

COMPLICATIONS OF MEDICAL ABORTION

Firstly a special note on the medications used for medical abortion:

“Anti-progesterone medication”

An “anti-progesterone” medication is a drug that has been in use in many countries overseas for the purpose of providing safe termination of pregnancy, and for enhancing the effects of “prostaglandin-like” medication – a drug that is used to promote the dilatation (opening) of the cervix (neck of the uterus) prior to the procedure. This method of terminating a pregnancy has been widely used in many counties including the USA, UK, NZ, India and China, and in Australia from 2006-2013 but only to authorised prescribers. It is now fully registered in Australia for medical termination of a developing intrauterine pregnancy. In sequential combination with a prostaglandin analogue up to 63 days gestation (9 weeks) but only to doctors who have the appropriate medical indemnity insurance. Doctors at GCA have the correct insurance to conduct “medical” termination of pregnancy as well as “surgical” termination of pregnancy.

“Prostaglandin-like medication”

For many years in Australia and other developed countries, the “off-label” use of the oral “prostaglandin-like” medication, has been widely accepted as offering advantages in the medical management of both medical and surgical termination of pregnancy. This drug has now been fully registered in Australia since February 2013 for the medical treatment of a developing intrauterine pregnancy in sequential combination with an anti-progesterone tablet, up to 63 days gestation (9 weeks). If you suffer from asthma, epilepsy, inflammatory bowel disease, low blood pressure or have had a prior caesarean section, you should advise the doctor.

Serious complications are rare but any medical or surgical procedure has potential complications. Minor complications are obviously much more likely than serious ones. Complications are as follows:

Excessive Bleeding

Bleeding is expected with medical abortion. It is most likely to occur within four (4) hours of taking “prostaglandin-like” medication (the drug required to contract the uterus and expel the pregnancy tissue). It may be heavier than a normal period. The average bleeding lasts nine to fifteen (9-15) days with ranges up to 70 days. Generally, bleeding after medical abortion lasts longer than after surgical abortion. Haemorrhage (extremely heavy bleeding) requiring blood transfusion is reported, with overall rates of one to two (1-2) women in 1,000. There is a very small risk of death if severe blood loss is not treated urgently.

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Gosford: Suite 4, 16-18 Hills St, Gosford 2250. T: (02) 4324 5176 F: (02) 4322 9124

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Remaining Tissue

This complication causes heavy vaginal bleeding with cramping pain. It happens when all pregnancy tissue has not been completely expelled from the uterus (approx five to eight (5-8) women out of 100). Surgical evacuation of the uterus is required to remove the remaining tissue. This is less common with earlier pregnancies.

Continuing Pregnancy

Very occasionally, the pregnancy may continue and the medications may have no effect (one to two (1-2) women in 100) and a surgical evacuation of the uterus is required. This is less common with earlier pregnancies. Women who continue to have symptoms of pregnancy or who have minimal bleeding are most likely to be still pregnant. An assessment is made two (2) weeks after the initial consultation to ensure a successful abortion. A vaginal ultrasound will be performed at this stage. A surgical abortion will be arranged if medications are not successful.

Infection

The genital tract is more susceptible to ascending infection when the cervix (neck of the uterus) is dilated (opened) after abortion or childbirth. There have been incidences of clinically significant pelvic infection after medical abortion but it seems to be rare. The symptoms of infection are abdominal (tummy) pain, temperature and vaginal discharge with or without bleeding. When properly treated, future fertility is not affected. There have been only a few reported 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 very rare and most likely unrelated to the medications.

Ectopic Pregnancy

About one (1) in 200 pregnancies grow in the tube and not in the uterus. In very early pregnancy less than five (5) weeks, ultrasound examination may not be able to identify the site of the pregnancy. Ectopic pregnancy is a potentially dangerous condition. As an ectopic pregnancy grows, it will stretch the thin wall of the Fallopian tube. If the pregnancy is discovered early, medical treatment with a drug called methotrexate, to stop further development, may be possible, or an operation at a hospital may be required. If the pregnancy continues to grow, the wall of the tube may rupture or burst and bleed. This can be extremely serious and life threatening because of the internal bleeding and needs immediate medical attention at a hospital. Blood tests will be arranged and they can be helpful in assessing the possible site and progress of the pregnancy. Very rarely, a pregnancy may occur in the uterus and the fallopian tube at the same time (less than one (1) in 30,000 pregnancies but may be higher in women using assisted reproduction treatments). It is called heterotopic pregnancy and warrants the same urgency as ectopic pregnancy.

Psychological Effects

Only a small minority of women experience any long term, adverse psychological problems after abortion. It is quite common to feel some negative emotions after the procedure and is usually a continuation of symptoms present before the abortion. On the other hand, long-lasting, negative effects on both mothers and their children are reported where abortion has been denied.

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Foetal abnormalities

Birth defects in the normal population are around two to three (2-3)%. “Anti-progesterone” medication is not known to increase the risk of birth defects in humans, but foetal malformations have been reported after first trimester use of “prostaglandin-like” medication. “Anti-progesterone” medication used in combination with “prostaglandin-like” medication may induce uterine contractions, reducing the blood supply to the foetus and its organs, which could account for some of the observed defects. Therefore, it is strongly advised to complete the abortion, either medically or surgically, once the medications have been administered.

Other risks

An association between abortion and breast cancer risk has never been proven. The Royal College of Obstetricians and Gynaecologists states that “induced abortion is not associated with an increase in breast cancer risk” and the American College of Obstetricians and Gynaecologists states that “rigorous recent studies argue against a causal relationship between induced abortion and a subsequent increase in breast cancer risk”. There are also no proven associations between abortion and future infertility. The evidence suggests that, overall, in countries where termination of pregnancy is available within the law, a woman who has an uncomplicated termination is not at increased risk of being infertile in the future.

Other complications

These are all very uncommon and include allergic reactions (including rash, hives and itching) to either “anti-progesterone” or “prostaglandin-like” medication. Some medical conditions, eg. adrenal gland problems, bleeding disorders, severe chronic illnesses and medications like oral or injectable steroids or medications to thin the blood (warfarin, heparin, daily aspirin) interfere with medical abortion treatment and may cause worsening medical problems and increase risk of complications. Therefore it is important for you to give full and accurate medical details.

This list of complications is given to you to read, not to alarm you, but to make sure that you are aware that medical termination of pregnancy, like any other procedure, is not always completely straightforward. A strict set of protocols has been developed and every care is taken to minimise the risk of complications.

If you have any concerns, you should always ring us and the phone numbers are listed below:

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 after hours emergency contact. Also, **Dr Heckenberg** (GCA medical director) may be contacted directly on **0412 394 502**.

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