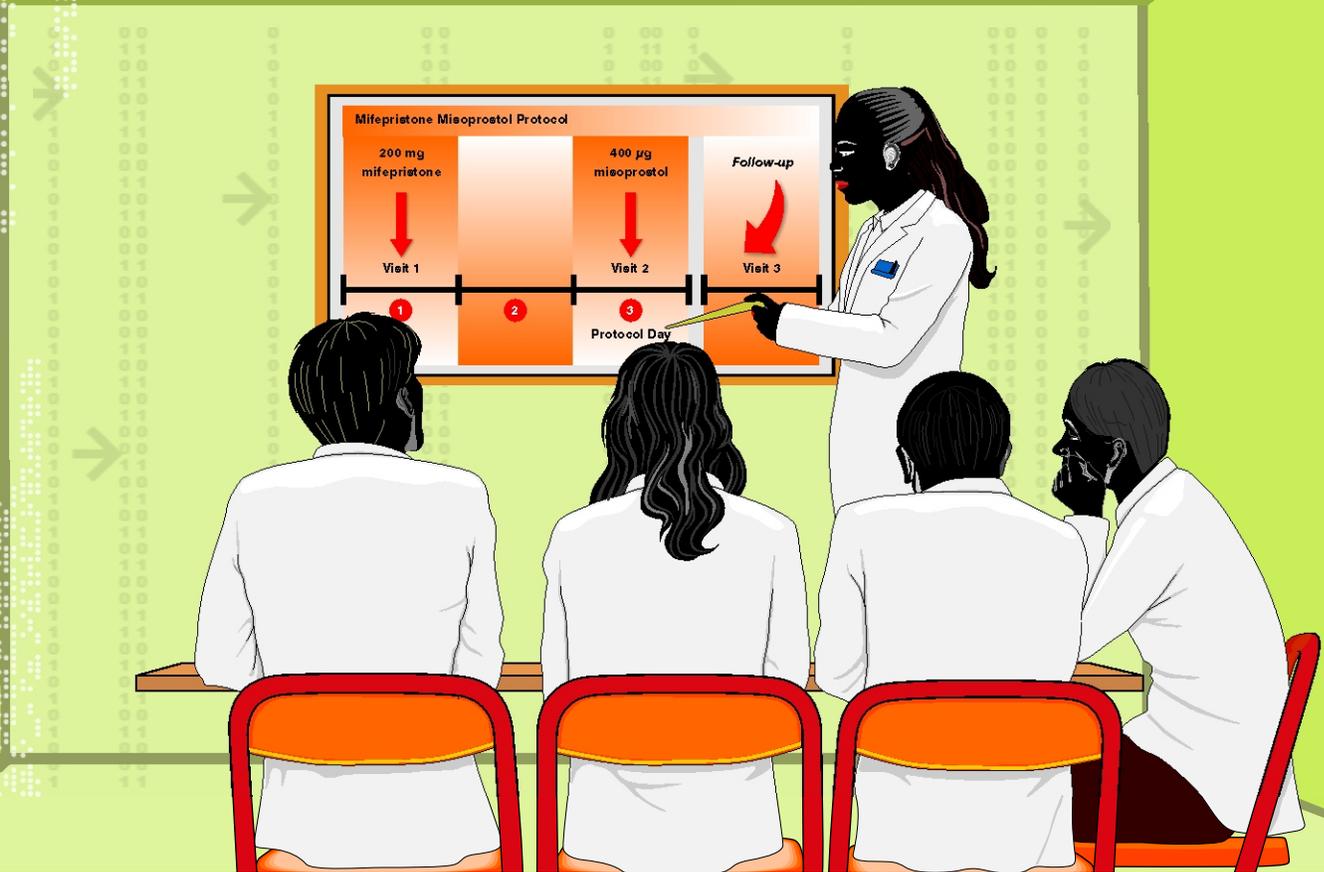


# Refresher Course for Medical Abortion Services



## About Ipas

Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive health choices.

Ipas India program, established in 2001, is involved in working with the State Governments of Bihar, Jharkhand, Maharashtra, Uttarakhand and Madhya Pradesh in advancing women's access to safe abortion services through strengthening of training systems; establishing service delivery in primary health-care settings; promoting early abortion technologies such as MVA and MA; conducting research on abortion issues; and advocating for policies that support women's health and rights.

## Acknowledgment

This manual has been largely adapted from Woman centered Abortion Care: Reference Manual by Alyson G. Hyman and Laura Castleman, 2005, Chapel Hill, NC, Ipas; and

Revised edition of Guidelines for early Medical Abortion in India using Mifepristone and Misoprostol, WHO-CCR in Human Reproduction, AIIMS in collaboration with Ministry of Health & Family Welfare, Government of India and Indian Council of Medial Research, 2007.

The reference manual has been reviewed, tested and used widely in Maharashtra and Jharkhand.

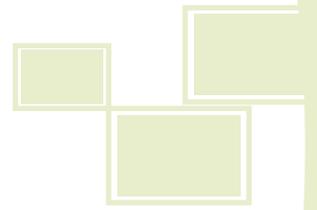
We sincerely appreciate Dr. Bhushan Srivastava, Deputy Director Health and Family Welfare, Government of Madhya Pradesh for extending her help in revising the manual and providing inputs and guidance in making it more user friendly in Madhya Pradesh.

