



Early medical abortion procedure summary

Information for EMA providers

Request

- Request for early medical abortion and MS2 Step provider

- For non-prescribers or greater than 63 days gestation, refer to 1800 My Options 1800 696 784

For complete guidelines see:

PGP Abortion: *Medical management up to 9 weeks of pregnancy*

Initial assessment

- Confirm intrauterine pregnancy (IUP), up to 63 days
- Confirm choice of medical abortion method
- Establish informed voluntary choice for medical abortion

Clinical assessment

Baseline investigations

- Determine the gestational age by clinical history or by pelvic ultrasound.
 - Ultrasound to confirm gestational age, visualisation of YS confirms IUP
 - Clinical history such as LNMP and certainty of the date of conception
- Pathology – bhCG, FBC, syphilis
- STI screen – minimum gonorrhoea, chlamydia
- Review history – medical, gynaecological, obstetric, contraceptive, sexual
- Psychosocial assessment – include screening for domestic, family violence and reproductive coercion
- Exclude contraindications

Script and consent to proceed

Administration of MS2step

- Step 1 – Mifepristone, 200mg oral, followed 24 to 48 hours later by
- Step 2 – Misoprostol 800mg buccal

Medications

- Offer a single dose of Ibuprofen 1600mg (off label), then Ibuprofen 400 to 600mg 8 hourly, with Paracetamol 1000mg 4 to 6 hourly PRN, with a maximum 4000mg per 24 hours
- Metoclopramide 10mg 8-hourly PRN or Ondansetron 4mg 8-12 hourly

Managing the procedure

- Side effects – establish accurate expectations for pain and bleeding

Pain management

- Anticipate double usual menstrual period
- Use of therapeutic techniques such as rest, heat packs, massage
- Consider graduated pain relief strategy
- Pre-load medications prior to misoprostol dose

Bleeding

- Onset of bleeding and cramping within 1-6 hours of misoprostol, settles once products expelled
- Average bleeding 16 days, can be up to 30 days

Identify available supports

Discuss and plan for access to emergency care

Establish follow-up plan

Follow-up

Day 3-5 following misoprostol, via telephone

Assess:

- Experience of bleeding and cramping the first 24 hours post misoprostol

- Persistent heavy bleeding
- Signs of infection

and

Day 21 direct or telephone

Assess for:

- Heavy or persistent bleeding

- Signs of infection

- Signs and symptoms of pregnancy (failed)

Use serum or low sensitivity urine hCG test to confirm the procedure

Follow signs and symptoms to resolution

Confirm contraception plan

See PGP: *Abortion or Miscarriage: Management of presentation following abortion or miscarriage*

Revised guidance for Anti D

The National Blood Authority guidance states there is insufficient evidence for the routine use of Rh immunoglobulin before 10 weeks gestation. EMA is no longer listed as a sensitising event requiring immunoprophylaxis. View guideline at www.blood.gov.au/guideline-prophylactic-use-rh-d-immunoglobulin-pregnancy-care