Medication abortion

This information contains an outline of each stage involved in a medication termination of pregnancy at a GP or private clinic. It is intended as a general guide only; it should be noted that the procedure may vary at individual clinics, depending on the doctor performing the procedure and a woman's individual physiology and gynaecological history. If you have any questions or want more detail, call the provider you are considering attending.

You might also be considering a surgical abortion. This is available in abortion provider clinics. The differences between medication and surgical abortion are summarised here.

Medication abortion, sometimes also called medical abortion, is the use of drugs to end an early pregnancy. In Australia, the drugs used for this (mifepristone and misoprostol) are licensed by the Therapeutic Goods Administration (TGA) and marketed as MS 2-Step.

Medication abortion is available in Australia for terminations of pregnancies less than nine weeks gestation (that is, less than 63 days from the first day of your last period). If you are further along than nine weeks and are considering abortion, your only option is a surgical abortion procedure.

How medication abortion works

Mifepristone blocks the hormone progesterone, which is needed to sustain a pregnancy. This changes the lining of the uterus and causes the pregnancy to detach from the uterine wall. It also softens and opens the cervix.

Mifepristone is used in combination with another medication, misoprostol, which causes the uterus to contract and the cervix to further soften, which results in the pregnancy tissue being expelled from the uterus.

How effective is medication abortion?

Approximately 95% of women will have a complete abortion (meaning all of the pregnancy tissue is expelled from the body) when using mifepristone/misoprostol in pregnancies less than nine weeks gestation.

Approximately 5% of women will require a surgical procedure. Either to complete the abortion or due to ongoing or heavy bleeding. The medications used can cause damage (malformation) to the developing fetus; for this reason continuing the pregnancy if the drugs have not worked is not advised.

Where can I get a medication abortion?

Medication abortion is available through most of the clinics which provide surgical abortion procedures, and through some general practitioners (GPs). Availability continues to improve as more GPs decide to undertake training in medication abortion provision. Ask your GP if they or a colleague at the practice provides this service.
For Queensland providers of medication abortion (including clinics and GPs) see our statewide list here.

For services interstate, including those medication abortion services offered via telehealth nationally, see our interstate providers list here.

The cost of a medication abortion through a private clinic is generally similar to that of a surgical abortion at 12 weeks gestation or lower. The cost of a medication abortion through a GP provider is usually lower than this, though most providers still have upfront costs of over $250 to cover multiple consultations including a follow-up visit. Costs vary considerably between providers, so contact the service you are considering attending for exact prices. In some cases, ultrasounds and the medication itself will attract additional costs.

For information about medication abortion in other states, call your family planning organisation or sexual health service.

What will happen?

The medication abortion process will vary a bit depending on whether you access it via a GP or through a clinic. There is also some variation between GPs as to how their procedures are managed.

Clinics will provide a medication abortion over two visits. GP processes vary from two to four appointments. This is because clinics will provide the necessary blood tests and ultrasound on location at the clinic at the time of the first appointment. The GP will need to refer you for these tests.

The info below is intended as a guide only; for more detail or if you have any further questions, call the clinic or medical practice you’re considering attending.

**Step 1: Medical history taken; clinical exam, blood tests and ultrasounds performed; consultation with doctor.**

These tests and your medical history are taken to ensure there are no reasons for not proceeding with the medication, and to confirm the gestation of the pregnancy (how many weeks since the first day of your last period). The doctor will also talk you through what is involved in the procedure, make sure you are comfortable with your decision, that it is your decision and you are not being coerced into ending the pregnancy by someone else. This is sometimes called ‘counselling’ by medical professionals but it is for the purpose of getting your informed consent for the procedure. This is not counselling in the sense of helping you make a decision. If you’re unsure about your decision or you’d like to talk it through with someone, you can contact us or ask the service to refer you to an all options counselling service, but you should do this before you get to the clinic or GP.

If you’re going through a clinic, all of this will be done at the clinic during your first appointment.

If you’re going to a GP, you will be referred to a pathology service for blood tests and an ultrasound. Some GPs will arrange for the referral at the time you make your appointment, others will only give you a referral after you’ve had the first consultation with them and they’ve discussed your decision and taken your medical history. In either case, your ultrasound and blood tests will be done at a separate appointment.

**Step 2: First medications taken.**
This step is taking the first medication, the mifepristone, and is generally done with the doctor providing the abortion.

If you’re at a clinic this is done at the clinic during your first appointment, after your clinical exam and ultrasound.

If you’re going to a GP, this might be done at a second appointment, after you’ve had an initial consultation with the GP, had your blood tests and ultrasound done, and the GP has reviewed the results.

**Step 3: Second medications taken.**

The second lot of medication, the misoprostol, is taken 24 to 48 hours after the mifepristone. Misoprostol tablets are placed between the cheek and the gum to be absorbed in the mouth.

In Queensland this step generally happens at home regardless of whether you go to a clinic or a GP, although in some states women must return to their doctor for this. Your doctor will give you instructions on how and when to take the misoprostol. If you have concerns about the possible physical discomfort involved with this stage of the process, talk to your doctor about pain relief.

Some GPs include a consultation approximately three or four days after the taking of the misoprostol. At this time the doctor may gather information about levels of pain, blood loss and the size of any clots that have passed to determine if the process is progressing well. This consultation can also offer some emotional support to you.

**Step 4: Follow up.**

This step takes place between 11 days to three weeks after Step 2. The doctor evaluates you to confirm that all of the pregnancy tissue has been expelled and you are no longer pregnant. This step is essential. Even if there has been significant pain, loss of blood and passing of clots this is not enough in itself to confirm that the process has successfully ended the pregnancy. You must return to the clinic or GP to confirm that the abortion is complete. For women having to travel some distance to access a clinic or prescribing doctor arrangements may be made for the follow up to be done by their local GP.

If there is an ongoing pregnancy a surgical abortion should be performed but this is usually at additional cost.

If the abortion wasn’t successful and some tissue still remains in the uterus the clinician will discuss possible treatment options with you. These may include waiting and re-evaluating for complete abortion in a number of days or performing a surgical abortion.

**Possible side effects of a medication abortion**

Side effects, such as pain, cramping, and vaginal bleeding, are a result of the abortion process itself and are therefore expected with a medication abortion, similar to an early miscarriage. Other side effects of the medications themselves may include nausea, vomiting, diarrhoea, chills or fever. Side effects from the mifepristone will generally be less than those experienced with the misoprostol. Complications are rare but may include excessive vaginal bleeding requiring transfusion (occurs in approximately one in five hundred cases), incomplete abortion or ongoing pregnancy which requires a surgical abortion (see above).

The doctor prescribing the medication for you should talk you through the possible side effects and how to respond to them. You should also be provided with a 24/7 phone number staffed by nurses for you to call in
case you have any questions or concerns as the medication takes effect.

**What women can expect from a mifepristone/misoprostol abortion**

Medical abortion with mifepristone/misoprostol requires at least two visits to a doctor's office or abortion clinic.

Approximately 95% of women using mifepristone/misoprostol under nine weeks gestation will have a complete medication abortion.

Approximately two-thirds of women will have a complete medication abortion within four hours of using the misoprostol (the second medication).

Approximately 90% of women will have a complete medication abortion within twenty-four hours of using the misoprostol (the second medication).

On average women may expect to have bleeding and/or spotting for nine to sixteen days, or (rarely) they may bleed or spot until their next period.

Some women may see grayish pregnancy tissue.

If the medications fail to end the pregnancy a surgical abortion will have to be performed. For this reason, a woman who chooses medical abortion must be willing to have a surgical abortion if needed.

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