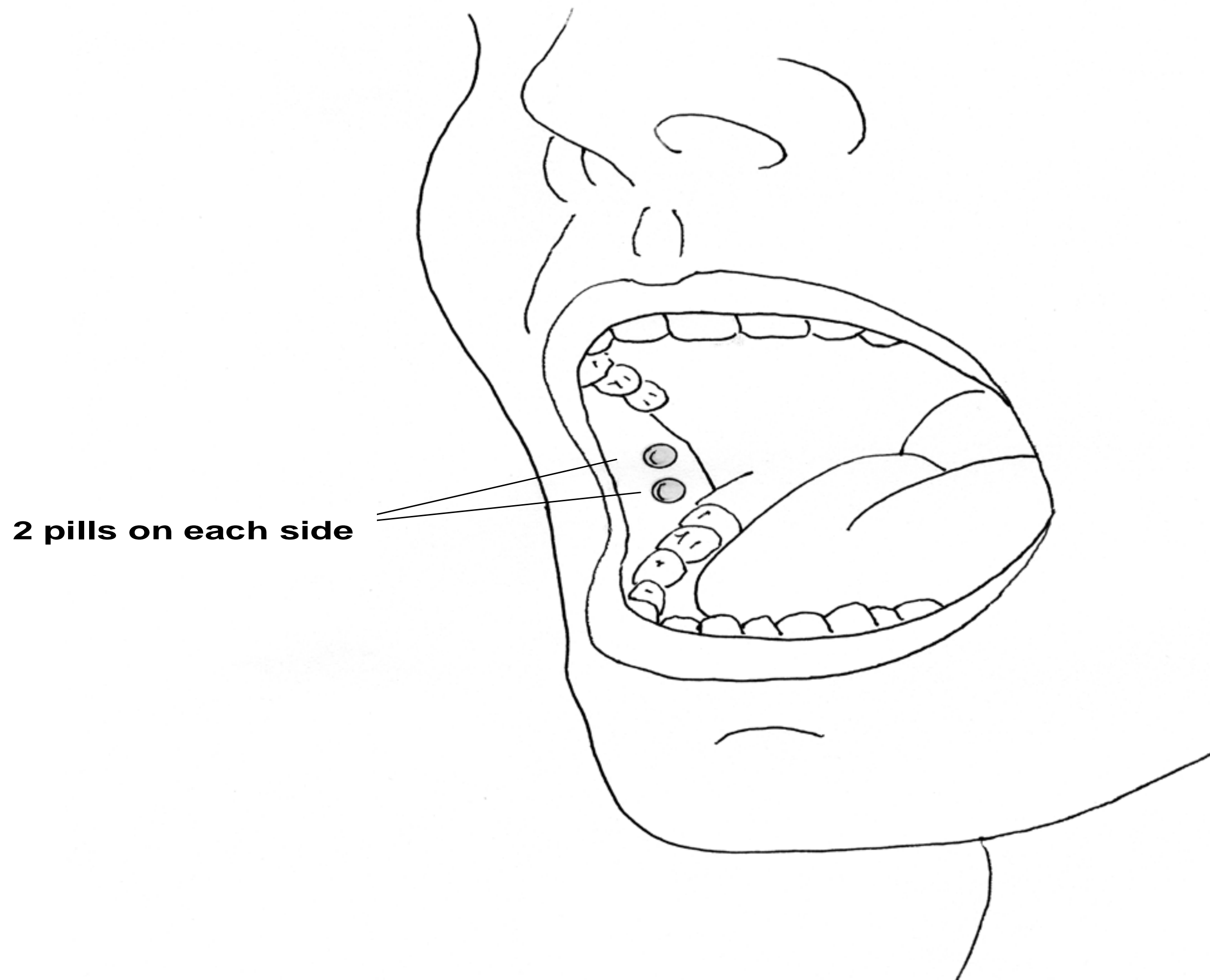
  - Brandon

FNIHB covers

EIA

Private drug plans may cover

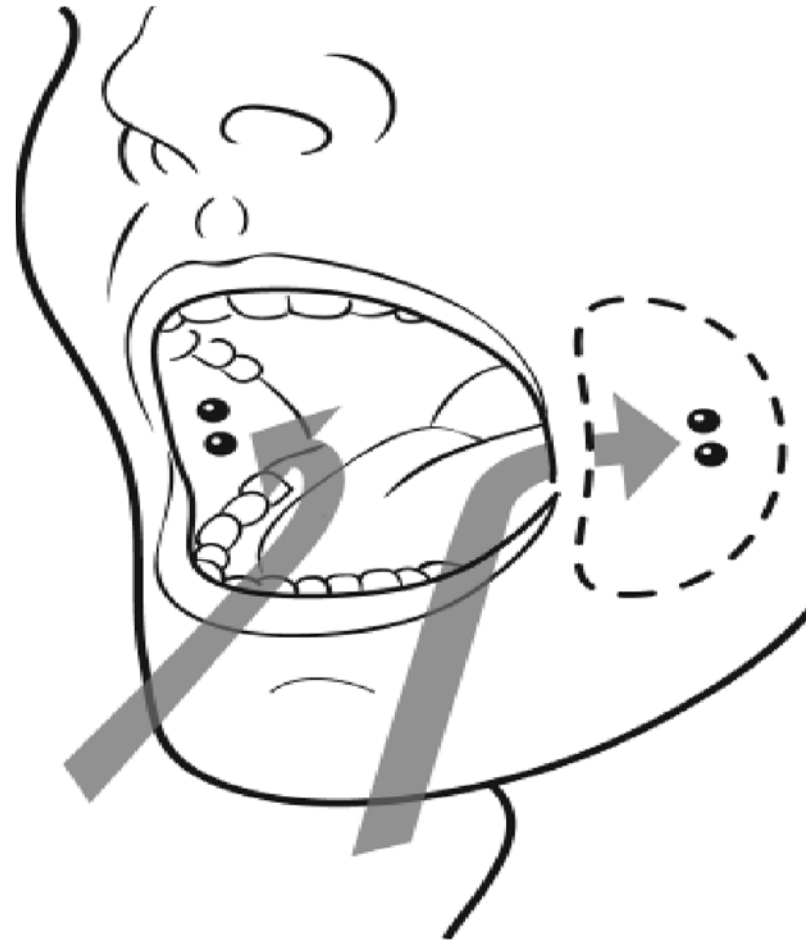
How to take misoprostol



- 24-48 hours after mifepristone
- four pills in buccal space x 30 minutes
- then swallow remaining pill fragments

Many different routes of misoprostol have been studied

- Oral – more side effects
- Vaginal - ? more infection
- Sublingual
- buccal



Medication side effects – (primarily from Misoprostol)

- Nausea – 75% of women
- Vomiting – 47%
- Headache
- Diarrhea 43%
- Dizziness
- Fever/chills (misoprostol) last up to 4 hours then should go. 47%

Symptoms should resolve 4 to 6 hours after the misoprostal is taken.

Safety of Mifepristone/Misoprostol Abortions

- 2/1000 – Infection most treated with oral antibiotics. Rare Clostridia infections need to be monitored for. May be less with buccal vs vaginal misoprostol. 5/1,000,000 fatal infection. No reported clostridial death in 8 years.
- 1/1000 – Heavy bleeding requiring transfusion
- 1/100 – require surgical intervention (by choice or by necessity).
- Birth defects related to misoprostol use have been described.
- No effect on future fertility.
- Death risk 1/100,000 (childbirth 1/10,000) (USA figures.)

