Medication Abortion

Medication abortion is a method of ending an early pregnancy through the use of 2 medications.

Medication abortion is an alternative to a procedural abortion to terminate a pregnancy and remove pregnancy-related tissue from the uterus.

Who Is a Candidate for Medication Abortion?
Patients eligible for medication abortion are those who are less than 11 weeks pregnant, have access to a treating clinician, and have transportation to a medical center in case of an emergency.

Is an Ultrasound Required Prior to Medication Abortion?
An ultrasound is not required for patients who can reliably determine the gestational age of their pregnancy by the date of their last menstrual period. An ultrasound should be performed for patients who are unsure of their last menstrual period or have irregular periods, or if there is any concern about an ectopic pregnancy (a pregnancy abnormally located outside of the uterus).

What Is the Patient Experience of Medication Abortion?
Medication abortion involves 2 medications. Mifepristone is taken first orally (by swallowing a pill). Misoprostol tablets are placed in the mouth (between the cheek and gum) 24 to 48 hours after taking mifepristone, or are inserted into the vagina 6 to 48 hours after taking mifepristone. Misoprostol causes intense abdominal cramping and heavy bleeding. Light cramping commonly lasts for several days, and light bleeding frequently occurs for several weeks. Some patients have nausea or vomiting, diarrhea, and low-grade fever soon after taking misoprostol.

When Is Medication Abortion Not an Option?
Medication abortion should not be used by individuals with known drug allergies to mifepristone or misoprostol, bleeding disorders or severe anemia, or adrenal gland dysfunction or those taking blood thinners or long-term corticosteroids. Patients with a known or suspected ectopic pregnancy should be treated by an expert clinician and should not attempt to self-manage a medication abortion. An intrauterine device (IUD) must be removed before medication abortion.

Risks of Medication Abortion
Rare but serious complications of medication abortion include uterine infection and heavy bleeding. Patients should seek medical care for a fever (100.4 °F or higher) occurring more than 24 hours after taking misoprostol, severe abdominal pain after passage of pregnancy tissue, significant bleeding (soaking more than 2 menstrual pads per hour for more than 2 hours in a row), faintness or dizziness, or pregnancy symptoms lasting more than 1 week after a medication abortion.

How Is Termination of Pregnancy Confirmed?
Pregnancy termination is confirmed by an ultrasound performed 1 to 2 weeks after medication abortion or by a negative pregnancy test result 4 to 5 weeks after taking mifepristone.

Effectiveness of Medication Abortion
Medication abortion successfully terminates pregnancy in more than 99% of patients whose pregnancy is at a gestational age of 7 weeks or less and in approximately 97% with a gestational age of 10 weeks or less. Following an unsuccessful medication abortion, a patient should discuss next steps with a clinician. Options may include repeat medication abortion, surgical abortion, or continuation of the pregnancy.

Does Medication Abortion Have Long-term Health Effects?
Medication abortion does not cause any long-term mental or physical health harms and does not affect the ability to become pregnant in the future.

Contraception After Medication Abortion
To avoid future pregnancy, patients can receive a birth control implant or injection (ie, depot medroxyprogesterone [Depo-Provera]) at the time of mifepristone ingestion. Use of oral birth control pills or contraceptive patches or rings can start once the pregnancy has ended. Patients should consult their clinician about the timing of IUD placement after medication abortion.

Legal Issues
In some US states, physicians are the only clinicians allowed to prescribe medication abortion; some states do not permit use of telemedicine for medication abortion, and some prohibit use of medication abortion after a specific point in pregnancy. Clinicians and patients should be aware of evolving state laws regarding medication abortion.

FOR MORE INFORMATION
American College of Obstetricians and Gynecologists
www.acog.org/womens-health/faqs/induced-abortion