

Medical Abortion Home Use

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CTRHT

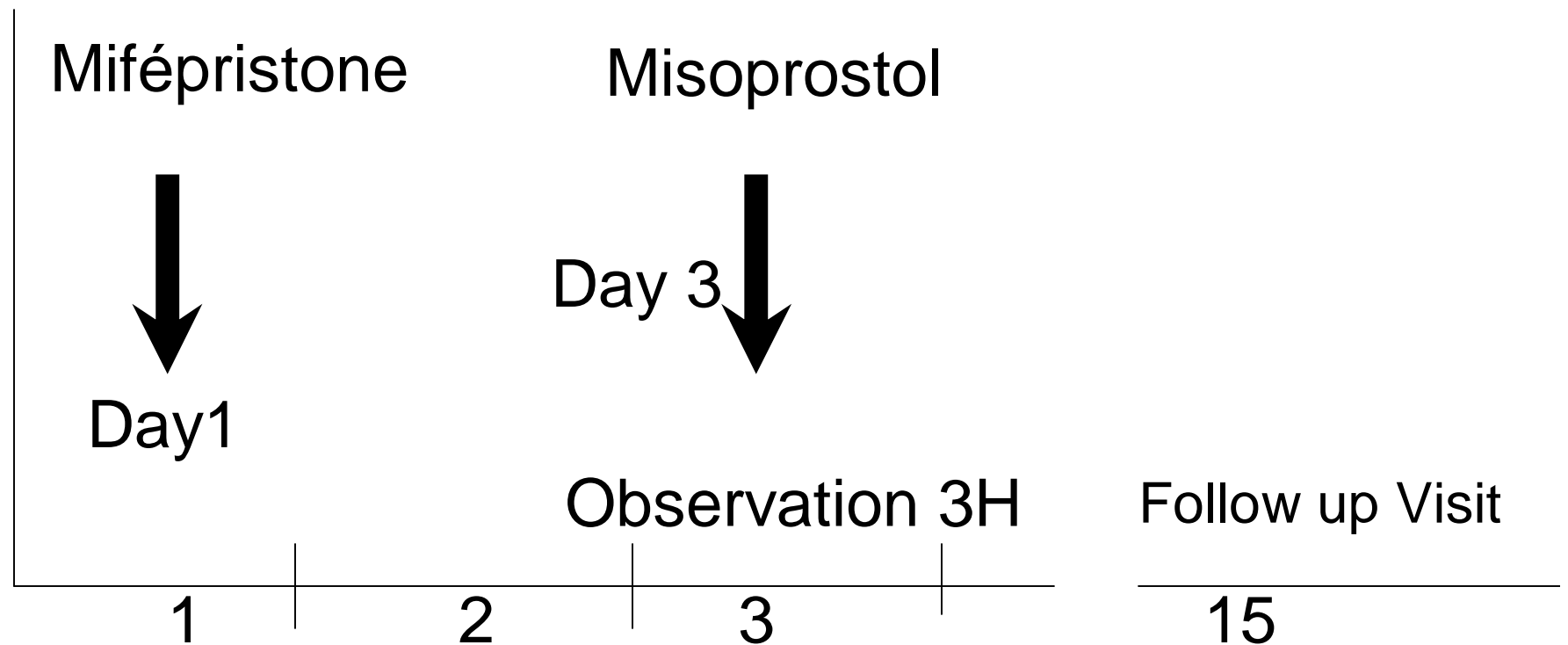
International Consortium for Medical Abortion

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First “French Protocol”

Pregnancy term up to 49 days LMP



Home Use of Medical Abortion

- Can women safely administer misoprostol at home?
- Are women satisfied and is home use acceptable to women?
- How can home use be adapted to low resource countries?

Why did Roussel Uclaf decide to have the 3 hour observation period?

- Danger of prostaglandins used at the beginning of the studies
- Fear of hemorrhage after administration of misoprostol

Why did Roussel Uclaf decide to have
the 3 hour observation period?

