



Having an early medical abortion

Patient information

Early medical abortion

The following information is for women intending to have an abortion at Gynaecology Centres Australia. More detailed information is available on request.

A woman may decide to have an abortion after considering her personal circumstances, views about abortion and the information available to her. Legality of the situation is assessed during the consultation.

Women can experience a range of feelings about abortion, from relief to sadness and even anger. Sometimes the decision is clear and easy, but other times it might be more complicated.

Whatever the circumstances, counselling is available on request, both before and after the procedure.

What is medical abortion?

It is possible to cause an abortion by using two medications the first an “anti-progesterone” medication and the second a “prostaglandin-like” medication, to cause the pregnancy to miscarry. This procedure is called a “medical abortion”.

An early medical abortion is suitable to terminate an early intrauterine pregnancy, and is licenced for use up to 63 days (nine (9) weeks) after the start of the last menstrual period. Since its first use in 1988, the “anti-progesterone” medication has been safely used by millions of women world-wide, with between 95 and 98 patients out of 100 experiencing a complete abortion. However, its use in Australia between 2006-2012 was still considered experimental but from February 2013 it has been fully registered and may be prescribed by doctors who have the correct medical indemnity insurance and have completed the correct training. Doctors at GCA have the correct training and insurance to perform both medical and surgical termination of pregnancy.

It is important to be quite certain of your decision to proceed with abortion before taking either of these medications. Also, conversion to a surgical abortion may occur at any time and at no extra cost.

Who can have a medical abortion?

A medical abortion may be suitable for most pregnancies up to 63 days. Most women may be eligible for a medical abortion but there are some conditions that may prevent women from choosing this method. These conditions are listed below:

- Problems with your adrenal glands (chronic adrenal failure)
- You have bleeding problems
- Inherited porphyria (rare blood disorder)
- Severe anaemia
- You take medicine to thin your blood (eg. warfarin, heparin)
- You take steroid medicines (eg. prednisone, cortisone)
- Confirmed or suspected ECTOPIC pregnancy (pregnancy outside the uterus)
- Allergy to either the “anti-progesterone” medication or “prostaglandin-like” medication used in medical termination
- IUD in place – this must be removed first
- Irritable bowel disease or uncontrolled bowel disease (eg. severe diarrhoea, Crohn’s disease)
- Serious illness (eg. severe liver disease, heart disease, kidney failure, uncontrolled seizure disorders)
- Serious pelvic infection
- Unwillingness to undergo a surgical abortion (if necessary)
- Reside a long distance from emergency services or have limited access to telephone.
- Have limited understanding possibly due to language barriers or learning difficulties.

“Anti-Progesterone” Medication

The “anti-progesterone” medication (administered in tablet form) is a drug that blocks the action of progesterone, a hormone essential for the establishment and development of a pregnancy.

What happens?

The “anti-progesterone” medication changes the uterine lining, causing the pregnancy to detach. It softens and opens the cervix (the neck of the uterus) and increases the sensitivity of the uterus to the “prostaglandin-like” medication.

What to expect after using “anti-progesterone” medication

The effects of “anti-progesterone” medication are usually mild and do not last long. You may experience nausea or mild cramping. Some bleeding or spotting is also common, but it is rare for the pregnancy to abort after the “anti-progesterone” medication alone.

“Prostaglandin-like” medication

The “prostaglandin-like” medication (administered in tablet form) is a drug used widely in surgical abortion to increase the safety of the operation and reduce the risk of bleeding. Although it was **not licensed** for many years in Australia for use in abortion, extensive studies have shown it to be safe and effective, when used in combination with the “anti-progesterone” medication, to bring about a medical abortion. The “prostaglandin-like” medication is now fully licenced for medical termination of pregnancy up to 63 days from the start of the last menstrual period (9 weeks) in combination with the “anti-progesterone” medication and are sold together.

What happens?

The “prostaglandin-like” medication causes the uterus to contract, encouraging the expulsion of the pregnancy tissue.

What to expect after using the “prostaglandin-like” medication

The “prostaglandin-like” medication causes cramping pain and bleeding, usually within one to six hours of using the tablets. Pain can range from mild, period-like pain to severe, disabling pain. For most women the pain can be readily managed with over the counter pain medication (such as Nurofen, Naprogesic, Panadol and Panadeine). If not contact us for a prescription. It is important to use pain relief early in the treatment for it to have the best effect.

Side effects

Bleeding can be light spotting through to very heavy with blood clots. If you are soaking two (2) super pads per hour for two (2) consecutive hours contact us. The cramping and bleeding usually begin within a few hours of taking the “prostaglandin-like” tablets.

