



# **MEDICAL ABORTION FACTSHEET**

# WHAT IS A MEDICAL ABORTION?

**Medical abortion is the termination of pregnancy through the use of a medicine/pill/drug**

## HOW SAFE IS IT?

**Very safe! The risks of medical abortion are extremely small and considerably less than the risks of continuing a pregnancy to term, or any of the other methods that you may resort to, to terminate unwanted pregnancies. In early pregnancy if 100 people use the medical abortion pills, less than 5 of them would need further medical care for any complications.**



## What drugs are used for medical abortion?

The medications most commonly used and approved by the W.H.O. are : **Mifepristone** and **Misoprostol**.

**Mifepristone** stops the pregnancy from growing and causes the pregnancy to be detach from the uterine lining.

**Misoprostol** causes the cervix/ mouth of the uterus to open and contract, resulting in the evacuation/expulsion of the uterine contents.

The process is identical to a natural miscarriage and feels the same way in terms of the pain and bleeding

In some cases, where mifepristone is not available, misoprostol alone may be used for a medical abortion.

## **When during a pregnancy can I avail a medical abortion ?**

**According to the W.H.O guidance, medical abortion can be carried out from very early in the pregnancy to 12 weeks. It can even be used beyond that period under medical supervision in order to manage any complications.**

## **When do I follow up?**

**Whether it is self- managed or under medical supervision, please return to your healthcare provider after 14 days after you take the drugs, for a follow-up visit.**

**The healthcare provider will confirm if your abortion has been successful and if you need further treatment as well as have a conversation around contraception.**

## **Who cannot have a medical abortion?**

**If a person has an IUD in place, the device should be removed prior to the medical abortion. Besides this, it is very rare that a medical abortion cannot be done in early pregnancy.**

**Ectopic pregnancy is rare but if your health care provider suspects it then they may suggest that you have an ultrasound imaging done. Even if you take the MA pills with an undiagnosed ectopic pregnancy it will not cause any harm but may delay the diagnosis.**

**Some other rare conditions could include an allergy to either mifepristone or misoprostol, a disease or a condition that affects the blood's ability to clot, a course of blood thinners, being on steroids such as those used to treat chronic asthma, arthritis or other allergies.**

**If you have a history of previous ectopic pregnancy, sexually transmitted infections, any surgery of the uterus or fallopian tubes, past history of tuberculosis then always seek a healthcare provider and do not attempt a self- managed medical abortion.**

**Will Medical Abortion affect my ability to have a child in the future?**

**Medical abortion is safe and has no effect on your ability to have a child in the future!**



# **What are the common side effects of first trimester abortion? How do I manage them?**

## **Bleeding**

**It is a good idea to be prepared with a larger than usual number of sanitary pads, even after the use of mifepristone alone. The bleeding is usually like a heavy period and with some clots being passed.**

## **Pain and Cramps**

**At home, pain could be dealt with by using a hot water bottle or a heating pad, or taking a warm shower. Take any painkiller you usually take for period pains or you can take paracetamol or Mefenamic Acid, Ibuprofen family of medicines.**

**Keeping busy and distracted is also a good idea**

## **Chills and Fever**

**Mild chills and a rise in temperature may rarely occur after misoprostol has been taken, and usually last for about two hours and is not a serious side effect nor does it need any treatment besides a warm blanket.**

## **Nausea**

**Some people may suffer from mild to severe nausea. Eating a light diet and consuming plenty of fluids will help. If you vomit within half an hour of an oral dose, the drug has to be taken again. For severe symptoms, you may contact a medical provider for medication to alleviate nausea.**

## **What complications could I face after a medical abortion?**

### **Heavy Bleeding**

**In very rare instances, one may experience severe uterine bleeding.**

**Severe bleeding is defined as: Two thick sanitary pads get soaked within the hour, and this happens two hours in a row then you should contact your healthcare provider.**

### **Infection**

**Although chills and mild increase in temperature are a side effect of the medication, if you, develop a fever of more than 100.4 F (38.00 C), that lasts more than four hours, or develop a fever after you start your course of misoprostol, you should contact your healthcare provider.**



## **How soon after a medical abortion can I have sex?**

**You should wait to have vaginal, penetrative sex till the bleeding stops completely, which could take up to 10 days. This reduces the risk of getting an infection.**

**However, it goes without saying that you should resume sexual activity only when you feel ready for it! Also remember that you can ovulate and get pregnant as early as 11 days after having an abortion so consider using an effective contraceptive method.**

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# Treatment regimens for medical abortion

## MIFE PRISTONE & MISOPROSTOL

### Up to 12 weeks

#### CLINICAL SERVICES Recommendation 27: Medical management of induced abortion at gestational ages < 12 weeks

For medical abortion at < 12 weeks:

- a. **Recommend** the use of 200 mg mifepristone administered orally, followed 1–2 days later by 800 µg misoprostol administered vaginally, sublingually or buccally. The minimum recommended interval between use of mifepristone and misoprostol is 24 hours.\*
- b. When using misoprostol alone: **Recommend** the use of 800 µg misoprostol administered buccally, sublingually or vaginally.\*
- c. (NEW) **Suggest** the use of a combination regimen of letrozole plus misoprostol (letrozole 10 mg orally each day for 3 days followed by misoprostol 800 µg sublingually on the fourth day) as a safe and effective option.\*‡

#### Remarks:

- Evidence from clinical studies demonstrates that the combination regimen (Recommendation 27a) is more effective than misoprostol alone.
- All routes are included as options for misoprostol administration, in consideration of patient and provider preference.
- The suggested combination regimen of letrozole plus misoprostol may be safe and effective up to 14 weeks of gestation.

\* Repeat doses of misoprostol can be considered when needed to achieve success of the abortion process. In this guideline we do not provide a maximum number of doses of misoprostol.

‡ Further evidence is needed to determine the safety, effectiveness and acceptability of the letrozole plus misoprostol combination regimen at later gestational ages, especially in comparison with that of the mifepristone plus misoprostol combination regimen (the available evidence focused on comparison with the use of misoprostol alone).

Source: Recommendations 27a and 27b carried forward from WHO (2018) where they were Recommendation 3a (120). Recommendation 27c is new.

**Ref: Medical Management of Induced Abortion.**  
**World Health Organization. 2022**

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# **For More Resources on Medical Abortion see:**

**[Safe Abortion: Technical and Policy guidance for health systems by the World Health Organization](#)**

**[Women on Web](#)**

**[Medical Abortion by Ibis Reproductive Health and Cambridge Reproductive Consultants](#)**

**[Medical Abortion: An overview by Gynuity Health Projects](#)**

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