# Refresher Course for Medical Abortion — Services —

**Reference Manual**



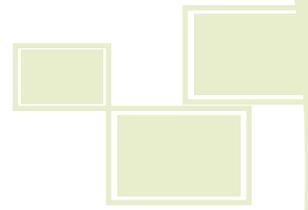




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# Foreword

Although abortion is legal for a range of indications in India, illegal abortions far outnumber legal procedures and account for approximately nine percent of all reported maternal deaths in the country (Registrar General of India, 2000). Reasons include a dearth of trained abortion providers, limited availability of safe & legal services, inadequate and underutilized training facilities, and legal restrictions. The situation is compounded by social and cultural stigma as well as the fact that millions of Indian women remain unaware of their right to legal abortion and the availability of safe, legal services.

Government of India is committed to increasing access to safe abortion care as an important strategy for reducing maternal mortality and morbidity. India's National Population Policy 2000 delineates specific actions such as educating communities on abortion issues, decentralizing abortion services, adopting new technologies including Manual Vacuum Aspiration (MVA) and Medical Abortion (MA).

Medical abortion is a simple technology that is highly recommended for early pregnancies. It has changed women's options and clinicians' practices the world over. The fact that it is not difficult to incorporate medication abortion into practice makes this technology suitable for primary care settings.

The reference manual of 'Refresher course for Medical Abortion services' is a tool/resource for the certified abortion providers and would guide them to administer and manage early first trimester abortion procedure through medication (Mifepristone & Misoprostol). This contains necessary information for providing high-quality medical abortion services.

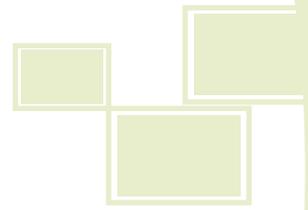
This manual is developed primarily to provide refresher training on medical abortion to doctors who have been trained and certified in providing first trimester abortions.

We hope that this manual will not only serve as a key training tool for practitioners in the Ipas program states but also is used in a variety of safe abortion care trainings in both public and private sector settings. We would appreciate your feedback on this manual.

January 2009  
New Delhi

**Vinoj Manning**  
Country Director, Ipas





# Agenda - Module at a Glance

Time: 4 Hours

Objectives	Content	Methodology	Time	Materials & Aids
Climate setting	<ul style="list-style-type: none"> <li>Registration</li> <li>Pre-training assessment</li> <li>Introduction</li> <li>Session objectives</li> </ul>	<ul style="list-style-type: none"> <li>Individual exercise</li> <li>Presentation</li> </ul>	50 min	<ul style="list-style-type: none"> <li>Registration sheet</li> <li>Pre-training assessment forms (one for each trainee)</li> <li>Objectives written on flip chart</li> </ul>
Describe the drugs used for medical abortion in India; Eligibility criteria & contraindications for women seeking medical abortion; Compare MA vs VA procedures	<ul style="list-style-type: none"> <li>Overview</li> <li>Steps prior to procedure</li> <li>Comparison of Medical Abortion (MA) vs Vacuum Aspiration (VA)</li> </ul>	<ul style="list-style-type: none"> <li>Presentation</li> <li>Brainstorming</li> <li>Discussion</li> <li>Recall, Questions and Answers, complete table</li> </ul>	30 min	<ul style="list-style-type: none"> <li>Key points written on flipchart</li> <li>Heading for comparison tables written on flipchart</li> </ul>
Explain protocol of drugs; Recognize side effects and complications	<ul style="list-style-type: none"> <li>Protocols for administration and new concepts</li> </ul>	<ul style="list-style-type: none"> <li>Presentation</li> <li>Discussion</li> <li>Role plays</li> <li>Side effect exercise</li> </ul>	45 min	<ul style="list-style-type: none"> <li>Role play handouts</li> <li>MA side effect cards</li> </ul>
Share experience of providing medical abortion services post- CAC training	<ul style="list-style-type: none"> <li>Side effects and complications</li> <li>Experience of service providers</li> <li>Management of problems</li> </ul>	<ul style="list-style-type: none"> <li>Questions and Answers</li> <li>Discussion</li> </ul>	45 min	<ul style="list-style-type: none"> <li>Blank flipcharts, markers</li> <li>Key problems with management written on the flip chart</li> </ul>
Recall essential information to be given to women availing MA	<ul style="list-style-type: none"> <li>Counseling information</li> </ul>	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Presentation</li> </ul>	40 min	<ul style="list-style-type: none"> <li>Key points written on flip chart</li> </ul>
Post-training evaluation	<ul style="list-style-type: none"> <li>for women</li> <li>Post-training</li> </ul>	<ul style="list-style-type: none"> <li>Individual exercise</li> </ul>	30 min	<ul style="list-style-type: none"> <li>Post training assessment and trainee's feedback forms (one for each trainee)</li> </ul>

# Medical Abortion

## Introduction

This module gives information and describes the skills required by providers to administer and manage first-trimester medical abortion procedures.

