

An Early Medication Abortion (EMA) is a procedure where two medications mifepristone and misoprostol are used to terminate a pregnancy. This is an effective method that can be used up until 9 weeks gestation (9 weeks since the start of your last period).

It is important to be certain in your decision to proceed with a termination before taking either of these medications.

Before the medication is prescribed, an ultrasound is required to determine how far into the pregnancy you are and if the pregnancy is in the uterus. A pregnancy outside the uterus is an ectopic pregnancy and a medical emergency. We will assist you to get emergency management.

For very early pregnancies (4-5 weeks gestation) it is recommended to consider delaying your EMA, as the chance of success drops from 99.4% to 92.5% in cases where the pregnancy cannot be seen on ultrasound. We will arrange follow up and start the process when it is safe to do so.

MIFEPRISTONE – STEP 1 (DAY 1)

Mifepristone is a drug that blocks the action of progesterone; a hormone that is essential for establishing and continuing a pregnancy. Taking this drug changes the uterine lining, which causes the pregnancy to detach. It helps soften and open the cervix and makes the uterus more sensitive to misoprostol, which is the second medication. Mifepristone is Step 1 and is one tablet swallowed whole. We request that you do a baseline blood test the day before or morning that you take Step 1 to determine your pregnancy hormone level. You may not have any symptoms after taking Step 1 and most women are able to go about their normal activities. You may however experience nausea, mild cramping, headaches and spotting/bleeding. Regardless, you must progress and take STEP 2.

MISOPROSTOL – STEP 2 (DAY 3)

Misoprostol is a drug that softens and opens the cervix and causes the uterus to contract. This contraction encourages the expulsion of pregnancy tissue. This is Step 2 of the EMA, and is taken 36-48 hours after Step 1. You are encouraged to take the provided anti-nausea drugs and analgesia 1 hour prior. There are 4 tablets which should be left to dissolve between cheeks and gum or under the tongue. THEY ARE NOT TO BE SWALLOWED LIKE A NORMAL TABLET. Any residual can be swallowed with water after 30 minutes. Cramping and bleeding are expected to occur after taking misoprostol. This generally starts between 30 minutes and 6 hours after taking the medication.

If no bleeding or cramping occurs within 24 hours of taking misoprostol, please contact the clinic on (08) 8166 4381 option 2.

Pain can range from period pain to more severe pain. Please use the pain medication prescribed. Misoprostol can also cause nausea, vomiting, diarrhoea, headaches, dizziness, flushing, shivering and chills. This should resolve within 24 hours.

A BLOOD TEST ON DAY 6 AFTER STARTING THE PROCESS IS REQUIRED TO DETERMINE IF IT HAS BEEN SUCCESSFUL. Sometimes an ultrasound is also needed.

WHAT ARE THE RISKS?

Having an uncomplicated EMA will *not* affect your chance of becoming pregnant in the future. Most people do not experience complications, but it is important to be aware of them.

BLEEDING

It is expected that you will experience heavy bleeding when you have an EMA. This amount of bleeding can be different for each person and may last up to 3 weeks.

The bleeding will be heavier than a normal period until you have passed the pregnancy.

Severe blood loss requiring hospitalisation and blood transfusion is rare after EMA (0.5% chance). Please monitor your bleeding using pads. Please present to your local emergency department if:

- You soak a maxi pad in an hour, for more than 2 hours.
- You are passing clots the size of the palm of your hand
- You are bleeding much heavier than a period for more than a few days

RETAINED PRODUCTS OF CONCEPTION (INCOMPLETE EMA)

This happens if blood clots or tissue remain in the uterus following an abortion. This happens in 5–7% of EMA. This will cause bleeding or pain and is a risk for infection. Symptoms can include:

- If your bleeding persists for more than 3 weeks
- Your bleeding has a “stop/start” pattern

It may suggest the termination is incomplete. Please contact the clinic if you are concerned about this. In some cases it may be able to be managed with further medication, however in some cases a surgical procedure known as a dilatation and curettage (“D & C”) may be required.

INFECTION

It is very uncommon to experience infection post EMA. Infection requiring treatment at hospital is rare (1 in 1000). Signs of infection include:

- Feeling unwell
- Fever
- Unusual vaginal discharge
- Abdominal pain

If you are concerned about this, please contact the clinic. If infection does occur, it is important to treat early to avoid serious illness or future fertility concerns.

To minimise the chance of infection please do not put anything inside your vagina for 7 days post EMA. This includes tampons, menstrual cups, fingers and sex. Avoid spas, baths, swimming pools and the ocean for 7 days.

CONTINUING PREGNANCY

Occurs in less than 1 in 1000 EMAs. If you still have pregnancy symptoms or are still bleeding 3 weeks after EMA contact the clinic. It is important you complete follow up with a blood test on day 6 after EMA to ensure the pregnancy hormone level has dropped significantly.

RETURN OF PERIOD AND FERTILITY

Your period should return 4–6 weeks post EMA. It is important to remember that you can fall pregnant straight away. Your doctor will discuss contraception options with you. Hormonal contraceptives such as the oral contraceptive pill, can be started the day after passing the pregnancy. IUDs can be placed once heavy bleeding has eased.

EMOTIONAL WELLBEING

Every woman has different feelings about their procedure and there is no “right” way to feel after a termination. It is important to understand that your body has gone through a lot of changes and you may experience a variety of emotions in the following weeks. You are welcome to contact the clinic anytime if you want to discuss this.