The bleeding tends to last longer than bleeding after a surgical abortion and there are reports it may last as long as 70 days. The next period is usually four to six (4-6) weeks after the expulsion of the pregnancy. The first period may be heavier, more painful, more prolonged than the usual period. Haemorrhage (excessive bleeding) requiring blood transfusion is reported with overall rates of approximately one to two (1-2) in 1,000 women.

Cramping is expected (approx 90% of women) and it is a natural component of a miscarriage process and again may be worse than a normal period. Pain is typically described as cramping and is most intense during expulsion, most commonly over a 24 hour period after which the pain usually subsides. Over the counter pain medication is usually all that is required. (eg Nurofen, Naprogesic, Panadol, Panadeine.) If not contact us for a prescription.

Headache, nausea (40-70%) and vomiting and diarrhoea (10-45%) may occur for some women. When you take the tablets orally and you already have diarrhoea, the diarrhoea may worsen and you may need to drink more fluids to prevent dehydration. Also, the medication may not be as effective because absorption into the blood stream may be reduced. Dizziness, shivering, fatigue or chills may occur occasionally. If you have a fever of 38°C or above, contact us.

Infection is uncommon with an overall rate of less than one percent (< 1%), however there have been a few fatal cases of toxic shock syndrome (a severe illness characterised by high fever with sudden onset, vomiting, diarrhoea and in severe cases death), but it is doubtful that this infection is related to the “anti-progesterone” medication or “prostaglandin-like” medication. There has not been an established cause to these infections, but the very few deaths that have occurred were when women used vaginal “prostaglandin-like” medication instead of oral. Our recommendation is to take the “prostaglandin-like” medication orally allowing the tablets to slowly dissolve and be absorbed through the gums. The same infections have also been reported very rarely following childbirth (vaginal or caesarean section) and in other gynaecologic or non-gynaecologic conditions.

Medical Abortion and Breastfeeding

It is not known what effects “anti-progesterone” medication or “prostaglandin-like” medication have on a breastfed infant. It is recommended that the “prostaglandin-like” medication should be taken immediately after a feed and the next feed would not take place until six (6) hours later.

Pregnancy Symptoms

After a successful medical abortion, pregnancy symptoms will go away. Nausea subsides quickly over the next few days, but breast enlargement and tenderness may take a few weeks to subside.

Effectiveness

When “anti-progesterone” medication and “prostaglandin-like” medication are used for early pregnancy termination, between 92 to 95 women in 100 will have a complete abortion.

Rh D Negative Women

Should your blood group be Rh D negative you will be given an Anti D injection.

Emergency Contact

If you are concerned about anything you experience with taking “anti-progesterone” medication or “prostaglandin-like” medication, please contact the relevant surgery on the following numbers:-

Centre	Address	Phone
Broadmeadow	24 Brown Road, Broadmeadow	02 4962 4999
Gosford	16 Hills Street, Gosford	02 4324 5176
Hurstville	33 MacMahon Street, Hurstville	02 9585 9599
Wollongong	166 Keira Street, Wollongong	02 4227 4100
Queanbeyan	7 Morisset Street, Queanbeyan	02 6299 5559

We are available 24 hours a day. Ring the surgery number and it is diverted to our afterhours emergency contact. Also, Dr Heckenberg (GCA medical director) may be contacted directly on 0412 394 502

Risks

While the majority of women do not experience any complications, an early medical abortion is a procedure and it is important to understand the possible risks.

Bleeding: blood loss requiring treatment is uncommon with a medical abortion. Severe blood loss requiring hospitalisation or transfusion is very rare.

Incomplete abortion: this occurs if pregnancy tissue remains in the uterus after the abortion process (five (5) to eight (8) women in 100). It may cause heavy bleeding and pain. Treatment with medication or a surgical procedure may be required.

Infection: infection following medical abortion is very uncommon. Infection requiring treatment in hospital is very rare. If infection does occur, early treatment is needed to avoid problems with future fertility. You should not have sexual intercourse, use

tampons, have a bath or spa or swim in a pool for two (2) weeks after your procedure, to reduce the risk of infection.

Continuing pregnancy: this occurs in one to two (1 to 2) women in 100. Further treatment with “prostaglandin-like” medication and/or a surgical procedure is needed. Minimal bleeding and continuing pregnancy symptoms indicate the pregnancy is still likely to be present. A follow-up blood test and/or ultrasound scan is essential.

Future fertility: use of “anti-progesterone” medication and “prostaglandin-like” medication does not reduce the chance of becoming pregnant again after the abortion. You may become fertile within the next two (2) weeks after an abortion, so you will need to consider contraception as soon as your current pregnancy is over.

