



Information for people who have had an early medical abortion

Remember

it is normal to have cramping pain and bleeding due to the early medical abortion

pain and cramping should settle once the pregnancy has passed and in the first 24 hours after the second dose of tablets

light bleeding may last up to your the next expected menstrual period

ensure regular analgesia and anti-nausea medication is taken

most people who have an early medical abortion will not experience complications

you can phone MS Health 24 hour nurse on call service
1300 515 883

Do I need to see a doctor?

If you are worried about what you are feeling answer these questions	Y	N
Do I feel well?	Y	N
Have the cramps settled or gone away completely?	Y	N
Has the bleeding stopped or almost stopped?	Y	N
Have the pregnancy feelings in my body gone away?	Y	N
Do I have reliable contraception?	Y	N

If you answered YES to ALL the questions, you do not need to see a doctor

If you answered NO to ANY question you DO need to see a doctor. Take this sheet with you.

Attend the Emergency Department of your nearest hospital at any time.

Contact details:

OR

Contact the health service who prescribed the medicine abortion tablets.

Name:

Contact details:

Remember, follow up after a medical abortion is important. Be sure to complete the blood test and attend the follow up appointment from day 14 after the medication.

For Medical Staff

See: Clinical guidelines <https://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps>

Abortion: Medical management to 9 weeks of pregnancy

Abortion or Miscarriage Management of presentation following medical or surgical abortion or miscarriage

See: Early medical abortion webpage:

<https://www.thewomens.org.au/health-professionals/clinical-resources/early-medical-abortion-ema/>

Principles of post procedure early medical abortion care

Clinical assessment is key to management

Be guided by the presenting clinical signs & symptoms, use this to determine the need for investigation and for ongoing management.

Expected bleeding after an early medical abortion

Expect bleeding with clots in the first 24 hours.

Over 7 days, bleeding will gradually become lighter

Lighter bleeding may last up to the next expected menstrual period.

Abnormal bleeding patterns

- very heavy bleeding (2 or more saturated sanitary pads per hour for 2 consecutive hours)
- significant increase in bleeding after initial passage of products of conception
- persistent bleeding 2 weeks after procedure

Consider the role of any hormonal contraception used since the abortion procedure or miscarriage and its influence on the bleeding pattern

Routine use of ultrasound scan (USS) is not recommended

Routine USS is NOT recommended as blood clots, debris, or thickened endometrium are common findings and are not usually clinically relevant. Endometrial thickness is not clinically useful for predicting the need for surgical intervention. Follow the symptoms not the scan result.

USS investigation earlier than 2 weeks post misoprostol is unlikely to assist management when the patient is clinically well, and hCG is dropping

Incomplete abortion/retained products of conception (RPOC)

Management of RPOC is based on symptoms and patient preference. Asymptomatic or incidental findings of RPOC do not routinely require management. Consider concurrent infection.

Medical management. Prescribe: misoprostol 800mcg (4 x 200mcg tablets) buccal followed by a repeat dose of 400mcg (2 x 200mcg tablets) 4 hours later if required. Prescribe analgesia and anti-emetics. Arrange follow up. Ensure patient is aware of side effects associated with misoprostol.

Infection

The most common infections are endometritis, urinary tract infection and undefined genital tract infection. May present with prolonged or return of bleeding and/or crampy pain. Refer to Therapeutic Guidelines for up to date management.