## Course Objectives

- Share experience of providing medical abortion services post-CAC training
- List eligibility criteria and contraindications for women seeking medical abortion
- Compare relative benefits and risks of medical abortion (MA) and vacuum aspiration (VA) procedures
- Explain protocol of drugs and describe/recognize side effects and complications
- Recall essential information to be given to women availing MA

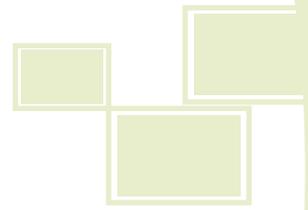
## Climate Setting

Objectives	Content	Methodology	Time	Materials & Aids
Climate setting	<ul style="list-style-type: none"><li>• Registration</li><li>• Pre training assessment</li><li>• Introduction</li><li>• Course objectives</li></ul>	<ul style="list-style-type: none"><li>• Individual exercise</li><li>• Presentation</li></ul>	50 min	<ul style="list-style-type: none"><li>• Registration sheet</li><li>• Pre training assessment forms (one for each trainee)</li><li>• Objectives written on flip chart</li></ul>

This refresher course has been organized for those of you who have successfully completed the Comprehensive Abortion Care (CAC) training earlier. The course seeks to update you for providing MA services to clients at your health centre in the future

This course has the following sections:

1. Overview of medical abortion



2. Protocols for administration of medical abortion drugs, identifying side effects and complications, as well as new concepts
3. Sharing of experience especially for MA during service delivery at work site post- CAC training
4. Key information for women seeking medical abortion

### **Overview for Administration, Comparison of MA vs VA**

Objectives	Content	Methodology	Time	Materials & Aids
Describe the drugs used for medical abortion in India; Eligibility criteria and contraindications for a woman seeking medical abortion; Compare MA vs VA procedures	<ul style="list-style-type: none"> <li>• Overview</li> <li>• Steps prior to procedure</li> <li>• Comparison of MA vs VA</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Brainstorming</li> <li>• Discussion</li> <li>• Recall, Questions and Answers, complete table</li> </ul>	30 min	<ul style="list-style-type: none"> <li>• Key points written on flipchart</li> <li>• Heading for comparison table written on flipchart</li> </ul>

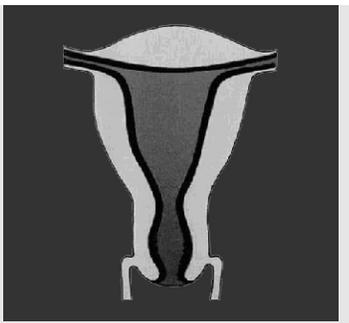
- Medical abortion is a method for termination of pregnancy in a non-surgical, non-invasive way by using a drug or a combination of drugs
- Medical abortion provides women with a new option for termination of pregnancy and should be offered as a choice in addition to other (or) aspiration abortion methods whenever possible
- Medical abortion has the potential to increase access to safe abortion services because it can be offered by providers in settings where Vacuum Aspiration (VA) or other methods of abortion may not be possible. However attachment to and certification of access to approved MTP center is a must

### **Drugs Used**

Commonly used drugs for medical abortion are a combination of Mifepristone and Misoprostol. Government of India guidelines recommend the use of this combination for early abortions up to 49 days (7 weeks) since first day of last menstrual period (LMP). However, WHO recommends its use up to 63 days (9 weeks) of pregnancy from first day of LMP. In India also, there are trials ongoing for its use up to 56 days of pregnancy from the LMP but results of the study are still awaited.

## Mifepristone

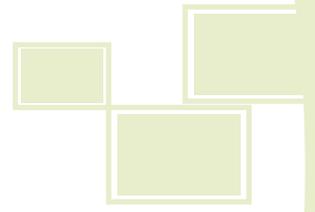
- In India, the use of Mifepristone was approved by Drug Controller of India in April 2002 and is available in the market as Mifegest, Mifeprin, MTPill, and Mifyron. It was commonly called RU-486, however, the term Mifepristone is more common now. It was invented in 1980. RU are the initials of pharmaceutical company Roussel-Uclaf which manufactured it and 486 is a random laboratory serial number



- **Mechanism of action:** It is an antiprogesterin, which blocks the progesterone receptors in the endometrium and decidua causing the necrosis of uterine lining and detachment of implanted embryo. It also causes cervical softening and increased production of prostaglandins, causing uterine contractions. It sensitizes the uterus to the effect of prostaglandins
- It is more effective in early pregnancy when progesterone is present in lower concentrations due to limited production by the corpus luteum. As the placenta takes over the production of progesterone, the progesterone is produced in large quantities
- It is available as 200 mg tablet
- **Dosage:** 200 mg orally on day 1 (first visit)
- When used with prostaglandin, complete abortion rate is 95-99%
- **Side-effects:** Serious side effects are rare. However, women may experience:
  - Nausea
  - Vomiting
  - Fatigue
  - Diarrhoea

## Misoprostol

- It is a synthetic prostaglandin E1 analogue
- In December 2006, Drug Controller of India approved its use in gynecological indications for cervical ripening, prevention of post partum hemorrhage and with Mifepristone, for early abortions up to 7 weeks
- **Mechanism of action:** It binds to myometrial cells causing strong uterine contractions, cervical softening and dilation. This leads to expulsion of conceptus from the uterus



- **Dosage:** Available as 100 and 200 mcg tablets. Dose is variable, depending on gestation age and route of administration. India protocol indicates that 400 mcg is given orally or vaginally on day 3 (second visit). The revised GoI protocol recommends that misoprostol can be given on day 2 or 3 orally or vaginally. Depending on the client and the clinician's decision, even home use of Misoprostol on day 2 or 3 may be tried to reduce the one follow-up visit.
- It is economical and stable at room temperature
- It gets absorbed fairly well in gastrointestinal tract and vaginal mucosa
- Through vaginal route, it has lesser side effects, is absorbed slowly and is effective for a longer time whereas by oral route it leads to more gastrointestinal side effects, is absorbed quickly and is effective for a shorter time. Sublingual and buccal routes are also being used and show very promising results similar in effectiveness to the vaginal route, particularly the sublingual route.
- There is no problem if the tablets do not completely dissolve on vaginal administration
- It has fewer side effects as compared to other prostaglandins. Being selective for PGE1 receptors, it has no significant effect on bronchi and blood vessels
- Originally it was developed for prevention and treatment of gastric ulcer
- **Side-effects:**
  - Nausea
  - Vomiting
  - Diarrhoea
  - Fever (sometimes with shivering)