Preparation for Medical Abortion

- Vaginal ultrasound less than 63 days gestation and intrauterine (if not seen on ultrasound be concerned about possible ectopic and manage accordingly)
- History – ensure no contraindications.
- Physical exam – BP, pulse, pelvic exam only if indicated (IUD needing removal, dating)
- STI screening (urine test for gc/chly) (optional)
- Lab - Rh typing, quantitative BHCG (Hemoglobin if has symptoms of anemia) Blood for STBBI – Hep B, Syphilis, HIV (optional)

The process

- **Dose** – Mifepristone 200 mg orally.   Usually taken at physicians office but doesn’t have to be. Could fill the prescription and take at home.
- Misoprostol 800 mcgs buccal (4 tablets of 200 mcgs) to take 24 to 48 hours later. Vaginal administration less popular due to concerns re infection (clostridium)
- Pain medication – Naproxen 20 tabs and 4 to 8 tablets of Tylenol 3 or Percocet. To start with NSAID and top up with narcotic if necessary. Prescription or medications given at visit.
- Use Gravol if nauseated. May advise to take it before the misoprostol.

NO prophylactic treatment with antibiotics.

- Winrho if Rh negative. Although difference of opinion between Canadian Blood Services and SOGC who says it is not necessary. Should be offered Winrho if Rh negative. If refuses Winrho document this well.

Tell Women what to expect

