The nurse role in medication abortion; a South Australian experience

Nola Savage
Pregnancy Advisory Centre
Medication Abortion in Australia

Requires administration of 2 oral medications; Mifepristone and 36 to 48 hours later, Misoprostol.

Available for women seeking abortion up to 63 days gestation

TGA approved since 2008

Available internationally since 1979
Contraindications

- Chronic corticosteroid use
- Inherited porphyria
- Anticoagulant therapy
- Immunosuppressant therapy
- Haemorrhagic disorder
- Anaemia; *Hb* below 100g/L
- Adrenal failure
- Pelvic infection
- Known or suspected ectopic pregnancy
- Intrauterine device insitu
- Allergy to mifepristone &/or Misoprostol
Mifepristone

- Mifepristone is an antagonist of progesterone which binds to progesterone receptors and glucocorticoid receptors thus preventing the effect of progesterone in the uterus by interfering with implantation and placental development resulting in non viability. It also increases uterine sensitivity to prostaglandin and softens the cervix making its use in conjunction with Misoprostol very effective.

- Day 1, Mifepristone 200mg orally.
Misoprostol

- Misoprostol is a prostaglandin analogue which induces uterine contractions and expulsion of products of conception from the uterus.

- Day 3, Misoprostol 800 mcg bucally, after analgesia *(Panadeine forte and Ibuprofen)* and antiemetic *(Ondansetron)*.
Breast feeding

- Mifepristone & Misoprostol packaging states that it is not to be taken if breast feeding.
- Misoprostol may cause diarrhoea for the infant.
- For Misoprostol we advise women to express some feeds on the day before, to feed just before taking the misoprostol, to discard expressed milk if necessary during the duration of the medications life (half life is 3 hours).
- For Mifepristone peak effect is at 12 hours and this feed could be discarded if the woman is concerned.
Nurse Role

Consultation
Non judgemental, women’s centred approach
• Confidentiality and limitations / mandatory reporting
• Domestic and family violence status and referral if required
• Decision making
• Emotional support and referral if required
• Contraception advice
• Expectations of medical officer consultation
• Chlamydia and Gonorrhoea screening
• Medication abortion explanation and expectations
Nurse Role

Consultation

Explanation of Medication Abortion:

- Medications and correct use
- Expectations of pain and PV bleeding
- Pain management and symptom control
- Rhesus blood group status and anti D if required
- Signs of infection
- Follow up blood test requirement and date in 2 weeks
- Signs and symptoms to seek medical assistance
Nurse Role

Collection of:

- Weight, height, BMI
- BP, pulse, SaO2
- Haemoglobin using point of care, Hemocue
- Quantitative β-hCG, blood group
- Chlamydia and Gonorrhoea screen
Nurse Role

Administration

• Anti D if required, consented to and prescribed
• Implanon NXT if consented to and prescribed

Women can return for Depo Ralovera administration 4 days after Mifepristone due to the large amount of progestogen that may interrupt the effect of Mifepristone if administered at time of the medication abortion.
Nurse Role

Follow up of results

**Day following consult**

- Quantitative $\beta$-hCG
- Blood group
- Chlamydia and Gonorrhoea

If no intrauterine pregnancy was identified and Q $\beta$-hCG is >2000, women are contacted to attend for a formal scan as a matter of urgency and results are checked later in the day.

Rh Neg women are contacted to arrange administration of Anti D. Detected chlamydia and gonorrhoea is reported and treated as prescribed.
Nurse Role

Follow up of results

2 weeks post Medication Abortion

• Quantitative $\beta$-hCG to ensure there is not a continuing pregnancy

If result is < 500iu women are not routinely contacted.
If result is >500iu, woman is contacted and clinical symptoms discussed to exclude retained products of conception. Arrangements made for follow up with medical officer if woman is experiencing ongoing PV bleeding, abdominal pain, signs of anaemia, signs of infection.
Pregnancy Advisory Centre

In 2015 PAC provided 757 Medication Abortions.

679 (89.7%) successful medication abortion
78 (10.3%) retained products of conception
3 (0.4%) continuing pregnancies
0 infections
Pregnancy Advisory Centre

In 2016 PAC provided 742 Medication Abortions.
649 (87.4%) successful medication abortion
90 (12.1%) retained products of conception
71 dilatation & curettage procedures
3 (0.4%) continuing pregnancies
7 (0.9%) infections
Increase : WHY?

*Hypothetical thoughts:*

- We are looking more closely and have improved at recognising retained products of conception and infection, rather than clients seeking medical treatment elsewhere.

- Client trust and access to our service compared to accessing a GP and referral to a hospital.

- Staff confidence in Medication Abortion and information giving has improved over time.
Pregnancy Advisory Centre

www.sahealth.sa.gov.au/pregnancyadvisorycentre

Nola Savage
nola.savage@sa.gov.au

Associate Clinical Services Coordinator

Pregnancy Advisory Centre
21 Belmore Terrace Woodville Park
82433999

The Queen Elizabeth Hospital

Central Adelaide Local Health Network