### Some Mifepristone and Misoprostol Brands Available in the Indian Market

Company	Brand Names	
	Mifepristone (available as 200 mg tablets)	Misoprostol (available as 200/100 mcg tablets)
Sun Pharma www.sunpharma.com	Mefeprin	Zitotec
Cipla Ltd www.cipla.com	MTPill	Misoprost
Zydus Alidac. www.zyduscadila.com	Mifegest	Cytolog
German Remedies (part of Zydus Cadila group)	Mifyron	Misogon
Nicholas Piramal www.nicholaspiramal.com	Mefipil	Mesopil
Fourrts www.fourrts.com	Mefetrac	Kontrac
Otsira Genetica www.aristopharma.org	Mifty	
BestoChem	T-Pill	Miso
Ordain Health Care	--	Misonac SR (with Diclofenac Sodium SR 100mcg+50mg)
Taj Pharma	Mofebort	--
Zee Lab	Relezed	--

- **Other Prostaglandins are:** Carboprost, Gemeprost, Sulprostone, Dinoprostone

The combination of Methotrexate and Misoprostol has been demonstrated to be safe and effective for medical abortion in the first trimester. Research protocols have demonstrated that approximately 95% of women will have a complete abortion when using Methotrexate/Misoprostol up to 49 days' gestation (Creinin and Pymar, 2000). Ongoing pregnancy occurs in less than 1% of cases (www.medicationabortion.com).

Despite its effectiveness, the World Health Organization does not recommend Methotrexate for early elective abortion because of the potential for the birth of infants with severe congenital abnormalities if treatment fails and the pregnancy continues (WHO, 1997). Because of this risk, women taking Methotrexate should be told about the importance of follow up to ensure that the abortion is complete. If there is an ongoing pregnancy, abortion should be provided with another method.

## Eligibility Criteria

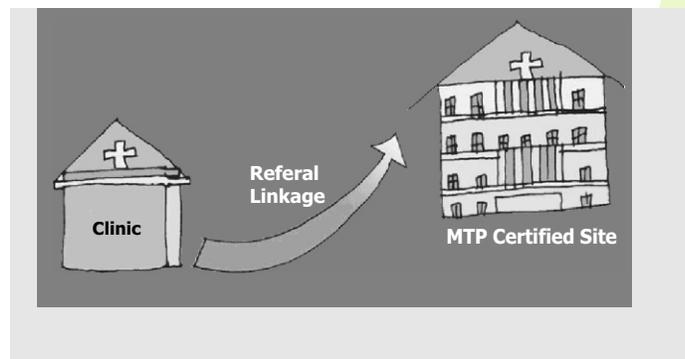
### Eligibility of the Provider

- Medical Abortion is not a surgical intervention. However, it is a termination of pregnancy and, therefore, falls under the purview of the MTP Act 1971. In case of termination of pregnancy up to seven weeks using Mifepristone and Misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs. The opinion of the provider is recorded in the opinion form attached as Annexure - 2.



### Eligibility of the Place

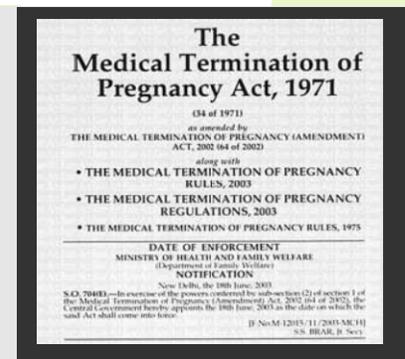
- Medical Abortion is a process to terminate the pregnancy and the provider needs to adhere to the requirements under the MTP Act. As per the amended MTP rules 2003, it can be provided from approved sites as well as consultation or outdoor clinics with referral linkage to approved MTP site. The law requires that a certificate of access to a registered place (i.e. showing that a referral link has been established) from the owner of the approved site must be displayed in the clinic where medical abortion is being provided.



## Medical Abortion and the Law

Medical abortion is an abortion procedure and needs to adhere to the requirements under the MTP Act. The key conditions/requirements of MTP using the medical abortion method are:

- Can be used for gestation < 49 days LMP (since last menstrual period)
- Can be provided only by certified abortion providers
- Can be provided from approved sites as well as non approved clinics with referral linkages provided a certificate of access to a registered place displayed





## **Women seeking Medical Abortion**

- Option of Medical Abortion should be given to all women coming to a health facility seeking termination of pregnancy up to 7 weeks of gestation (49 days from the first day of the last menstrual period in women with regular cycles of approximately 28 days) provided that the following aspects have been assessed and found appropriate:
- Frame of mind of the client
  - Acceptability of minimum three follow-up visits
  - Ability to understand the instructions and give informed consent
- Agrees for vacuum aspiration procedure, if failure to abort or excessive bleeding occurs
- Support from family or others to be assessed during counselling
- Consent of guardian in case of minor as per MTP Act 1971
- Easy access to appropriate health care facility in case of an emergency

## Contraindications

Women with following conditions and factors are not eligible for Medical Abortion:

