

MEDICAL ABORTION WITH (MIFEGYMISO®) AT CLINIQUE MÉDICALE FÉMINA

MEDICATIONS

The first medication to be taken is Mifepristone which is an anti-hormone. It acts by blocking the effects of progesterone, a hormone that is needed for pregnancy to continue. By taking this medication, the pregnancy stops and the placenta becomes less adherent to the uterus wall (endometrium).

The second medication to be taken (between 24 to 48 hours after the first one) is called Misoprostol. It is a prostaglandin and causes contractions of the uterus and relaxation of the cervix which helps push out the contents of the uterus.

Both Mifepristone and Misoprostol work together and are necessary in order to end your pregnancy.

Process and Requirements:

Once you've talked to our team of professionals – counselor, nurse and doctor - an ultrasound will be performed to make sure that you are less than 9 weeks pregnant (starting on the first day of your last period).

Before taking the medications, it is important for you to know that it will induce a miscarriage taking place at home with possible heavy bleeding, and sometimes severe pain. It will take 2 to 3 weeks to confirm that the abortion has been completed. There is a 5% risk that a curettage will be necessary (same procedure as surgical abortion) to complete the abortion. In some cases, more than 2 visits are needed to make sure that the abortion has been completed.

You will need to be absent from work or school for a minimum of 3 days: on the day of your first appointment, the day when you take the second medication, and for the mandatory follow-up visit 2 or 3 weeks after to make sure that the abortion has been completed. A caring and supporting person needs to be with you at home during the expulsion of the pregnancy in case of an emergency. This method is not recommended if you are alone at home and especially if you are in charge of small children.

We recommend that you avoid travelling far from home before your follow-up visit in case you need to come in for a consultation.

BEFORE TAKING THE MEDICATIONS

A medical termination of pregnancy may not be suitable for you, so you should tell us if any of the following applies to you:

- you are pregnant and wish to continue with your pregnancy
- your pregnancy is assessed as being more than 63 days (counting the number of days since the first day of your last normal menstrual period)

- you are unable to access emergency medical care within 14 days following the administration of Mifepristone
- you have a known or suspected ectopic pregnancy (a pregnancy growing outside the uterus)
- you have a known or suspected clotting disorder
- you are taking anticoagulants (drugs that prevent or treat blood clots)
- you suffer from a severe condition where it is necessary to take cortisone (e.g. uncontrolled asthma)
- you are taking corticosteroids (medications such as prednisolone and cortisone, which weakens your immune system)
- you have adrenal failure
- you have an allergy to either Mifepristone and/or Misoprostol or Prostaglandins
- you have an IUD in place – it must be removed before the termination of the pregnancy process is started.

If your blood group is Rhesus negative - the use of Mifegymiso® requires us to take measures to prevent Rhesus factor sensitization.

Mifegymiso® is not recommended if you are breastfeeding.

HOW TO TAKE THE MEDICATIONS

There are two steps in the process.

The first step:

One (1) tablet of mifepristone (green box) will be taken by mouth as directed by our staff. Some women can experience bleeding between the first and second steps of treatment. Contact us as needed according to the phone schedule indicated on your document of departure.

The second step:

24 to 48 hours after taking the mifepristone, you need to take the misoprostol tablets (no sooner than 24 hours but not later than 48 hours). It is up to you when to take the tablets within this time period. You should plan the process to fit in with your daily schedule taking into consideration that most of the bleeding and pain will appear within 4 hours.

You must take the four (4) misoprostol tablets from the orange box at the same time.

Misoprostol tablets should be taken by holding the tablets in your mouth, between the cheek and gum, for 30 minutes. Any fragments left after 30 minutes have to be swallowed with a glass of water.

After this, you can expect some vaginal bleeding, cramps and to pass some pregnancy tissue. This commonly occurs within 4 hours but in some cases may occur anywhere between 30 minutes and 48 hours after taking the misoprostol tablets. It is recommended to rest for 3 hours after taking the misoprostol tablets. The bleeding lasts on average 11 days and may be heavy for 2 to 3 days.

SIGNS AND SYMPTOMS OF THE TERMINATION

Below is a list of the most common symptoms you may experience as part of the termination process. It is important to understand these symptoms and any risks that may arise from using this treatment.

