
Abortion procedures - medication

Summary

- Medication abortion offers a safe, reliable and non-surgical means of abortion.
 - Medication abortion involves the medications mifepristone and misoprostol.
 - Mifepristone (previously known as RU486) is taken by mouth. It ends a pregnancy by blocking the action of the hormone (progesterone) that supports the pregnancy.
 - Misoprostol is also taken by mouth. It causes the cervix to soften and the uterus to contract to expel the pregnancy.
 - Medication abortion is an alternative to surgical abortion for women for whom it is medically suitable, and who have made an informed decision about the best option for them.
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Medication abortion offers an alternative to **surgical abortion** for women in the early weeks of pregnancy. Medication abortion uses a combination of two medications, mifepristone and misoprostol, to end a pregnancy up to nine weeks. Mifepristone was previously known as RU486 and is sometimes called the 'abortion pill'.

Medication abortion is a low-risk, non-invasive way to terminate (end) a pregnancy. It is around 99 per cent effective at ending a pregnancy. Around two to five per cent of women who have a medication abortion will need some follow up treatment to complete the abortion.

An increasing number of GPs in Victoria provide medication abortions. The **telehealth option** involves a consultation with a doctor by phone, and tests that are organised locally.

Visit our page **[Abortion in Victoria](#)** for more information about where to find an abortion provider.

Medication abortion procedure

Medication abortion involves using the medications mifepristone and misoprostol instead of surgery to end a pregnancy. It can be done as soon as a pregnancy can be seen in an ultrasound. In Australia, a medication abortion is performed up to nine weeks of pregnancy.

A pregnancy needs high levels of the hormone progesterone to continue. Mifepristone works by blocking the action of progesterone to cause the pregnancy to stop progressing. Misoprostol causes the cervix to soften and the uterus to contract to allow the pregnancy to be expelled from the uterus.

The process and number of appointments for having a medication abortion varies depending on the type of clinic setting you attend, and whether certain tests you need (such as ultrasound and blood tests) are available on site or require separate appointments. A number of clinics are able to offer necessary tests and medication abortion in a single initial appointment.

The process of having a medication abortion generally involves the following steps:

- You will have a medical consultation with a doctor and often a nurse as well, which involves a clinical assessment of medical and other relevant information, and arrangements for you to have an ultrasound and blood tests.
 - You will be given information about the methods of abortion to help you to make an informed decision about the best method for you.
 - If you decide to have a medication abortion, you will be asked to sign a consent form and will be given all the relevant information about what to expect, the steps you will need to take, and about pre- and post-abortion care.
 - You will discuss what sort of pain relief, and any other appropriate medication you may require, and how to
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- obtain it, in preparation for the abortion.
- If you have an intrauterine device, it will need to be removed before you take the first medication (mifepristone).
 - You will take a tablet of mifepristone either at the clinic or at home and obtain the other appropriate medications.
 - You will take a tablet of misoprostol 24 to 48 hours later. This softens the cervix and helps the uterus push out the pregnancy. This stage nearly always occurs at home. (If you need to travel after taking misoprostol and before the abortion is complete, it is recommended that you have a responsible adult who can drive you.)
 - The abortion is usually completed some hours later, although it may take longer. You will usually need a day or two of rest or reduced activity.
 - You will be encouraged to have telephone contact with the clinic you attended or another source of expert support in case you have any questions or concerns at any time during and after the procedure.

What to expect during and after a medication abortion

After taking the second medication abortion tablet at home, you may experience the following:

- nausea, vomiting, diarrhoea, dizziness, headache and fever
- pain – usually within half an hour and generally much stronger than period pain
- bleeding one to four hours later – heavier than a period and there may be large clots
- after two to six hours the bleeding usually settles to the level of your normal period
- bleeding is usually similar to a normal period for another three to seven days
- unpredictable, irregular or prolonged bleeding can last for up to four weeks after a medication abortion.

Note: The timing of the pain and bleeding is unpredictable. It occasionally starts before taking the second medication, but may take up to 24 hours to start.

Follow-up after a medication abortion

It is important to have a follow-up appointment to make sure the procedure is complete and the pregnancy has ended. Many doctors order a blood test to check that the pregnancy hormone level has dropped. You will be given an appointment for review in two weeks' time.

Medication abortion does not work in around one percent of cases. Around two to five per cent of women will have some pregnancy tissue remaining in the uterus (womb) and will need further treatment such as additional tablets or a small surgical procedure to complete the abortion. Your doctor will discuss this with you.

Self-care at home after a medication abortion

The doctor or nurse will advise you on taking care of yourself in the days following the abortion. This can include using over-the-counter anti-inflammatory medication to help manage the cramps (your doctor can prescribe stronger medication if needed). Hot packs and massaging the painful area can be helpful.

