



Principles of early medical abortion care

Establish accurate expectations for normal pain and bleeding associated with early medical abortion medication

Bleeding and pain are expected and anticipated effects of Misoprostol administration.

Bleeding and cramping usually exceed the expected individual level of menstrual bleeding and cramping. Bleeding with clots and cramping usually occur within 1-6 hours of taking Misoprostol. Pain and cramping will intensify and reduce as the products of pregnancy are passed.

Heavy bleeding with clots is expected in the first 24 hours. Over 7 days, bleeding will gradually become lighter. Lighter bleeding may last up to the next expected menstrual period.

Cramping pain may be experienced for several days.

Headache, chills, fever and gastrointestinal disorders are side effects of Misoprostol administration

Pre-load with medications prior to Misoprostol administration and in the first 24 hours

Ensure adequate pain relief is taken with an antiemetic 30 minutes prior to Misoprostol dose and in the first 24 hours.

Use therapeutic techniques such as rest, heat packs and lower back massage in the first 24 hours.

Provide written information of symptoms that require review with an action plan

Abnormal bleeding patterns

- very heavy bleeding (2 or more saturated sanitary pads per hour for 2 consecutive hours)
- significant increase in bleeding after initial passage of products of conception (POC)
- persistent bleeding 2 weeks after procedure

Severe pain not relieved by medication

Signs of infection

Provide contact details of nearest Emergency Department

Adverse effects of medications:

Mifepristone: gastrointestinal disturbance (nausea, vomiting).

If vomiting occurs within 1 hour of the Mifepristone dose, repeat script is required.

Bleeding may occur following Mifepristone, continue with the Misoprostol dose at the scheduled time.

Misoprostol: gastrointestinal disturbance, headache, chills and fever; these symptoms may occur within 4 hours of administration.

If vomiting occurs within 30 minutes of Misoprostol administration a repeat script is required.

Limited bleeding following misoprostol:

Retain an index of suspicion if bleeding is absent or lighter than expected within 24 hours of the Misoprostol dose or bleeding less than 4 days.

Management options include:

- A repeat course Misoprostol, or
- Arrange a surgical abortion. Contact 1800MyOptions
- Consider contact with your local experienced provider for discussion and advice
- For patients undertaking the medical abortion without ultrasound pathway, confirm there are no new signs to indicate an ectopic pregnancy.

Follow up is important to assess well-being and resolution of the pregnancy

Planned follow up is essential even if no adverse events have occurred.

Follow the clinical signs and symptoms to resolution

Assess for

- Heavy or persistent bleeding
- Signs of infection
- Signs and symptoms of pregnancy (failed abortion)
- Confirm contraception plan (if desired)

Emotional health

Normalise the range of emotions women experience following the abortion procedure. The circumstances that led to the abortion decision and the supports available may influence the emotions during and following the abortion. Women who have come to a free and informed decision, are appropriately prepared and are supported will not experience ongoing emotional harm.

For referral pathway for professional support, contact 1800MyOptions.
<https://www.1800myoptions.org.au/>



Further resources:

See: Early medical abortion webpage:
<https://thewomens.org.au/health-professionals/clinical-resources/early-medical-abortion-ema>

Clinical guidelines

<https://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps>

Abortion: Medical management to 9 weeks of pregnancy

Abortion or Miscarriage Management of presentation following medical or surgical abortion or miscarriage