

Early medical abortion

- the facts

Most abortions in Australia are performed by a surgical procedure that removes the pregnancy from the uterus. It is also possible to cause an abortion by using two medications, Mifepristone and Misoprostol, to cause the pregnancy to miscarry. This procedure is a **medical abortion**.

An early medical abortion is suitable for pregnancies up to 63 days after the start of the last menstrual period. Since its first use in 1988, Mifepristone has been safely used by millions of women world-wide, with between 95 and 98% of women experiencing a complete abortion.

How it works...

Mifepristone (administered in tablet form) blocks the action of progesterone, a hormone essential for a pregnancy. Mifepristone changes the lining of the uterus, causing the pregnancy to detach. It opens the cervix and increases the sensitivity of the uterus to Misoprostol.

Misoprostol (administered in tablet form) is widely used in surgical abortions to increase the safety of the procedure and reduce the risk of bleeding. Administered up to 48 hours after the Mifepristone, it causes the uterus to contract, assisting in the removal of pregnancy tissue.

Note: the use of Mifepristone and Misoprostol will not prevent an ectopic pregnancy from growing. An ultrasound and blood tests are essential to exclude ectopic pregnancy prior to a medical abortion.

Possible side effects

Misoprostol may cause **cramping pain and bleeding**, usually within one to six hours of using the tablets. Pain can range from mild period-like pain to severe pain. For most women, the pain can be readily managed with pain relievers.

Bleeding can vary from light spotting to a very heavy flow, with blood clots and pregnancy tissue present. The duration of bleeding can also vary – most women will experience spotting for up to two weeks after the medication, however in some cases spotting may last for six to seven weeks.

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

Continuing pregnancy: Minimal bleeding and continuing pregnancy symptoms can mean the pregnancy is still present. This occurs in about 1% of Mifepristone-Misoprostol abortions. Surgical termination will be arranged if needed.

Continuing pain and bleeding: For approximately 2% of women having a medical abortion, the tissue will not be completely expelled from the uterus and pain and bleeding will persist. A surgical procedure may be needed to remove the tissue.

Future fertility: The use of Mifepristone and Misoprostol does not reduce the chance of becoming pregnant again. Women 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

An ultrasound and blood test are used to ensure the abortion is complete.

Twenty four hour phone support is available for women undertaking a medical abortion.

For more information

Pregnancy Advisory Centre
Central Northern Adelaide Health Service
21 Belmore Terrace
Woodville Park SA 5011
Telephone: (08) 82436 3999 or Free Call 1800 672 966 (country callers only)
www.pregnancyadvisorycentre.com.au