Can expect significant cramping and bleeding like a heavy painful period within 4 to 24 hours of taking the misoprostol. 93% will abort within 4 hours. Then can expect spotting or a light period for several weeks (like a spontaneous abortion). Sometimes the bleeding starts after the mifepristone but still need the misoprostol.

If no bleeding within 24 hours of taking the misoprostol should call and may need an additional 800 mcgs of misoprostol.

May start hormonal contraceptives once have passed the products. IUD/S and depo can be started at one week follow up if demonstrated completed abortion. (this doesn’t mean an empty uterus on ultrasound just a terminated pregnancy is what is necessary)

Advice to clients after taking misoprostol

- Use pain medicines
- Drink plenty of fluids
- Schedule the day off
- Be near a bathroom
- Eat what you feel like eating
- Music, massage, movie, rest
- Someone can bring you tea, food, etc.

“Paper” Work

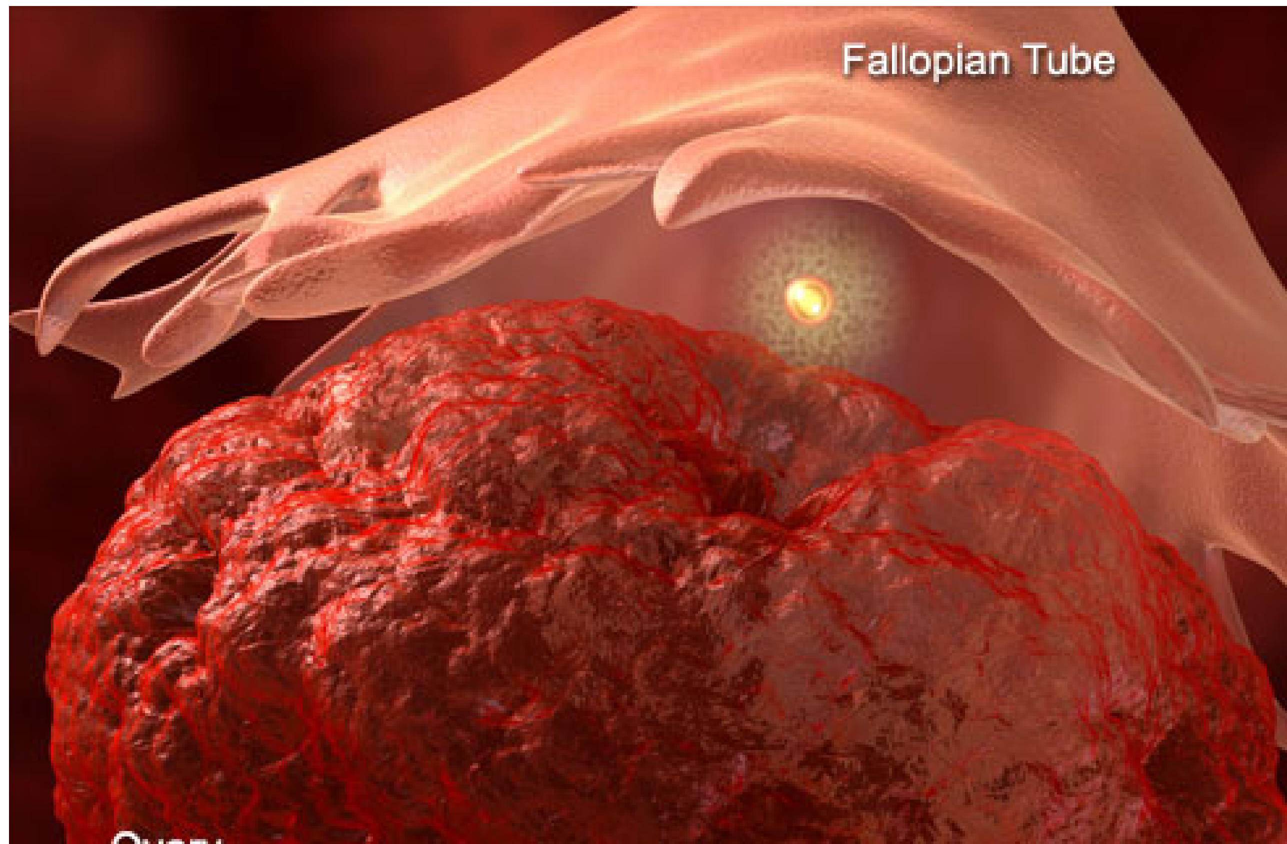
- Give client information to take home about How to take their medications and when to call for help.
- Sign consent form.
- Give requisition for repeat urgent quantitative BHCG to do a day or two before their follow up visit usually the follow up is in 7 to 10 days.
- Prescription contraceptive of their choice and information on when to start and how to use successfully.
- Give contact information with respect to who to contact if they are having trouble or have questions.
- Plan follow up contact – have several accurate contact numbers.
- Document well. Use macro if have an electronic record.