Ectopic pregnancy: use of “anti-progesterone” medication and “prostaglandin-like” medication will not prevent an ectopic pregnancy from growing. If a very early pregnancy has not been identified in the uterus prior to medical abortion and you have NO bleeding within 24 hours of taking the “prostaglandin-like” medication, follow-up is essential to ensure the pregnancy has ended. Ectopic pregnancy is a serious condition. As the pregnancy grows outside the uterus, it may rupture and cause uncontrollable bleeding inside the abdomen (tummy) and may be fatal if not treated urgently. Please contact us if you have any concerns.

Caution: The “anti-progesterone” medication is not known to increase the risk of foetal malformations, but the “prostaglandin-like” medication may increase the risk and there have been reports to that effect. It is suspected that abnormalities are the result of uterine contractions which reduces the blood supply to the foetus. **Therefore it is strongly advised that the abortion be completed surgically if the medical abortion fails and women with a failed medical abortion are strongly encouraged to have a surgical termination.**

Caring for yourself

Comfort: it is important to make arrangements to ensure you are comfortable during the abortion process and so you can rest for 24 hours afterwards.

Pain relief: is most effective if used early. Take over the counter pain relieving medication prior to using the “prostaglandin-like” medication and every four to six hours

as needed. Use a hot pack on the abdomen (tummy). Massage your lower abdomen (tummy) or back.

Bleeding: have sanitary protection (pads not tampons) on hand.

Eating and drinking: eat light meals, drink plenty of fluids and avoid alcohol.

Problems during and after the abortion

Contact us if any of the following occur:

- **Bleeding** – soaking two (2) super pads per hour for two (2) consecutive hours.
- **Severe abdominal pain** – not relieved by over the counter pain medication taken four and six hourly.
- **Fever, flu-like symptoms, feeling generally unwell, eg. Nausea, vomiting, weakness, fatigue, etc more than 24 hours after taking the “prostaglandin-like” medication.**
- **You have NO bleeding within 24 hours of taking the “prostaglandin-like” medication.** Particularly if the pregnancy was very early and it was difficult to confirm the site of the pregnancy at the first consultation.

Follow-up appointment

Follow-up: it is important to ensure that the pregnancy has ended and the tissue has been expelled from the uterus. This can be done using an ultrasound scan and blood test.

Ultrasound scan: identifies the pregnancy in the uterus before the abortion and shows the uterus is empty when the abortion is complete.

Blood tests: measure the level of pregnancy hormone in the body before the abortion and again a few days after. A request form for a blood test will be given to you during your first visit and should be done on day 12 so the results are ready when you return on day 14. The blood may be taken at any of the designated pathology collection centres and you do not need to make an appointment. All you need to do is turn up

during the collection centre's opening hours. The blood tests are required to ensure the pregnancy hormone levels are dropping appropriately.

Steps for medical abortion

Step 1. After your counselling and after your pregnancy has been confirmed by the doctor, you will be provided with 200mg "**anti-progesterone**" medication tablet to take while at the clinic.

Taken on: DateTime.....

- ◆ Eat lightly and drink plenty of water.
- ◆ If nausea is a problem, take the anti-nausea medication provided. A **Maxolon** tablet may be swallowed with water. Repeat every eight hours as needed.
- ◆ Wait at least 34 hours (but not more than 46 hours) before proceeding to Step two (2).

Step 2. Date.....Time.....

(at least 34 hours after, but not more than 46 hours after Step one (1))

- ◆ Take two (2) **ibuprofen** 200mg tablets (for pain relief) in preparation for using the "prostaglandin-like" medication.
- ◆ If you would like to prepare with additional pain relief, you can take two (2) **paracetamol** tablets as well as the ibuprofen tablets.
- ◆ Wait two (2) hours before proceeding to Step three (3).

Step 3. Date.....Time.....

(two (2) hours after Step two (2) and therefore 36-48 hours after Step one (1))

Take four (4) "prostaglandin-like" tablets as directed below by the doctor. (These tablets will cause uterine cramping and bleeding so you will need to be in a private setting with the support of a trusted person)

- Place four (4) “**prostaglandin-like**” tablets between your cheeks and teeth on both sides of your mouth, (two (2) tablets on each side) allowing them to dissolve slowly. You can swallow any remaining residue after 30 minutes.

- ◆ Continue using pain relief (see Step two (2)) every four (4) to six (6) hours as needed. If nausea persists, continue using **Maxolon** every eight (8) hours as needed.

- ◆ You must use **sanitary pads**, (not tampons) to allow you to track how much bleeding you have during this stage of the treatment.

