



Early Medical Abortion: Fact Sheet

Fertility Control Clinic: caring for women since 1972

Medical abortion is the use of tablets to cause a miscarriage.

The tablets used for medical abortion are Mifepristone (RU 486) and Misoprostol.

Mifepristone blocks the action of progesterone which is essential for establishment and development of pregnancy.

Misoprostol has a direct effect on the uterus and cervix, causing uterine contractions and cervical dilation.

Medical abortion tablets are NOT contraceptive tablets. The tablets are NOT suitable for all women. Special care must be taken to ensure patient does NOT have absolute or relative contraindications. The tablets do NOT prevent an ectopic pregnancy from growing.

There are also risks and complications associated with these tablets and the patient needs to be carefully monitored during the medical abortion regime.

Professional care is provided at our fully accredited health care facility which includes diagnostic imaging, medical laboratory and a registered day procedure centre. Our patients have access to surgical abortion where the tablets have failed to work.

FOR MORE INFORMATION

118 Wellington Parade,
East Melbourne VIC 3002

T: (03) 9419 2922

F: (03) 9417 6739

E: clinic@iprimus.com

W: www.fcc.com.au

The protocol

- Day 1** 1x 200mg of Mifepristone (RU 486) at clinic
*Counselling, ultrasound (CRL), blood tests (β HCG, RhD), STI (Chlamydia).
24 hr on-call service available to all medical and surgical abortion patients*
- Day 3** 4x 200mg of Misoprostol (at home), pain relief and anti-nausea tablets
- Day 6 - 9** Nurse rings patient to exclude infection, incomplete abortion or tablet failure
*If the tablets do not cause a miscarriage, the patient returns to the clinic for additional Misoprostol.
A surgical abortion must be performed when the additional Misoprostol has failed.*
- Day 10 - 14** Follow-up appointment at clinic
*Pregnancy test, ultrasound (if necessary).
A surgical abortion must be performed when an incomplete abortion or continuing pregnancy has been confirmed.*

Contraindications

The tablets must NOT be prescribed if the following conditions are known or suspected:

- Patient's EGA is \geq 49 days
- Chronic haemorrhagic/bleeding disorder; inherited porphyria; severe anaemia, chronic adrenal failure; long-term anticoagulant therapy; corticosteroid therapy; irritable bowel disease or uncontrolled bowel disease; systemic illness; pelvic infection; and ectopic pregnancy

Common side effects

Bleeding Pain and cramping Nausea, vomiting and diarrhea Headache

Risks and complications

- **Excessive bleeding:** 1-2 women in 1,000 may require a blood transfusion
- **Infection:** 1% of women may develop toxic shock syndrome which can lead to death
One death from the complications of sepsis was reported in Australia in 2011
- **Incomplete abortion:** occurs in up to 5% of pregnancies
- **Continuing pregnancy:** in 1-2% of pregnancies, the tablets fail
- **Ectopic pregnancy:** the tablets will not end an ectopic pregnancy
- **Foetal malformations:** linked to the use of Misoprostol

Monitoring of protocol and tablets

- The clinic's Clinical Governance Committee monitor the quality and safety of Mifepristone and Misoprostol and base its use on best practice standards and on sound medical evidence.
- Any adverse drug reactions must be reported to the TGA.