



Medical Abortion

Description

Medical abortion is a nonsurgical procedure in which drugs are used to induce abortion. The most effective and safest medical abortion regimen requires the use of two medications, mifepristone and misoprostol. The recommended regimen is 200 mg of mifepristone given orally, followed 24 to 48 hours later by 800 µg of misoprostol—given vaginally, sublingually, or buccally—up to 63 days since the last menstrual period.¹ Misoprostol can be given orally at a dose of 400 µg, but due to the higher failure rate, it is recommended that oral misoprostol use at this dosage be limited to pregnancy under 50 days, and even then other routes of administration are preferred.^{2, 3, 4}

Mifepristone blocks the action of progesterone to enhance the contractility of the uterus and prompt the detachment of the implanted embryo. It also acts to soften and dilate the cervix. Misoprostol stimulates strong contractions of the uterus, expelling the products of conception. This process is very similar to that of a spontaneous abortion or miscarriage.⁵ Repeated administration of misoprostol alone may lead to an abortion, but results in lower effectiveness rates and higher rates of side effects. However, misoprostol-only abortions may be an appropriate option in settings where mifepristone is not available.⁶

Quality abortion care should include counselling; confirmation of pregnancy; estimation of length of gestation; and screening for ectopic pregnancy by the patient's history, bimanual exam, or with ultrasound—although the latter is not required. Some settings offer a second visit to confirm the pregnancy is terminated. Contraceptive-options counselling should be provided at the time of the abortion or afterwards. The provision of safe abortion is an important component of reproductive health services. Medical abortion options have made abortion more available to women in a variety of health care settings.

Efficacy

Based on extensive research, mifepristone and misoprostol as a combined regimen have a success rate of complete abortion at 96 percent or higher and

a rate of continued pregnancies at less than 1 percent.¹ Cramping and vaginal bleeding are associated and expected effects of medical abortions. Under medical supervision, the use of mifepristone and misoprostol is very safe. Medical abortion has not been associated with long-term health impacts and is statistically less risky than continuation of pregnancy.⁷ Medical abortion may be preferable to surgical abortion for some women, and some providers, largely due to the avoidance of risks associated with such procedures (e.g., complications of anaesthesia), and also the fact that medical abortion is a less invasive and more private procedure.

Current programme/sector use

There are a number of political, logistical, cultural, religious, financial, and other barriers that limit universal access to medical abortion. Abortion is legally restricted in many countries. Where abortion is legal, challenges may arise in terms of health-system restrictions on where the services can be provided, procurement of the drugs (mifepristone products can be expensive, but lower cost products are becoming available), and provider training in order to properly inform and counsel patients about their options, the procedure, risks, and benefits. However, mifepristone and misoprostol are currently registered and being made available to women in numerous countries. The level of use in countries such as the United States and those in Europe suggests that women appreciate having an alternative to surgical abortion. Women in Europe have been using mifepristone and misoprostol for more than 20 years. In the United States, more than 1.4 million women have used Mifeprex since it was registered in 2000.⁸

Manufacturer/supplier

Mifepristone is branded as Mifegyne® by Exelgyn Laboratories and as Mifeprex® by Danco Laboratories. Misoprostol is most widely available as Cytotec®, which is manufactured and distributed by Pfizer; it is only registered by Pfizer for one indication—prevention and treatment of gastric ulcers secondary to chronic use of NSAIDs. Misoprostol products are registered for gynaecological indications in countries such as

Brazil, France, Russia, and Egypt, and registered specifically for use with mifepristone for pregnancy termination in France (registered by HRA Pharma as Gymiso®) and Russia (registered by Pentcroft Pharma as Misoprostol). The Concept Foundation has developed a combination-pack mifepristone-misoprostol product (Medabon®) to be marketed in developing countries for medical abortion; it is currently registered for this indication in Cambodia, Ghana, India, Nepal, and Zambia. For more information, visit www.medabon.info. Other manufacturers are also marketing combi-packs of mifepristone and misoprostol in the developing world. These manufacturers include, but are not limited to, MTP, Cipla, Sun, Discovery Mankind, and INTAS. In addition, generic and nongeneric misoprostol products are available through additional suppliers (other than Pfizer) in India, China, Egypt, Vietnam, Taiwan, Korea, Colombia, Brazil, and the United Kingdom.⁹

Registration status

Mifepristone has been approved for use in 48 countries worldwide.¹⁰ Misoprostol has been approved for use in 85 countries for treatment and prevention of gastric ulcers and less frequently for treatment of gynaecologic conditions.¹¹ Mifepristone and misoprostol are listed on the WHO essential medicines list for use as abortifacients where legal and acceptable.¹²

Public-sector price agreements

The Concept Foundation has negotiated a preferential price for the public-sector in developing countries for Medabon®. Other suppliers are also offering their product (including combi-packs) at preferential pricing to the developing world. The number of suppliers is large and continuing to evolve. Pricing varies by manufacturer, is country-specific and is often dependent upon product demand.

References

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This publication forms part of a series of technical briefs, written by members of the Caucus on New and Underused Reproductive Health Technologies, a thematic group established under the auspices of the Reproductive Health Technologies Coalition. The Caucus' aim is to broaden the discussion within the Coalition of reproductive health technologies that are not well integrated into the public or commercial health sectors. Responsibility for the selection and contents of the product briefs rests solely with the Caucus and does not imply endorsement by the Coalition or its wider membership. For additional information, please contact secretariat@rhsupplies.org.