

MEDICATION ABORTION (MA): UPDATE & RESOURCES

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No Disclosures

PRIMARY UPDATES

- Mifepristone-misoprostol (Mifegymiso) abortion up to 10 weeks gestational age (GA)
- Mifepristone-misoprostol (Mifegymiso) administration in EPL (early pregnancy loss)
- Telemedicine abortion; “No touch/No-test” abortion

MA AND PRIMARY CARE

- Medication abortion (MA) is increasing; 2022 Canada-wide data reports that MA accounted for 40% of all abortions (1)
- Abortion rate did not change
- Family MDs are the largest providers of abortion (provided 71% of all abortions) (2,3)

MA EVIDENCE

Regimens	Success Rate (%)	Advantages/Disadvantages	Gestation Age Limit
Mife/miso Mife 200 mg PO Miso 800 mcg PV, Buccal, or SL 24-48hrs later	95-99%	Less time to completion, fewer side effects, but higher cost	70 days (Health Canada: 63 days)
MTX/miso MTX 50mg/m2 IM Miso 800 mcg PV 1-7 days later x 2	81-96%	Low cost and readily available but longer time to completion	63 days
Miso only Miso 800 mcg PV or SL q3hrs x 3 doses	84-85%	Low cost and readily available but less effective	63 days

INDICATIONS

- Product monograph: indicated for pregnancy termination up to 63 days GA
- No absolute lower GA limit
- **Robust data supporting use up to 70 days (10 weeks GA)**
- Also used for EPL and cervical prep for surgical abortions (typically > 17 weeks GA)
- Rate of ongoing pregnancy **overall is 0.5%** (approx. 3% around 10 weeks) (4)

ADMINISTRATION > 9 WK GA

Mifepristone 200 mg PO + Misoprostol 800 mcg + **Misoprostol 800 mcg 4H LATER**
Day 1 24-48h after (PV/Buccal) **Buccal**

* Need a 2nd prescription: Misoprostol 800 mcg buccal x 1 to be used 4 hours after initial dose*

EPL AND MIFEPRISTONE-MISOPROSTOL

- Waiting 24h after Mifepristone to use Misoprostol may not provide additional benefit
- A secondary analysis of a randomized trial was completed (approx 139 patients); patients had used the Misoprostol at various intervals
- Primary outcome was gestational sac expulsion at the first f/u visit 1-4 days after Misoprostol use
- Patients in the 7-20h cohort had a 96.6% success rate vs 87.5% in the 21-48h cohort (5)
- **Consider the use of Misoprostol 800 mcg 7-20h after Mifepristone (vs 24-48h) in the context of EPL**

TELEMEDICINE ABORTION

- “No touch” or “no-test” abortion refers to a MA done without a dating ultrasound, labs, or in-person assessment; “low-test” abortion = some investigations are done
- Relies primarily on patient history for pre-abortion assessment and triaging
- **Low-/no-test medical abortion is as effective (95.0- 98.8% required no surgical intervention), safe, and acceptable as traditional in-person care (2, 6, 7)**
- Canadian Abortion Provider Survey during COVID-19 reported some adoption of the SOGC COVID low-/no-test protocol
- Majority ordered ultrasound only as indicated (81.2%), but always ordered serum hCG or hemoglobin (59.6 and 55.6% respectively) (7)

PROVIDER RESOURCES/LEARNING

- <https://caps.sogc.org/>
- <https://safe2choose.org/abortion-counseling/online-abortion-training-course>



LOOKING AHEAD

- Advanced Prescribing
- Abortion Care Canada funding
- Ulipristal

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