Contraindications to Medical Abortion	
<ul style="list-style-type: none"> <li>Ectopic pregnancy, either confirmed or suspected, or undiagnosed adnexal mass</li> </ul>	<ul style="list-style-type: none"> <li>Hemorrhagic disorder</li> </ul>
<ul style="list-style-type: none"> <li>Allergy to mifepristone, misoprostol or another Prostaglandin</li> </ul>	<ul style="list-style-type: none"> <li>Current anticoagulant therapy</li> </ul>
<ul style="list-style-type: none"> <li>Current use of long-term systemic corticosteroid</li> </ul>	<ul style="list-style-type: none"> <li>Intrauterine device in place (remove before giving Mifepristone)</li> </ul>
<ul style="list-style-type: none"> <li>Chronic adrenal failure</li> </ul>	<ul style="list-style-type: none"> <li>Inherited porphyria</li> </ul>
(Adapted from Mifeprex™ (mifepristone) package insert. Danco Laboratories LLC, 2000)	
Special Precautions (Where the Drugs Need to be Used Cautiously)	
Anaemia (Haemoglobin <8 gm %)	<ul style="list-style-type: none"> <li>Uncontrolled hypertension, BP &gt; 160/100</li> </ul>
<ul style="list-style-type: none"> <li>Uncontrolled seizure disorder</li> </ul>	<ul style="list-style-type: none"> <li>IUD in situ – needs to be removed before use</li> </ul>
<ul style="list-style-type: none"> <li>Pregnancy with fibroid- big symptomatic fibroids encroaching on endometrial cavity can have heavy bleeding and may interfere with uterine contractility</li> </ul>	<ul style="list-style-type: none"> <li>Lack of access to 24 hours emergency services</li> </ul>
<ul style="list-style-type: none"> <li>Bronchial asthma-prostaglandins other than Misoprostol should not be used. Misoprostol is a weak bronchodilator.</li> </ul>	<ul style="list-style-type: none"> <li>If on anti tubercular drugs, efficacy of the Medication Abortion drugs may decrease and there are more chances of failure requiring surgical abortion</li> </ul>
<ul style="list-style-type: none"> <li>Pregnancy with uterine scar (previous caesarean section, hysterotomy or myomectomy) caution should be exercised</li> </ul>	
Psycho-Social Situations (Unsuitable for Medical Abortion)	
<ul style="list-style-type: none"> <li>Woman unable to take responsibility for her condition</li> </ul>	<ul style="list-style-type: none"> <li>Anxious women wanting quick abortion</li> </ul>
<ul style="list-style-type: none"> <li>Language or comprehension barrier, inability to give informed consent</li> </ul>	<ul style="list-style-type: none"> <li>Not willing for a VA abortion in case of failure</li> </ul>

*Tell the effectiveness, failure, safety, advantages and limitations of Medical Abortion.*

## Effectiveness

A combination of Mifepristone and Misoprostol has the following efficacy for termination of early pregnancy.

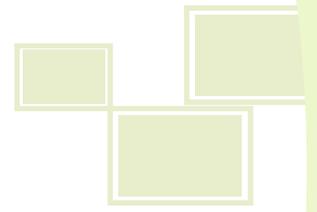
Condition	Effectiveness*
Complete abortion	95-99%
Heavy bleeding requiring vacuum aspiration	1-2%
Incomplete abortion requiring other methods of evacuation	1-2%
Heavy bleeding requiring blood transfusion	0.1-0.2%

\* (Source: Use of RU-486 with Misoprostol for early abortions in India. Guidelines for Medical Officers, WHO-CCR in Human Reproduction, All India Institute of Medical Sciences, Ministry of Health and Family Welfare, Government of India and Indian Council of Medical Research, 2003).

## Failure

Medical Abortion is said to be a failure when the clinician has to resort to other methods of abortion. It could be from:

- Heavy bleeding/Hemorrhage
- True drug failure/continuing pregnancy
- For **heavy bleeding**, blood loss is estimated taking into account the number of normally used average sized pads soaked at a given time (described later). If indicated, Vacuum Aspiration (VA) is done as soon as possible.
- **True drug failure** is presence of gestational cardiac activity 2 weeks after Mifepristone and Misoprostol administration leading to continuing pregnancy. This has to be terminated by VA.
- **Incomplete Abortion:**
  - Some women have a persistent gestation sac without cardiac activity 2 weeks after the Misoprostol administration. This is called incomplete abortion.
  - Sometimes gestation sac is expelled but women keep bleeding due to blood clots / decidual bits in the uterine cavity. This can be managed conservatively as mostly it is expelled spontaneously. But if bleeding is profuse, VA may have to be done.



## Safety

- Using Mifepristone is a safe method to terminate pregnancy as long as the woman does not have any contraindications for its use.

### Advantages and Limitations of Medical Abortion

Advantages	Limitations
Abortion can be offered at an early stage	At least three clinic visits required. Currently used only upto 49 days from first day of LMP
Can be done in 1 visit. Follow up desired	At least 3 clinical visits
Potentially more private, similar to a natural miscarriage	Takes longer than VA, mean duration of bleeding being 9.5 days
Less invasive than VA. No instruments are used	Unpredictable outcome : may end in a complete/incomplete abortion/continued pregnancy
No heavy anaesthesia (pain management methods are available)	<ul style="list-style-type: none"> <li>• Possibility of side effects of drugs</li> <li>• Potential slight risk of fetal malformation if pregnancy continues</li> </ul>

### Steps taken during the preparation of a Woman for Medical Abortion:

- Provide counseling to the woman and obtain informed consent
- Perform clinical assessment including medical history and physical examination
- Discuss her contraceptive needs and services required
- Confirm her access to emergency health care services if required

