

## Medical Abortion

Maternal mortality due to unsafe abortion comprises between 15-20 percent. Though abortion is legalized in Nepal, the services in the form of comprehensive abortion care are out of reach of majority of Nepalese female in most part of the country.

Mifepristone and Misoprostol is an early abortion option for women whose pregnancy is of 63 days gestational age or less. This is 95-97% effective within 2 weeks of therapy. Mifepristone blocks the hormone progesterone needed to maintain the pregnancy. As a result decidual lining begins to shed, the cervix begins to soften and bleeding may occur.

When Misoprostol is later inserted into the vagina the uterus contracts and the pregnancy is usually expelled within 6-8 hours.

Mifepristone alone is effective in 64-85 % of women at pregnancy up to 49 days. This drug should be used with caution in women with chronic medical condition like cardiovascular, hypertensive, respiratory, hepatic or renal disease, diabetes mellitus, severe anemia or heavy smoking.

The dose of 200 mg Mifepristone is recommended orally. Single or multiple doses of Mifepristone may be given, although single dose is more convenient & appears effective.

Some women may choose abortion pill because of the privacy it offers. Some women may feel empowered by taking the active role in the process.

An ultrasound is necessary to confirm pregnancy of 9 weeks or less. The dose of 200mg Mifepristone is taken orally as per advice of gynecologists and then 800 mcg Misoprostol is inserted into the vagina 48 hours after taking Mifepristone. Bleeding and cramping may begin as soon as 20 minutes after Mifepristone insertion. Most women will miscarry within next 6-8 hours. This combination results in complete abortion in more than 96% of cases. The rate of continuation of pregnancy is less than 1% in gestation up to 63 days amenorrhoea.

A follow up exam is necessary for 2 weeks later to make sure the process is complete. Five percent of women may need a suction evacuation to complete the process. If pregnancy is continued after taking these medications there is a high risk of fetal deformities.

Side effects with Misoprostol are heavy bleeding, head aches, nausea, vomiting, diarrhea, and heavy cramping. These medications are contraindicated to those who are on anticoagulant medicine, severely anemic, adrenal failure, on long term systemic corticosteroids, have an ectopic pregnancy, tubo ovarian mass, inherited porphyria, allergy to Mifepristone, Misoprostol or other prostaglandins and severe diarrhea.

Nonsteroid anti-inflammatory drugs, including aspirin should be avoided for analgesia as it can decrease efficacy of drugs.

There are no known long term risks associated with this medication regarding future fertility.