

Mifegymiso Summary Sheet

1. Review options for unintended pregnancy
 - a. Continue pregnancy with intent to parent or place child for adoption
 - b. Abortion: Surgical (up to 14 +3 weeks at BCBC, up to 24 weeks at free standing clinic) vs Medical (up to 9 weeks at BCBC)
 - c. Keep thinking (with consideration of gestational age)

INCLUSION Criteria:

1. Clear decision to have a medical abortion
2. Intrauterine pregnancy less than 9 weeks by vaginal ultrasound with yolk sac visualized
 - a. no yolk sac on ultrasound – see options below
 - i. a. If the serum bHCG is >2000IU/L and no gestational sac on ultrasound, ectopic pregnancy should be assumed and managed accordingly
 - ii. b. Pregnancy of unknown location: no evidence intrauterine pregnancy with ultrasound, no evidence of ectopic pregnancy, if bHCG <2000 can continue with medical abortion with caution, refer to SOGC mifepristone training module 3
3. Access to telephone and emergency medical care
4. Willing to have surgical abortion in the event that medical abortion is unsuccessful (2%-5% of pregnancies)
5. Ability to pay for Mifegymiso if not under OHIP (approx. \$350)

EXCLUSION Criteria

1. Confirmed or suspected ectopic pregnancy
2. Anemia: Hb less than 95
3. Hemorrhagic disorder or concurrent anticoagulant therapy (excluding aspirin)
4. IUD in place that cannot be removed
5. Chronic adrenal failure
6. Concurrent long-term systemic corticosteroids therapy (efficacy of corticosteroid may be lower for 3-4 days and dose may need to be adjusted)
7. Uncontrolled asthma
8. Inherited porphyria
9. Allergy to mifepristone or misoprostol

INVESTIGATIONS TO ORDER

1. pelvic ultrasound
2. urine chlamydia and gonorrhea
3. serum bHCG **to be done the day the patient is taking mifepristone and on day 7-14 follow up visit
4. Prenatal: ABO, RhD, Antibody Screen
5. consider CBC to confirm Hg>95 (unless there is a recent CBC)

REVIEW CONTRACEPTION OPTIONS

1. Hormonal methods can be started on the day of or the day after misoprostol administration
2. Barrier methods can be used as soon as sexual activity is resumed
3. Intrauterine devices can be inserted at the follow up visit if abortion complete

Provide Teaching/Information

1. Review how to take medication. Take mifepristone PO, then 24-48h later take misoprostol by placing 2 tabs of misoprostol deep in each cheek pouch (4 tabs total) between cheek and lower gums. Keep tabs there for 30 min and do not eat or drink during this time. After 30 min swallow the rest of the tablets.
2. Review what to expect:
 - a. Bleeding: usually begins within hours of misoprostol administration, usually heavier than a normal period, usually heaviest during pregnancy expulsion then decreases, often associated with clots which can be large, followed by lighter bleeding lasting 2 weeks on average
 - b. Cramping: Cramping and pain are common and more severe than menstrual cramps, Usually start within hours of misoprostol, Peak during expulsion of pregnancy
3. Side effects include: Nausea (30%) and vomiting (21%) (may also be pregnancy related), Diarrhea (58%), Chills and fever (45%), Headache (13%)
4. Should abstain from vaginal intercourse for 7-14 days
5. Advise about need for surgical abortion should medical abortion be unsuccessful (2%-5% of pregnancies)
6. Review ABO status: Rh negative then administer Rhogam on day of mifepristone or within 72 hours of onset of bleeding
7. CALL THE CLINIC OR THE 24 HR ON CALL SERVICE IF YOU HAVE:
 - Excessive bleeding (soaking more than 2 large sanitary pads per hour for 2 consecutive hours)
 - Severe abdominal pain managed by the medications
 - Continued vomiting or if you cannot keep fluids down for more than 4 to 6 hours
 - A fever greater than 38C for more than 6 hours or that starts more than 24 hours after taking misoprostol.
 - A feeling of severe dizziness or fainting

Provide Prescriptions

8. Mifegymiso
9. Pain (NSAID or opioid) (Naproxen 500mg BID PRN X10 tabs, T3 q4-6h PRN X 10 tabs)
10. Consider antiemetic

Mifegymiso Follow in 7-14 days

Confirm that abortion is complete

1. bHCG drop by >80% drop from baseline to follow up at 7-14 days confirms pregnancy is terminated
2. minimal bleeding/cramping

Lesser degree of fall in serum bHCG or symptoms (pain/heavy bleeding) mandates:

1. Pelvic ultrasound OR
2. Continued clinical/bHCG follow up until completion confirmed
3. Investigation of ectopic pregnancy (if intrauterine pregnancy not confirmed by initial US eg. very early pregnancy with no yolk sac visible on US)

Review contraception