### General Counseling

#### While counseling, attention must be paid to the following points:

- Tell her about all the methods available for abortion and how each method differs from the other.
- Ask about her existing knowledge and beliefs about abortion options.
- Discuss her contraceptive needs and counsel her accordingly for a regular contraceptive after abortion.
- After she chooses the method of termination of pregnancy, then inform her that she will have to sign a written consent form. (Annexure - 1)

### **Method-Specific Counseling / Basic Information on Medical Abortion Method**

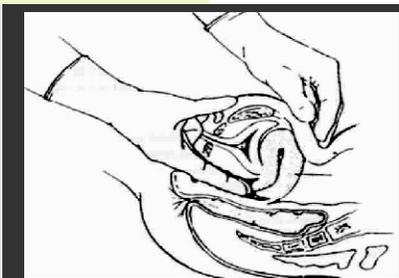
If the method chosen by the woman is Medical Abortion, then she should be given following information related to MA:

- It is non-invasive and non surgical
- The process is similar to a natural miscarriage
- She needs to make a minimum of three visits to the facility
- She has to follow a definite drug protocol
- She may have vaginal bleeding for 9-16 days
- She has to be ready for VA procedure in case of failure or excessive bleeding
- She has to stay within the accessible limits of the appropriate health care facility
- She has to be told about the side effects of the drugs, i.e, she may experience nausea, vomiting, diarrhea, etc.
- Potential teratogenic (harmful) effect on the fetus, if pregnancy continues
- Contact phone number and address to be given to her for emergency
- If prescribed at an outdoor clinic, give woman the address of the approved MTP center (referral linkage) for use during emergency.
- Signs and symptoms of when to seek care for emergencies
- During treatment, it is ideal to avoid intercourse to prevent infection or use barrier methods

### **Medical History & Physical Examination**

Record the complete history of the woman including her menstrual, obstetric and contraceptive history and rule out all contraindications.

#### **Physical Examinations:**



- To check for pallor. If pallor exists, heavy bleeding during the procedure may worsen the condition and increase the risk of shock and ill health.
- Blood pressure
- Cardiovascular and respiratory system for any abnormality
- Pelvic examination (P/S & P/V) to:
  - Confirm the period of gestation

- Rule out ectopic pregnancy, if possible
- Identify any fibroids to take precautionary measures. (There is a possibility of increased bleeding, so counseling/warning about this would be prudent, particularly for the woman to return if bleeding beyond what is expected. Fibroids could lead to mis-dating on clinical exam; that should be considered. Where ultrasound is available, it may be used to detect the size of uterus. But, for women with fibroids, MA may be an excellent option because vacuum aspiration is sometimes technically not the easiest).
- Look for any signs of infection

**Investigations:**

- Recommended:
  - Haemoglobin
  - Complete Urine Examination
  - ABO Rh
- Optional:
  - Ultrasound is done only if :
    - Woman is unsure of LMP/ she has irregular periods and/or the uterine size and menstrual dates do not match
    - There is suspicion of ectopic pregnancy or fibroid during P/V examination

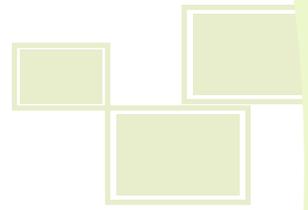
**Comparison of MA vs VA**

Feature	Vacuum Aspiration	Medical Abortion
Technique Used	Uterine contents evacuated through a cannula attached to vacuum source (manual or electric)	Uterine evacuation with drugs (Mifepristone & Misoprostol), a non-surgical method
Gestation limit of the technique	Can be used upto 12 weeks of pregnancy	In India, can be used upto 7 weeks of pregnancy.
Effectiveness	More than 98% effective	89-98% effective
Time taken for the procedure completion	5-15 minutes	May take 9-16 days
POC Check	POC are examined and confirmed immediately	POC may be expelled at home
Number of visits for the procedure	One visit	Require minimum 3 visits

Follow up visit	Ideal but not mandatory	Must to ensure completion
Anaesthesia used	Local Anaesthesia & oral analgesics	Oral pain control medication
Procedure done by	Certified MTP provider	Drugs prescribed by certified MTP provider
Risk of cervical and uterine injury	Possible but rare	No risk of injury to cervix and uterus since no instrumentation is done
Post - procedure bleeding	Minimal	Post - medication bleeding usually heavy
Post - procedure pain	For a very short period.	Pain could be intense and prolonged
Hospital stay	Few hours	Few hours on each visit
Risk of fetal malformation if pregnancy continues	None	Potential risk exists
Cost involved	Cost effective as lesser resources required and lesser hospital stay	Cost of the drug used is still high to be affordable by all women
Acceptability to women	<ul style="list-style-type: none"> <li>• lower levels of pain medication</li> <li>• done in OPD setting (more acceptable than a hospital stay.)</li> <li>• woman awake during procedure</li> <li>• noiseless procedure with MVA</li> </ul>	<ul style="list-style-type: none"> <li>• non-invasive technology</li> <li>• more private</li> <li>• close to natural miscarriage</li> <li>• no hospital stay</li> </ul>
Involvement of male partner	Not allowed in the procedure room.	Male partner could be fully involved in the whole process
Tissue samples for E.B	82% effective	Not relevant

