# MEDICAL TERMINATION OF PREGNANCY

The term medical abortion refers to pregnancy termination with abortion-inducing medication in place of primary surgical intervention. Mifepristone (commonly referred to as RU-486) was developed in France in the 1970's and 80's by researchers investigating glucocorticoid receptors. Medical abortion provides women with a new option for termination of pregnancy and should be offered as an alternative to surgical abortion methods whenever possible. Women select medical method because they say it offers greater privacy and autonomy, is less invasive, and seems more natural than surgical termination. Medical termination of pregnancy has the potential to increase access to safe abortion services.

Mifepristone is an antiprogestin, licensed for pregnancy termination in many countries around the world, including South Africa. Mifepristone is also licensed for cervical softening prior to first trimester termination, for therapeutic, second trimester termination, as well as induction of labor following intra-uterine fetal death. When taken orally during pregnancy, mifepristone blocks the progesterone receptors and the endometrium can no longer sustain the growing embryo. As a result of this it weakens the attachment of the pregnancy from the womb. Because the drug makes the uterus more sensitive to the uterine muscle contracting effect of prostaglandins, the combination of mifepristone with prostaglandin analog increases the efficacy of the regimen. The prostaglandin analog is taken 2 (two) days after mifepristone, orally, and causes contractions of the womb, bleeding and helps expelling the pregnancy.

A successful medical termination is defined as complete without the need for a surgical procedure. The majority of women expel within 24h of the administration of the prostaglandin analog, but the process may take longer to complete.

During the counseling prior the procedure, it is important to emphasize to the patient the need for follow-up (10-14days after the intake of mifepristone), and completion of the procedure in the case of failure. There is around 95% success rate for this method. There is no evidence that mifepristone causes birth defects, but all women should be informed of the possibility of birth defects if they are to continue a pregnancy to term after exposure to prostaglandin analog.

A woman should not have the treatment in any of the following cases: if she suffers from

*Steroids use
*Adrenal insufficiency
*Allergy to prior use of Mifepristone
*Severe asthma which is not well controlled by a specific treatment or a chronic obstructive airways disease
*Porphyria
*If she has intrauterine contraceptive device in place
*Ectopic pregnancy

It is advisable to discuss with your doctor all preexisting conditions or medication currently taken.

A woman can choose to have medical termination as soon as she knows she is pregnant, and pregnancy is confirmed to be in early stages. For South Africa it is only done if a

woman is lesser than 8 weeks pregnant (up to 56 days from the first day of the last menstrual period).An ectopic pregnancy has to be ruled out. Early medical termination with mifepristone and prostaglandin analog in controlled settings is extremely safe. Millions of women worldwide have safely and successfully used mifepristone for early medical termination of pregnancy. Neither drug has been associated with long term effects on women's health. Medical termination with mifepristone and prostaglandin analog has no effect on a women's fertility. Post procedure birth control method is to be chosen.

Counseling before termination of pregnancy appears to be vital .It helps the patient choosing the method, screening for suitability, preparing the woman for what to expect and choosing contraception after the procedure. Counseling provides the opportunity to inform women about what to expect and to ensure that women know the warning signs of the need for additional help. Clinical experience has shown that counseling may be closely related to the efficacy and acceptability of the method. If women are properly counseled, they are better prepared for their experience, and less likely to request unnecessary surgical termination to end the process. In addition, women who are more confident about and comfortable with the method may find it more satisfactory. This is the time as well, when the provider should obtain informed patient's consent.

For more information on medical termination of pregnancy, please contact your Doctor or Medi Challenge on (011) 781-3831