



Medical Abortion

Medical abortion, often referred to as non-surgical abortion, is the use of abortion pills to end a pregnancy. It is a safe and effective way to end an early pregnancy. It is routinely used up to 12 weeks of pregnancy and can be used later in pregnancy in a hospital environment.

These medications can be prescribed by any doctor and can be taken at home for the first 9 weeks of pregnancy. After that they are normally taken under medical supervision, that is access to a doctor, a clinic or a hospital.

MEDICATION

The medications used are mifepristone and misoprostol. They are used extensively internationally and in Ireland in the management of early miscarriage and ectopic pregnancy, and are on the World Health Organisation's list of essential medicines.

Mifepristone is taken first (as a tablet by mouth) and blocks the hormone progesterone. Misoprostol is taken usually 24 - 60 hours later, dissolved either in the mouth or by being placed high in the vagina, and causes the uterus (womb) to contract. Using both in sequence is more effective than either alone and results in the same physical process as a miscarriage.

The abortion pill is very effective and has become the most common method of abortion before 9 weeks. It is most successful between 6 and 8 weeks.

At 8 weeks of pregnancy or less, it works about 98 out of 100 times.

Between 9 and 12 weeks it is effective about 97 out of 100 times. The success rate is highest early in pregnancy and goes down as the pregnancy advances.

There are some medical conditions women may have that make medication abortion not suitable and less safe, for example long-term steroid use and blood thinners. There is a checklist used by doctors to confirm these.

SIDE EFFECTS OF MEDICAL ABORTION

Minor side-effects of the procedure are common but not serious, for instance bleeding and pain similar to a heavy period. Once cramping and bleeding start it generally takes 1-3 hours to complete.

It is recommended that pain relief such as ibuprofen is taken beforehand.





Routine medical follow up is not needed after medical abortion. A list of possible problems that may occur and how to source help are given to women when the abortion pills are prescribed. Details of this with contact numbers are given to women before they take the medication.

Side effects that may occur are:

Heavy bleeding (e.g. soaking three super-plus pads in an hour), abdominal pain or discomfort that is not helped by medication, a fever of 38°C or higher, and unpleasant odour / discharge from the vagina.

These symptoms suggest the need for medical advice.

No bleeding 24 hours after using misoprostol (the second medication) suggests a failed or incomplete abortion and medical advice should be sought. The misoprostol medication may need to be used again, and this is standard procedure.

Women are advised to repeat a pregnancy test a week after the procedure to ensure the test is negative. This is as much to reassure themselves. If the test is still positive they should seek medical advice.

IRELAND

In 2016, 21.9% of women who gave Republic of Ireland addresses at abortion care providers in England and Wales had a medical abortion, whereas 78.1% accessed surgical abortion¹.

No one knows exactly how many women and girls take medical abortion pills, which they have procured online, at home in Ireland.

A 2017 report showed that 1,023 women self-reported the use of abortion pills that had been shipped to them in Ireland, in the 3 year period 2010 - 2012, by the provider Women on Web².

This suggests at least three women a day have a medical abortion, on the island of Ireland.



@Doctors4Choice

Prepared by Dr Mary Favier et al., General Practitioner, Committee Member, Doctors for Choice Ireland, February 2018

References:

1. UK Department of Health, Abortion Statistics, England and Wales: 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652083/Abortion_stats_England_Wales_2016.pdf.

2. Aiken A, Digol I, Trussell J, Gomperts R. Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland. BJOG 2017; 357:j2011, <http://dx.doi.org/10.1136/bmj.j2011>.