Prostaglandin used at the beginning of the studies:

- Sulprostone (PGE2) inject able
ischemic accidents

But

Since 1990: Misoprostol (PGE1)

Not the same effect on coronaries
and no risk of ischemic accident

Why did Roussel Uclaf decide to have the 3 hour observation period?

The fear of hemorrhage after administration of the prostaglandin

- 60% of women expel during this 3 hour observation period ... 35% expel home
- Emergency aspirations are rare
- Bleeding leading to transfusion remains rare

Medical Abortion		Early Surgical abortion
Transfusion: 0-0,2%		Transfusion : 0-0,1%

Home Use of Misoprostol

- No serious adverse events occurred in a 4 hour post-misoprostol protocol within a clinic
1059 patients in 4 developing countries
- Pop Council trial in 2121 U.S. women: 4 transfusions, none during clinical waiting time
- Schaff study of 2295 women: no interventions required within 4 hours of misoprostol

Can women safely administer misoprostol at home?

Medical abortion procedure does not need observation period at the hospital after administration of misoprostol because

- **side effects are generally of short duration and low intensity**

And

- **The rare serious complications come after (sometimes long time after) the observation period.**

Are women satisfied and is
home use acceptable to
women?

Women's reports of positive features of each location

Home users

- More comfortable
- Caring for children
- No time or money for additional visits
- More convenient
- More confidential

Clinic users

- Safer, more secure
- Easy, simpler, faster
- Better care with clinic staff
- More confidential
- More comfortable

Choice

- Home use : Preferred choice in US
 - 98,8% (n=4345) Schaff, 1998, 1999, 2000
- In France, in one setting (n=480) choice is given between home and clinic use: 75% choose home use

Woman's words

When described their physical experience, women noted that

“the side effect were more tolerable in the comfort of their homes, with someone familiar nearby for support”

“they felt prepared for bleeding and pain and were able to handle them”

Woman's words

“A half an hour after taking misoprostol, I started to have abdominal pain but it was tolerable like menstrual pain. After that I started bleeding - like scattered blood clots. Two blood clots were expelled. It looked like “bee nest” or “placenta” or “scatter bullet”. I felt release. All of them come out but I still had heavy bleeding around 5-6 days.

Thai woman 25 years old, rape case
(Gynuity Health study)

Counseling

Counseling is a key issue for medical abortion and probably more when home use is chosen

1. Help to choose the more suitable method
2. Explain regimen and procedure
3. Clearly explain side effects and possible complications

Be sure to discuss:

- time of expulsion
- intensity of pain
- short duration of gastrointestinal side effects
- acceptable quantity of bleeding
- duration of bleeding

How can home use be adapted in low resource countries?

Simpler protocols, offering home use of misoprostol, may be more feasible for low resource countries

Need a place where clinical assessment and counseling is possible

home use does not need for direct supervision throughout the abortion process

Primary care facility can provide medical abortion if they can promptly refer women for management of complications that cannot be resolved on site (WHO guidance)

Barrier: law and regulations which required abortion in hospital

- Home administration authorized in the Republic of South Africa
- Home administration authorized in France (2001) but the medications has to be taken in front of the doctor.
- Although not authorized by FDA, home use has become the norm in the U.S.
- Home use common in Tunisia, but the reference of the law is an argument to move backward
- Still under discussion in UK and in other countries

Conclusion

- Medical abortion is safe and effective in home and clinic use
- Appropriate analogy is not to induced abortion but to treatment for spontaneous abortion
- Home use is easily manageable by clinics and women
- Women seem to prefer home use and are highly satisfied when the medical abortion procedure is properly explained and when they can choose the method which fits their needs
- Counseling is a key issue for medical abortion and ++ for home use

Medical Abortion

Ideally

Let's give women the choice between
surgical and medical abortion

and

when they choose medical abortion
between home and clinic use of drugs

Merci
Thanks