- ◆ You must not have sexual intercourse for two (2) weeks after your procedure

- ◆ You should not use tampons, spas, take a bath or swim in a pool for two (2) weeks after your procedure

If the miscarriage does not commence within six (6) hours of Step three (3), it may be necessary to use more “prostaglandin-like” medication the next day. Please contact Gynaecology Centres Australia if you think you may need to do this or you have any concerns.

Telephone: (02) 43 245 176 (24 hours)

Dr Heckenberg: 0412 394 502

Please notify us if you have a fever or feel generally unwell (worse than having a regular "cold" or "flu"). A GCA representative will contact you 48-72 hours after the administration of misoprostol to assess progress and possible complications.

Please discard any unused tablets by flushing them down the toilet and keep them away from children. Do not give tablets to any other person, especially a pregnant woman, as these tablets may cause foetal abnormalities or miscarriage.

Step 4. Follow-up tests to ensure that the pregnancy has ended.

At the time of your initial visit to the clinic, the doctor and yourself will have agreed to appropriate follow up.

Return to one of our five (5) centres (*insert date and time and location*)

Onatclinic location.....
for an ultrasound scan to check the pregnancy has ended.

And

- Have a follow-up blood test taken at a pathology collection centre at (*insert name and location*)
on (*insert date*)

Step 5. Telephone Gynaecology Centres Australia (GCA) for blood test result on
(*date*)

Step 6. If the scan or blood test indicates the medical abortion has failed, a booking will be made for a surgical procedure.

Caution: data on the effect of “anti-progesterone” medication and “prostaglandin-like” medication on an early pregnancy is limited and inconclusive. Because of this unknown risk to the foetus, women with a failed medical abortion are strongly encouraged to have a surgical abortion.

If you have any concerns, call GCA:

Telephone: (02) 43 245 176 (24 hrs)

OR

Dr Heckenberg: 0412 394 502

Counselling and the law

At some time in their lives, some women are faced with making a decision that they never expected to make. This choice may be straight forward for some, for others the decision may be quite difficult, perhaps the most difficult they will ever make. Our doctors and staff respect the individual and private choice of every woman and are committed to providing a safe and supportive environment for those women seeking termination of pregnancy.

The key goal of pregnancy counselling is to encourage you to make your own personal decision and feel comfortable with the decision you have made. Counselling is also designed to limit regret and long-term psychological consequences by exploring alternatives and resolving ambivalence.

Legally, we are required to know your reasons for pregnancy termination but assure you we provide a non-judgemental atmosphere. Our policy is to provide comprehensive, concise and unbiased information, with each patient being individually assessed and counselled prior to her procedure. We aim to deliver a medical service synonymous to a person seeking medical treatment for any other condition.

If you decide to terminate a pregnancy, the different procedures of medical or surgical abortion will be explained, including possible complications and after care. If you decide to continue with the pregnancy you should see your local doctor or local hospital for antenatal care, and if needed, see a social worker at your local hospital.

Other goals of counselling include providing contraceptive education, to provide a supportive, non-judgemental atmosphere that allows you to explore your feelings about your pregnancy, to provide emotional support for your decision, and to examine the factors that are involved in the decision making process.

All women receive counselling and contraceptive advice as a part of the pregnancy termination consultation. We understand each woman's situation is unique and provide a confidential and safe place to talk.

We also believe the most important consideration for any women is her own sense of what is best for her and her situation.

There is no time limit on accessing counselling and post-abortion counselling is available to women regardless of where and when they had an abortion.

Contraceptive Advice at Gynaecology Centres Australia

GCA provides contraceptive advice and services for women seeking emergency contraception and for those having a termination of pregnancy.

We assist women to make informed choices about contraception and encourage them to use it effectively in avoiding unplanned pregnancy, while acknowledging that fertility is not always controllable.

Confidentiality

All identifying personal information will be kept confidential and no information, beyond that necessary for your care, will be available to people outside GCA without your consent.

Our staff are bound to keep client information confidential, except in circumstances where we are legally obliged to report information.

To express your opinion, make a comment or complaint

You can make suggestions for improvement by:

- telling staff at GCA
- writing a comment

If you have a complaint you can:

- talk to the health worker involved and tell them of your concerns, or talk to another health worker at GCA
- telephone GCA Practice Manager on (02) 43 245 176 (you do not have to give your name)

- write to the Gynaecology Centres Australia, Practice Manager, PO Box 1048, Gosford NSW 2250. The Practice Manager will assess the situation, take whatever action is required and respond in writing to you, outlining the specific action taken to address your complaint, within two weeks

For more information

Please call us on (02) 43 245 176 for more information.