Vaginal bleeding:

- the onset of bleeding is usually within 4 hours of taking the misoprostol tablets and most women will experience the onset within 48 hours
- bleeding can range from light to heavy. Bleeding is usually more than a typical menstrual period
- bleeding should diminish once the pregnancy is terminated
- vaginal bleeding does not mean that the pregnancy tissues have been expelled but it is normal to see blood clot and tissues. **A follow-up assessment is very important, to confirm termination of pregnancy**
- sometimes bleeding can occur after taking the mifepristone but before taking the misoprostol
- the bleeding lasts on average for 11 days. Light bleeding can continue for 30 days or more but does not normally go beyond the first menstrual period following your treatment.

Cramping:

- cramping can start within 4 hours of taking the misoprostol tablets.
- cramping can range from mild to severe and is usually more than a typical menstrual period
- significant cramping should diminish once the pregnancy is expelled. This does not usually last longer than 24 hours

PAIN MANAGEMENT

To help manage your pain, make sure to:

- rest
- place hot packs on your abdomen or back
- massage the lower abdomen frequently
- take pain relief medications:
 - ibuprofen 200 mg (Advil, Motrin), 3 tablets, every 4 to 6 hours;
 - if you have an allergy to ibuprofen: take acetaminophen 500 mg (Tylenol, Atasol), 2 tablets, every 4 to 6 hours;
 - you can also take your Anaprox or Ponstan medication, if applicable;
 - if you are still not experiencing any relief, take the Atasol 30 (with codeine) that was prescribed to you at your departure.

OTHER POSSIBLE SIDE EFFECTS

- headaches
- breast tenderness
- fainting

- fatigue
- hot flashes

MISOPROSTOL TABLETS MAY CAUSE:

- nausea
- vomiting
- diarrhea
- dizziness

These side effects are usually short term and do not last more than 24 hours.

If you experience problems or are at all concerned about side effects, you should contact us as needed according to the phone schedule indicated on your document of departure.

YOU MUST CONTACT US FOR IMMEDIATE MEDICAL ATTENTION IF YOU ARE EXPERIENCING:

- heavy vaginal bleeding (soaking **two** (or more) thick sanitary pads per hour for two consecutive hours or have large fist-sized clots)
- prolonged heavy bleeding or severe cramping. It is expected that, on average, bleeding will occur for 11 days after the administration of Mifegymiso® and may initially be heavy. You should return to the clinic if any heavy bleeding occurs after this time
- cramping which is not improved by pain relief medication
- fever, chills or general feelings of unwellness lasting 6 hours or more
- any abnormal vaginal discharge
- severe abdominal pain
- feeling sick (including weakness, nausea, vomiting, diarrhea, abdominal discomfort, cramps, fatigue, chills) with or without a fever more than 24 hours after taking misoprostol tablets.

YOU SHOULD ALSO CONTACT US ACCORDING TO THE PHONE SCHEDULE INDICATED ON YOUR DOCUMENT OF DEPARTURE IF YOU ARE WORRIED ABOUT ANY OF THE FOLLOWING:

- headache
- persisting breast tenderness
- fainting
- hot flashes, skin rashes or itching

It is possible that other side effects may occur in some people which have not been discovered yet. Other side effects not listed in this document may also occur in some people. You should discuss possible side effects that you may experience with our health professionals.

If you have a troublesome symptom or side effect that becomes serious enough to interfere with your daily activities, talk to a member of our medical staff.

If you have serious symptoms or side effects, get immediate medical help. Contact us according to the phone schedule indicated on your document of departure.

IN ADDITION, PLEASE NOTE THAT

- There is approximately a 2.7% to 5.1% chance that the course of treatment will not be fully effective, in which case you will need to have a surgical procedure to complete the abortion. If you have a continuing pregnancy and decide to keep the pregnancy, congenital malformations from the use of Mifepristone or Misoprostol may occur.
- There is approximately a 0.6% to 2.5% chance that you will require surgery to manage ongoing or heavy bleeding.
- There is approximately a 0.1% risk of requiring a blood transfusion due to hemorrhaging (heavy bleeding).
- Serious infections are very rare in a medical termination of pregnancy and can be potentially life threatening. Symptoms of persistent abdominal pain, feeling unwell, or feeling weak with or without a fever following the treatment should be reported to your health professional without delay.
- Ectopic pregnancy (growing outside the uterus) is a complication of pregnancy, not of a medical termination of pregnancy.

FOLLOW-UP

You **MUST** adhere to any follow-up arrangements or appointments as advised. Follow-up is very important so that we can confirm that the termination of pregnancy is complete and exclude any possible complications.

If the termination is not complete, we will discuss your treatment options, which may include surgery.