



ASTRA NETWORK

ASTRA - Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights

Advocate's Tool No. 6:

Medical Abortion

What is medical abortion?

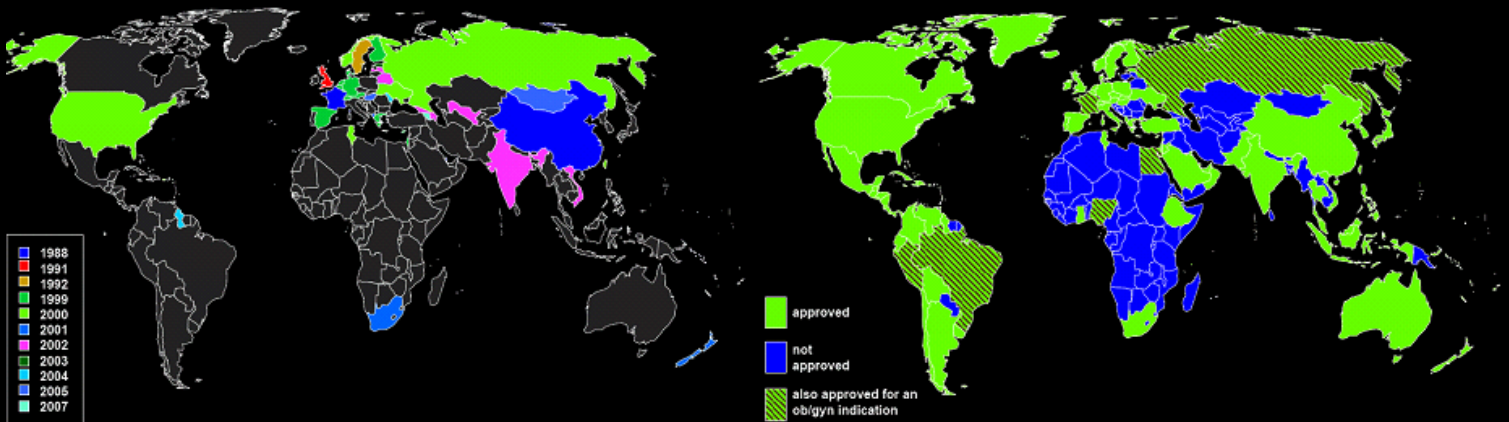
Medical abortion is the termination of pregnancy by taking a pill or a combination of pills (sometimes also referred to as "medication abortion". The most common and efficacious regime is mifepristone (taken first) and misoprostol (taken 36-48 hours later). Mifepristone blocks the pregnancy hormone progesterone, which thins the lining of the uterus, detaches the pregnancy, and softens and dilates the cervix. The second drug, misoprostol, causes the uterus to contract and discharge the pregnancy. In settings where mifepristone is not available or not affordable, misoprostol alone is used for medical abortion. While using misoprostol alone is not quite as efficacious as when used with mifepristone, it still a "safer option than other dangerous and invasive methods of abortion that women resort to when safe abortion services are not available." (International Medical Abortion Consortium) Further, "In countries where mifepristone is not available, methotrexate has been used in combination with misoprostol. However, methotrexate is not recommended by the World Health Organization (WHO) for inducing abortion, because of concerns that it may increase the risk of fetal malformation in a continuing pregnancy. It also involves a more prolonged abortion process." (Id.) (See maps below.)

Why is medical abortion so important?

Unsafe abortion is a major public health concern in Central and Eastern Europe, killing nearly 68,000 women each year. While abortion is commonly used a primary method of family planning in many countries, quality of care tends to be low. In some countries, concerns about declining birth rates, pressure from religious groups, and reduced support for family planning have rendered safe and legal abortion inaccessible. Medical abortion can (and indeed has) addressed these problems in the following ways: "Medical abortion can make abortion earlier, more accessible, safer, less traumatic, less medicalised and less expensive. It has increased access to safe abortion and reduced maternal mortality, including in legally restricted settings." (Id.)

Mifepristone Approved

Misoprostol Approved



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Even though medical abortion has been used safely by millions of women, mifepristone is not widely approved. Misoprostol is widely approved because of its other indications.

Frequently Asked Questions

Is medical abortion safe and effective?

Yes. Medical abortion is an extremely safe method for terminating a pregnancy. Studies show that medical abortion is just as safe and effective as surgical abortion. There is a 95-98% success rate, for women of all ages.

Is medical abortion preferable to surgical abortion?

Many women choose medical abortion because it is more confidential, less invasive, more natural, and sometimes easier to obtain. Some women also prefer this method because the pills can be taken in the comfort and privacy of their own home along with shorter clinic visits (though it should be noted that medical abortions require at least two clinic visits and sometimes more, depending on the course of treatment). In some settings, medical abortion is also more widely available because it does not require surgical facilities.

Are there any side effects?

The woman will experience slightly heavy blood flow, a minor amount of pain and cramps, and sometimes nausea, vomiting, or diarrhea. Pain medication or warm compresses can alleviate these mild symptoms. The bleeding, though normally a few days to a week, sometimes lasts a few weeks. In rare cases, women require medical attention.

Does a medical abortion affect later pregnancies or a woman's health?

A recent study by US and Danish researchers showed that women who use medical abortion are at no greater risk for tubal pregnancies or miscarriages later in life. Medical abortion has not been shown to have any adverse or long term effects on a woman's health or ability to carry a later pregnancy to term. It has been shown to have a positive impact on mental health in relieving the stress of an unwanted pregnancy.

Is medical abortion the same as emergency contraception?

No. Emergency contraception *prevents* the implantation of cells on the uterine wall and is effective before a woman is actually pregnant. Once the fertilized egg attaches to the uterine wall, the woman becomes pregnant and emergency contraception is no longer an option. Medical abortion is only used *after* a woman becomes pregnant.

It is always important for each individual woman to seek medical advice and attention prior to terminating a pregnancy and to proceed under appropriate medical supervision.

ASTRA Recommendations

- Raise awareness about the availability of medical abortion and provide accurate information to the public and to health care providers.
- Promote approval of these medications at the national level if they are not currently approved.
- If they are approved, ensure that they are also affordable and available.
- Work with clinics to add medical abortion to their package of services and provide training sessions for providers.
- Educate key stakeholders on the human rights violations of denying women access to medical abortion.
- Share experience and knowledge with other groups.
- Continue to address the stigma and discrimination associated with abortions of all kinds.

For more information...

www.medicalabortioncontorium.org

www.medicationsabortion.com

Ipas "Medication Abortion – Frequently Asked Questions"

WHO, "Frequently Asked Clinical Questions about Medical Abortion" (2006)

Gynuity Health Projects, "Providing Medical Abortion in Developing Countries: a Guidebook" (2004)

"Study: Abortion Pills Don't Bring Risks" (August 15th, 2007) Associated Press

...contact: info@astra.org.pl