To reduce the risk of infection during the week after having the procedure, it is recommended that you do not:

- insert anything into your vagina, including tampons (do not use tampons until your next period)
- have vaginal sex
- perform any strenuous activity, including sport or heavy physical work, until the bleeding stops
- go swimming or have a bath (you can shower).

Your doctor will have informed you about the risks and symptoms of possible complications and what to do if they occur, such as where to obtain assistance at any time.

Advantages and disadvantages of medication abortion

Advantages of medication abortion include:

- For around 95 to 98 per cent of pregnancies up to nine weeks, no further treatment is needed after taking the two doses of abortion medication.

- Unlike surgical abortion, medication abortion does not need to take place in a hospital or day surgery unit as it does not require a surgeon, anaesthetist or other medical staff to be present during the later stage of the procedure. This makes it a suitable alternative for those living in remote areas provided they have access to emergency care.
- It is a less clinical and non-surgical procedure, which some women may prefer.
- Some women feel it is a more natural process.
- It happens in a home environment.

Disadvantages of medication abortion include:

- Medication abortions are generally more time consuming than surgical abortions, and there may be more doctor visits and tests.
- In a small percentage of cases the medication needs to be repeated, and sometimes a surgical procedure is needed.
- Pain and bleeding generally last longer than following a surgical abortion.
- It is difficult to predict the time it will take for a medication abortion to complete – it may take longer than the expected four to eight hours, after taking the second medication.
- A separate appointment is needed if you would like an **IUD** inserted.
- Mifepristone is not suitable for some women.

Mifepristone may not be recommended for you if you:

- have certain medical conditions such as bleeding problems, adrenal failure or high blood pressure
- are taking long-term steroid or blood-thinning medication
- have had allergic reactions to medication containing mifepristone.

Side effects and complications of medication abortion

Your doctor will inform you about the risks and symptoms of possible complications and what to do if they occur.

Typical side effects of medication abortion

Typical and frequently occurring side effects of medication abortion include:

- pain from uterine cramping
- unpredictable, irregular or prolonged bleeding.

Contact your doctor if any of these side effects are worrying you or you need medical advice.

Complications of medication abortion

Serious complications of medication abortion are uncommon. They may include:

- haemorrhage (very heavy bleeding) – haemorrhage requiring a blood transfusion occurs in fewer than one in 1,000 women. If you are filling more than two large pads an hour for more than two hours, passing clots the size of a small lemon or feel you are bleeding heavily and feel weak or faint, seek immediate medical attention
- retained products – pieces of tissue may remain in the womb and cause ongoing bleeding. You might need repeat tablets or a small surgical procedure to remove them
- continued pregnancy – in around one per cent of women medication abortion does not work and the woman remains pregnant. The tablets can be repeated if the pregnancy is no more than nine weeks, otherwise a surgical abortion may be required
- infection (needing antibiotic treatment) – this happens to one per cent of women who have a medication abortion. Infection may cause symptoms such as pain, abnormal vaginal discharge or fever. Sometimes the symptoms aren't obvious and can include more general symptoms including tiredness, diarrhoea and vomiting.

If you had an **ectopic pregnancy** (pregnancy outside the uterus, usually in the fallopian tubes) that was not diagnosed before you took the abortion medication, you will require emergency treatment. This happens to one in 7,000 women who have a medication abortion.

If you are concerned about symptoms, seek medical assistance by contacting the clinic where the medication abortion took place, a GP, your nearest hospital emergency department or by calling 000 for an ambulance.

Other possible complications of medication abortion

If you have signs you are still pregnant after a week or you are not bleeding at all 24 hours after taking misoprostal, seek medical assistance straight away.

If the abortion does not occur and you remain pregnant, it is recommended that you do not continue the pregnancy as in some cases the medications you have taken may cause malformation of the developing fetus.

How will I feel emotionally after a medication abortion?

After having an abortion, most women feel relief, and that they made the decision that was right for them at the time – particularly if they had support, and were able to make a free and informed decision.

If the decision was difficult for you, you may feel sadness or have other negative feelings, especially in the short term.

If you feel you need emotional support, speak to your abortion provider or GP.

Where to get help

- In an emergency, call 000 for an ambulance or go to your nearest hospital emergency department
- **1800myoptions** – information on a range of private and public clinics and services which can offer medication abortion Tel. **1800 696 784**
- Your **GP** or gynaecologist
- Your medication abortion service provider
- Women's health clinic
- **Family Planning Victoria** – comprehensive sexual and reproductive health services for people of all ages Tel. **1800 013 952** or **(03) 9257 0100**
- **Family Planning Victoria Action Centre** – comprehensive sexual and reproductive health services for people of all ages, with an afternoon drop-in clinic for people under 25 years of age Tel. **(03) 9660 4700** or **1800 013 952**

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Family Planning Victoria

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