ABORTION WITH SELF-ADMINISTERED MISOPROSTOL:
A GUIDE FOR WOMEN

INTRODUCTION

Millions of women worldwide have safely terminated their pregnancies with medication since mifepristone — or RU 486—was first introduced in the late 1980s. Research in the past two decades has identified several highly effective regimens for early medical abortion with a success rate of 95 to 98 percent, consisting of 200 mg of mifepristone followed by 400 or 800 mcg of misoprostol.[1] Whether taken in a health center or at home by women themselves, the regimen using pills offers an option that many women prefer to surgical procedures such as manual vacuum aspiration or dilation and curettage (D&C).

Because mifepristone is a registered abortion drug, its sale and use are not permitted in most countries with restrictive abortion laws. In contrast, misoprostol is an anti-ulcer medication that is registered under various trade names in more than 85 countries.[2,3] Research has found that misoprostol used alone is about 85 percent successful in inducing abortion when used as recommended. Although less effective alone than when combined with mifepristone, misoprostol offers a safe and accessible alternative for women who have no other option.

GUIDELINES FOR USING MISOPROSTOL TO INDUCE ABORTION

Misoprostol is typically sold in pharmacies in tablets of 200 mcg. Four tablets are recommended to initiate an early abortion, and four (or, rarely, eight) more may be required for its completion. It is best to use misoprostol within nine weeks since the last menstruation; that is, fewer than 63 days counting from the first day of the last regular period. The earlier in the pregnancy it is administered the better, because it is safer, more effective and less painful. Misoprostol can be used later in pregnancy but the risks of complications are higher (see below). Women with an intrauterine contraceptive device (IUD) in place should have it removed before using misoprostol.

GUIDELINES FOR PREGNANCIES UP TO 12 WEEKS:[4]

Step 1: Insert four 200-mcg tablets (or their equivalent) deeply into the vagina OR in the mouth under the tongue or in the cheek pouch. If tables are placed under the tongue or in the cheek pouch, hold in the mouth for 20-30 minutes to allow them to dissolve, and then swallow the remaining fragments.

Use large (thick) sanitary pads. Mini pads or tampons should not be used.

Bleeding and uterine contractions (cramping) may begin half an hour following this first step and will almost always start within the first 12 hours. *Bleeding itself does not mean that an abortion has occurred.* Close inspection of the sanitary pad or other receptacle may reveal whether the pregnancy has been terminated. This will be difficult to detect in very early stages of pregnancy, however, because the embryonic tissue is indistinguishable from the normal clotting of menstrual blood. For example, six weeks into pregnancy (that is, six weeks from the first day of the last menstrual period), the embryonic sac is only about the size of a short grain of rice. By the eighth week it is more visible, about the size of a kidney bean. For terminations from 10-12 weeks, the fetus is 30 mm to 8 cm in length (1+ to 3+ inches) and it will be very clear when it has passed.

If it is not clear that the pregnancy has been terminated (for example, if the embryonic sac is not visible on the sanitary pad or if cramping continues and has not begun to subside), go to Step 2.

Step 2: If tablets were administered vaginally in Step 1, insert four more 200-mcg tablets of misoprostol deep into the vagina three to 12 hours after the first administration.

If tablets were administered by mouth in Step 1, place four more 200-mcg tablets under the tongue or in the cheek pouch three hours after the first administration and hold them there for 20-30 minutes until they dissolve. The shorter time interval between steps for tablets in the mouth is needed to achieve the same effectiveness as vaginal administration at longer intervals but may cause more side effects.

Step 3: If the pregnancy has not been terminated after using the second set of pills and bleeding, insert four more 200 mcg tablets of misoprostol 3 to 12 hours after the second vaginal administration or three hours after the second administration by mouth.

The majority of pregnancies up to 12 weeks duration are terminated within hours of the first administration of misoprostol. Generally, more than three-quarters of women experience an abortion within the first 24 hours, although it sometimes takes longer.[4] If unsuccessful, the entire process may be repeated.

GUIDELINES FOR PREGNANCIES OF 13-20 WEEKS:[5]

Although misoprostol alone can also be used for second-trimester abortions, the chances of serious complications such as uterine rupture or hemorrhage rise as pregnancy advances. Ready access to emergency care in a medical facility is essential, and women should not attempt an abortion alone. They must also be prepared for the passing of a fetus and placenta at this stage.