## Summary

- Govt. of India recommends the use of a combination of two drugs, namely, Mifepristone and Misoprostol as per protocol for providing abortion services to women with pregnancy up to 7 weeks LMP (although WHO recommends drugs up to 9 weeks/63 days)
- Medical Abortion is a simple, effective and safe non-surgical option for induced abortions and should be offered as an option to all women seeking abortion services within 7 weeks of pregnancy

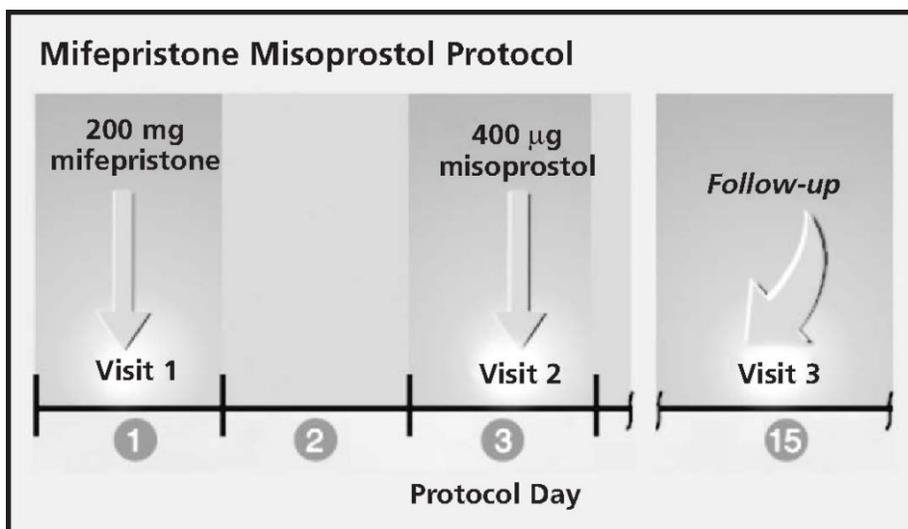


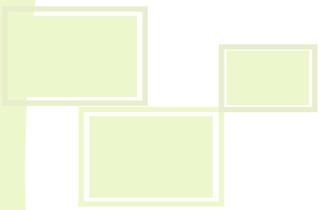
### Drug Protocol, Follow-up and Contraceptive Services

Objectives	Content	Methodology	Time	Materials & Aids
Explain the protocol of drugs, recognize and manage the side effects and complications	<ul style="list-style-type: none"> <li>• Protocols for administration and new concepts</li> <li>• Side effects and complications</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Role plays</li> <li>• Side effect exercise</li> </ul>	30 min	<ul style="list-style-type: none"> <li>· Flip chart</li> <li>· Correct sequence of administration protocol</li> <li>· Role plays</li> <li>· 'MA Side Effect' cards</li> </ul>

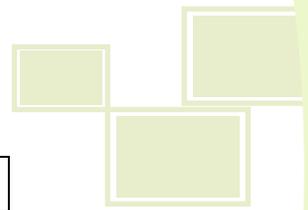
### Medical Abortion Protocol

Summary of the Drug Protocol for Medical Abortion		
VISIT	DAY	To – do
First	One (1)	<ul style="list-style-type: none"> <li>• 200 mg Mifepristone orally</li> <li>• Anti D, if Rh negative</li> </ul>
Second	Two (2) or Three (3)	<ul style="list-style-type: none"> <li>• 400 mcg Misoprostol orally or vaginally</li> <li>• Analgesics</li> </ul>
Third	Fifteen (15)	<ul style="list-style-type: none"> <li>• Confirm and ensure that abortion is complete</li> <li>• Contraceptives</li> </ul>





<b>First Visit (Day1)</b>	
<p style="text-align: center;"><b>What to do</b></p> <ul style="list-style-type: none"><li>• Record her complete history, rule out contraindications (as discussed in previous section) and take note of any precautions to be taken</li><li>• Conduct a complete physical and pelvic examination (as discussed in the module of clinical assessment)</li><li>• Counsel her and obtain informed consent (as discussed in the session on counseling)</li><li>• Discuss contraceptive options with her</li><li>• Prescribe tablet Mifepristone 200 mg orally</li><li>• Give injection Anti-D 50 mcg to Rh negative women (with pregnancy of more than 6 weeks)</li><li>• Complete the client card and give it to her. Explain different sections of the card and what she needs to record on it</li></ul>	<p style="text-align: center;"><b>Instructions to woman</b></p> <ul style="list-style-type: none"><li>• Explain what she should expect after taking Mifepristone</li><li>• She must return for Misoprostol administration after two days</li><li>• She may have pain and bleeding during these two days</li><li>• She can take the following drugs to relieve the pain: Paracetamol with or without - Codeine, Ibuprofen</li><li>• She should avoid intercourse or use barrier method, such as condoms</li><li>• Give her the contact address and phone number of the approved facility where she can go in case of any emergency</li><li>• Explain to the client that she should record her experience of any side effect on the client card (Annexure-3) given to her. Show her the back-up facility address and phone number on the card where she can go in emergency and explain signs and symptoms which could indicate seeking care</li><li>• She must return to the clinic after 48 hours on day 3</li><li>• Explain that a small percentage of women (3%) may expel products with Mifepristone alone, but total drug dosage schedule with Misoprostol must be taken for completion of the process.</li></ul>