Follow up visit (7 to 10 days post medications)

- History of increasing pain and bleeding after misoprostal. Passing clots perhaps tissue then bleeding and pain subsided.
- Pregnancy symptoms gone.
- No symptoms of infection. Emotionally ok.
- Check quantitative blood Beta HCG. Should be reduced by 80% from pre procedure.
- Also could do another ultrasound to confirm completion if any concerns but know that likely will see debris at this point.
- Ensure birth control plan in place.
- IUD can be inserted. Depo provera could be given.

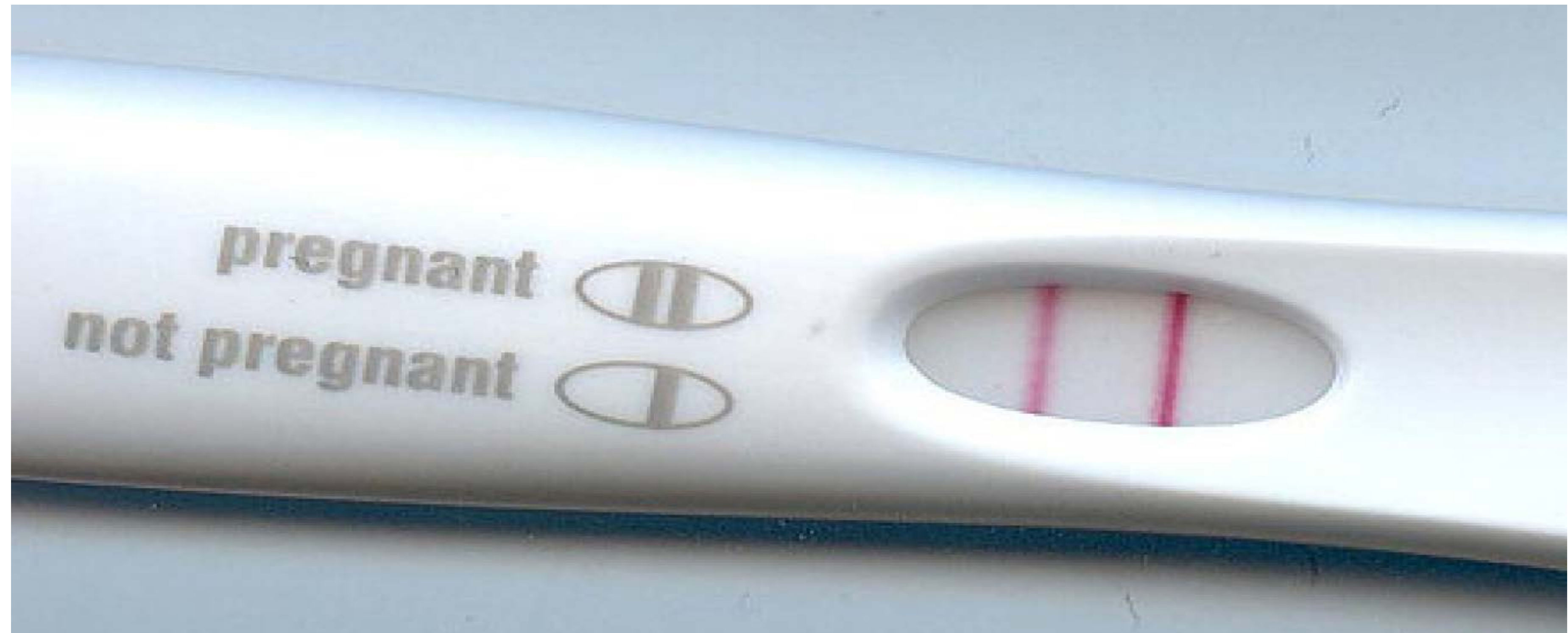
Ovulation can occur quickly

Study showed ovulation occurred 8 to 36 days after mifepristone



Cautions: Do NOT do a pregnancy test

Pregnancy test can be positive for 6 weeks even with a successful abortion



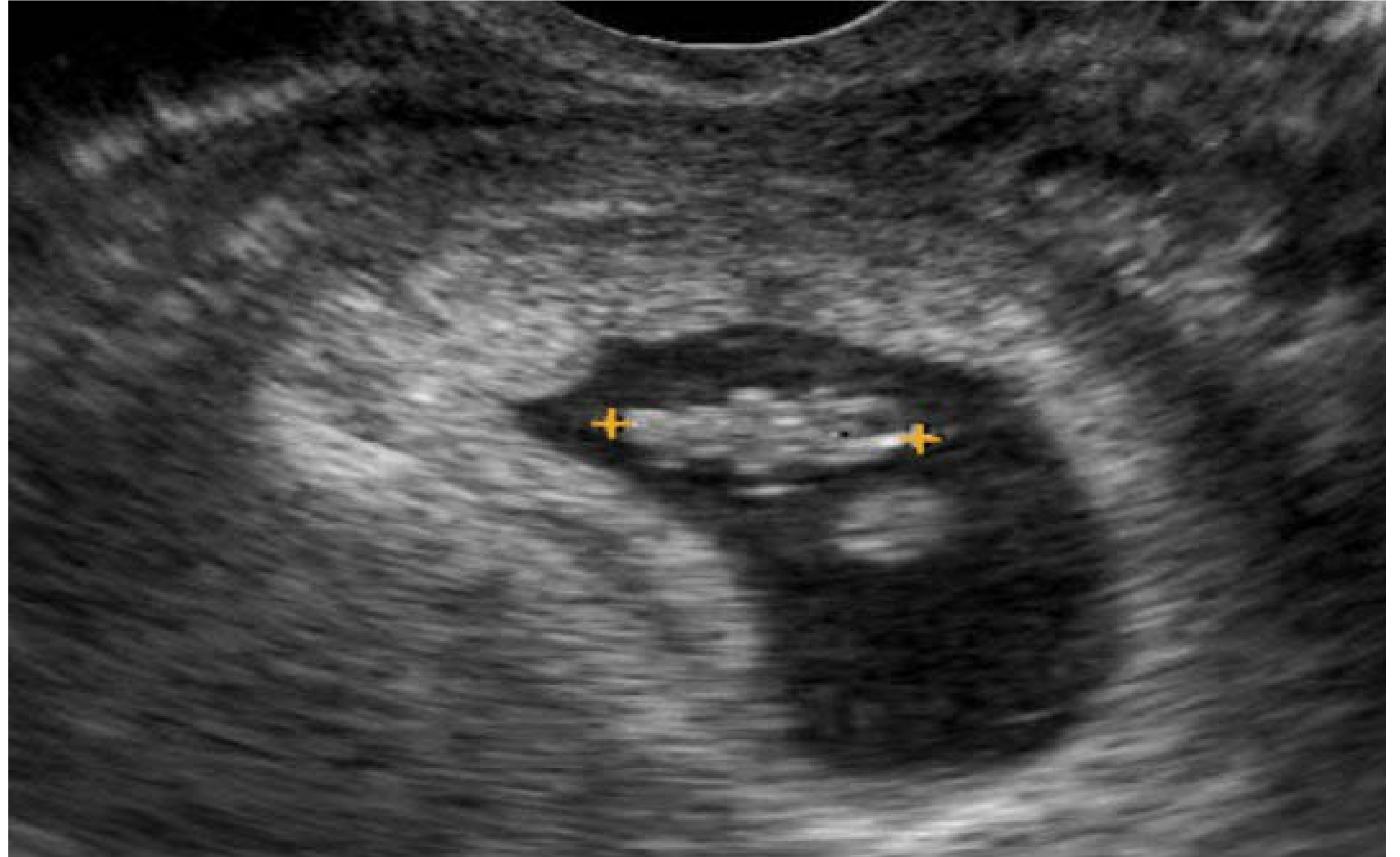
Caution: Ultrasound post procedure

Will see debris in uterus for weeks post medical abortion which may be completely normal.

Ultrasound is useful for determining if the medication has failed and you are concerned about a continuing pregnancy.

Ongoing pregnancy frequency $\leq$ 1%

Ultrasound is good at detecting ongoing pregnancy after medical abortion



Complications - Beta HCG has not dropped appropriately

Delayed completion after confirmed **intrauterine** pregnancy - If one week ultrasound shows products still in utero or Beta HCG has not gone down appropriately can offer options:

- 1. No action and follow up in 1-2 weeks with ultrasound/BHCG quantitative.
- 2. Repeat dose of misoprostol 800 mcgs and follow in 1-2 weeks.
- 3. Proceed with surgical aspiration of the uterus.

Rising Beta HCG with Live fetus in utero at follow up – Proceed to surgical abortion.