When bleeding and contractions begin, it is advisable to go to a hospital and report a miscarriage. The hospital may perform a surgical procedure—manual vacuum aspiration or D&C—to complete the process if it does not occur naturally. Women should wipe the vagina clean of all pill fragments (which can last for days) before going to the hospital. In countries where abortion is highly restricted by law, hospital personnel may be required to report all induced abortion attempts to legal authorities.

Step 1: Insert only *two* (not four) 200-mcg tablets in the vagina. The termination of second-trimester pregnancies requires *lower* doses of misoprostol because the uterus is more sensitive to the drug. *Overdoses at this stage of pregnancy are dangerous.*

Repeat Doses: Administer only *two* 200-mcg tablets every 3 hours up to a maximum of five applications. These repeat doses (if needed) may be inserted under the tongue or in the cheek cavity if heavy bleeding makes it difficult to insert tablets vaginally.

About half of women with pregnancies of 13-20 weeks experience an abortion within 10-15 hours of the first vaginal administration of misoprostol, with 80-90 percent of women completing the abortion within 24 hours and most of the remainder within 72 hours.[5]

INTENDED EFFECTS AND SIDE EFFECTS OF MISOPROSTOL

Bleeding and uterine contractions (cramping) are the intended effects of using misoprostol for inducing an abortion.[1,4,5] Cramping will be stronger than for an ordinary menstrual period and may be painful. Non-steroid anti-inflammatory pain medication such as ibuprofen may be taken without interfering with the misoprostol. Bleeding will be heavier and more prolonged than for a normal period: up to a week, in most cases, often with continued spotting until menstruation resumes in four to six weeks. These effects will be more pronounced in pregnancies of longer duration.

Chills and fever are common side effects but are transient. High fever is less common but can occur and usually disappears within a few hours as do nausea, vomiting, and diarrhea.

Women should seek medical attention if they experience any of the following side effects after taking misoprostol:

- very heavy bleeding (soaking more than two large-sized thick sanitary pads each hour for more than two consecutive hours);
- continuous bleeding for several days resulting in dizziness or light-headedness;
- bleeding that stops but is followed two weeks or later by a sudden onset of extremely heavy bleeding, which may require manual vacuum aspiration or D&C;
- scant bleeding or no bleeding at all in the first seven days after using misoprostol, which may suggest that no abortion has occurred and require a repeat round of misprostol or surgical termination; or
- chills and fever lasting more than 24 hours, which suggest that an infection may be present requiring treatment with antibiotics.

Women should *not* take misoprostol if they have a known allergy to misoprostol.

WHERE TO BUY MISOPROSTOL

In most countries, misoprostol can be purchased in pharmacies as Cytotec or under some other trade name as an anti-ulcer medication. Some pharmacies may ask for a medical prescription for this purpose. Buying so-called "abortion drugs" on the black market or from unknown Internet sources is not recommended. Women living in countries with restrictive abortion laws can purchase the combined mifepristone-misoprostol regimen on-line from Women on Web in the Netherlands (**http://www.womenonweb.org**) with a donation of 70 Euros (exceptions are made in difficult cases). This price may be higher than misoprostol tablets purchased locally but the combined regimen is significantly more effective than is misoprostol used alone.

For more information on medical abortion, consult these web sites:

- **http://www.gynuity.org** (Arabic, English, French, Spanish, Turkish, Vietnamese)
- **http://www.misoprostol.org** (English; dosage recommendations in Russian)
- **http://www.medicalabortionconsortium.org** (Armenian, English, French, Hindi, Portuguese, Russian, Spanish)
- **http://www.ipas.org/Topics/Medical_Abortion.aspx** (English, Spanish)
- **http://www.womenonwaves.org** (Dutch, English, French, Spanish, Polish, Portuguese); also **http://www.womenonwaves.org/set-274-en.html** ("How can I do an abortion with pills?" in Arabic, English, French, Polish, Portuguese, Spanish, Swahili)
- **http://www.womenonweb.org** (Arabic, Dutch, English, French, Polish, Portuguese, Spanish)
- **http://www.clacai.org** (Consorcio Latinoamericano Contra el Aborto Inseguro; Spanish)
- **http://www.asap-asia.org** (Asia Safe Abortion Partnership; English)
- **http://www.reprochoice.org/index.php?page=main&lang=en&mode=&args=** (Eastern European Alliance for Reproductive Choice [EEARL]; English, Russian)
- **http://www.ibisreproductivehealth.org/publications/list.cfm**, search "medical abortion"
- **http://medicationabortion.com** (Arabic, English, French, Spanish)

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