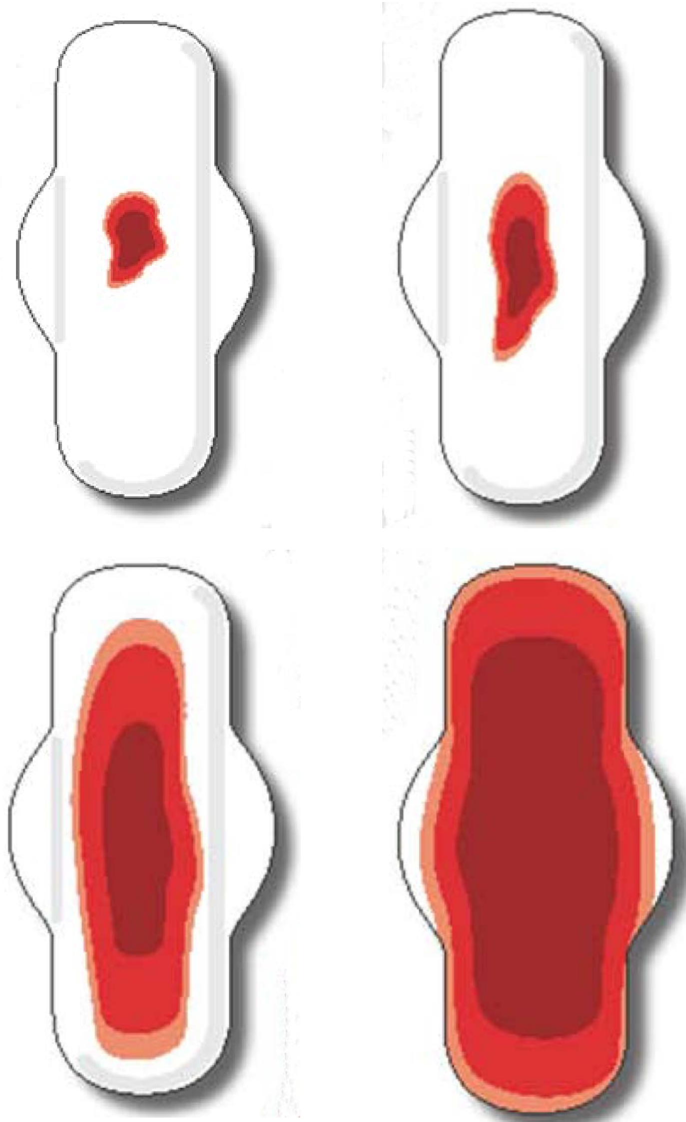
Pregnancy of Unknown Location

- Positive pregnancy test but unable to locate pregnancy on ultrasound. Not in uterus, not seen in tube, no symptoms or risk factors
- Quantitative Beta HCG is the key. > 2000 iu High risk of ectopic. Refer or treat as if ectopic.
- If less than 2000 IU can proceed with medical abortion but do repeat quantitative Beta HCG in 24 hours. Should see if 50% reduction. If reduction not adequate or Beta is rising needs repeat ultrasound and specialist assistance.
- See SOGC Pregnancy of Unknown Location guidelines.

Complications - Bleeding

- Blood loss typically 83 mls to 89 mls (typical period is 50 mls, blood donation 500 mls). To call if soaks two maxi pads an hour for more than two hours or if she passes clots larger than a lemon.
- If she feels okay could monitor for another two hours by phone periodically. If continues needs to be seen and assessed.
- May either get another dose of misoprostol (if hemodynamically stable) or ergot alkaloid such as methylergonovine or transexamic acid or go to aspiration.
- Requires close monitoring if bleeding is not settling.
- Prolonged heavy bleeding over days most often cause of hemodynamically significant bleeding requiring intervention.

Bleeding



- Big range: from light bleeding to heavy menses
- <u>Soaking</u> 2 pads an hour for 2 hours in a row needs evaluation

True adverse events are <u>very</u> rare

- The incidence of blood loss severe enough to require transfusion is 1 women per 1000
- Most of these cases are the result of heavy prolonged bleeding over time

Complications – Infection 2/1000

- A temperature is significant if:
- Temperature over 38 Celsius for more than 4 hours in first 24 hours after misoprostol taken.
- Temperature that starts more than 24 hours after misoprostol
- “flu like” symptoms, feeling awful with no or low grade fever think of clostridial infection.
- If these things happen need to assess urgently for infection.
- Treat appropriately for infection (most will only require oral medication).

Rarely, some very serious infections may occur after Medical Abortion

- Clostridium toxic shock syndrome:
- May **not** have fever
- Feels <u>very</u> sick
- Abdominal bloating, nausea, abdominal pain
- <u>High</u> WBC, high hemoglobin, low BP

Follow up is critical !

To Confirm completion, detect complications and assist with contraception.

Primary Care Providers are a good fit to provide this care in their practice.

- What are the challenges to providing medical abortions in your practice?

Time

Access to meds (financial)

Access to testing (ultrasound/Beta\HCG/Winrho)

We can help. Information sheets/checklists/macros/consent forms.

Support

- Caps-cpca.ubc.ca   Canadian website.
- SOGC Medical Abortion Clinical Practice Guidelines JOGC 2016
- Women's Health Clinic

Contact Us

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