## Second Visit-Day 3

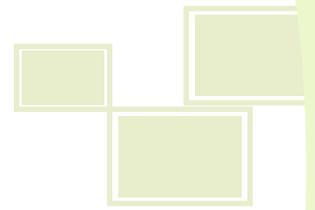
What to do	Instructions to woman
<ul style="list-style-type: none"> <li>• Note any history of bleeding/pain or any other side effects after Mifepristone</li> <li>• Ask her to empty the bladder. Insert 2 tablets of Misoprostol (400 mcg) vaginally one after the other in the posterior fornix. It does not matter if the tablets do not dissolve completely</li> <li>• Ask the woman to lie in bed for half an hour after insertion. After that she can move around</li> <li>• She can be given two tablets orally or sublingually as an alternative</li> <li>• Keep her under observation for 4 hours in the clinic/hospital or if she wants to go home explain what to expect in the next few hours and what to do; keep her under observation if clinically necessary</li> <li>• Monitor her pulse, blood pressure and any side effects during her stay</li> <li>• Prescribe drug for pain relief. Usually the pain starts within 1-3 hours of taking the Misoprostol, so analgesic can be taken well in time before pain becomes intolerable. The commonly used drugs are Ibuprofen, Paracetamol with or without Codeine</li> <li>• Receiving complete information during counseling and reassurance during the process helps the woman to tolerate pain. If pain does not subside on taking drugs, report to the doctor. In such cases, possibility of ectopic pregnancy/ infection/incomplete abortion should be ruled out</li> </ul>	<ul style="list-style-type: none"> <li>• What she should expect to feel after Misoprostol administration</li> <li>• She should avoid intercourse till the bleeding stops</li> <li>• She should use clean sanitary napkins</li> <li>• She should avoid tampons and douche</li> <li>• She should preferably avoid going out of station till the third visit</li> <li>• She should report if there is no bleeding 24 hrs after Misoprostol intake (This is rare. If the woman comes back to the clinic, the doctor should consider several possibilities:               <ul style="list-style-type: none"> <li>– Rule out ectopic pregnancy and confirm intrauterine pregnancy</li> <li>– The drug may not have worked and/or more time is needed; repeating the dose may be an option</li> </ul> </li> <li>• She can have side effects like:               <ul style="list-style-type: none"> <li>– Nausea</li> <li>– Vomiting (antiemetics usually not required)</li> <li>– Diarrhea (usually mild)</li> <li>– Headache</li> <li>– Fever (if &gt; 100 degree F, medication advised)</li> <li>– Dizziness (if accompanied with heavy bleeding, should be evaluated for hypovolemia)</li> <li>– Fatigue</li> </ul> </li> <li>• Report in case of excessive bleeding which means soaking 2 or more pads (average pads used normally during periods) per hour for 2 hours continuously. Mean period for bleeding is 9-16 days. Heaviest bleeding lasts 1-4 hours that coincides with the expulsion of POC</li> </ul>
<ul style="list-style-type: none"> <li>• 75% women abort within 4-6 hours after Misoprostol administration</li> <li>• 30% of the remaining abort later at home on the same day</li> <li>• Rest mostly abort within the next 5 days</li> <li>• Performing bimanual examination just before discharging her from the facility is not necessary and just introduces more vaginal insertions which is what MA is meant to avoid. Advise the woman what to expect and give her some pads to change if she returns home</li> </ul>	<ul style="list-style-type: none"> <li>• How to handle the expelled pregnancy tissue if it is passed when the woman is not at the clinic</li> <li>• She may see blood clots but it is unlikely that she will see anything resembling a foetus</li> <li>• She should return for follow up on the 15th day</li> </ul>

Recent research studies have shown that allowing women to take Misoprostol-either vaginally or orally at home is safe, effective and acceptable to women. However, Government of India recommends that Misoprostol be administered at the clinic and the client observed for at least four hours.

Third Visit-Day 15	
<p style="text-align: center;"><b>What to do</b></p> <ul style="list-style-type: none"> <li>• Take clinical history and note related signs and symptoms</li> <li>• Pelvic examination should be carried out to ensure the completion of abortion</li> <li>• Ultrasonography should be advised if examination does not confirm the expulsion of POC or completion of procedure</li> <li>• The woman should not leave the facility without the contraceptive counseling and services</li> <li>• <b>Follow up instructions:</b> The woman should be counseled regarding prevention of sexually transmitted infections and HIV/AIDS.</li> <li>• She should report back if there are no periods within 6 weeks of completion of the abortion process</li> </ul>	<p style="text-align: center;"><b>Instructions to woman</b></p> <ul style="list-style-type: none"> <li>• Contraception after abortion (job-aid) Hormonal methods, whether combined (estrogen and progestogen) or progestin-only, can be started as soon as the day of the Misoprostol administration (commonly day three of the combined Mifepristone-Misoprostol medication-abortion regimen). These methods include oral contraceptives, injectable methods (for example, depot medroxyprogesterone acetate, or DMPA)</li> <li>• IUCD can be inserted after confirmed complete abortion provided the presence of infection can be ruled out</li> <li>• Condoms can be used as soon as she resumes sexual activity after abortion</li> <li>• Female sterilization can be done after the woman has made a free and informed choice to use this permanent method.</li> <li>• Vasectomy, if chosen, can be done independent of the procedure</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Antibiotics:</b> These are generally not prescribed routinely but should be given to a woman showing signs of infection</li> </ul>	

N.B. Skills Checklist for Provision of Medical Abortion is given in Annexure 4.

It is advised to abstain from sex until the abortion process is complete. Condoms and other methods can be used as soon as she resumes sexual activity after abortion. If there is sexual activity after taking the drugs and before the abortion, it is advised that condoms/barriers be used to prevent infection.



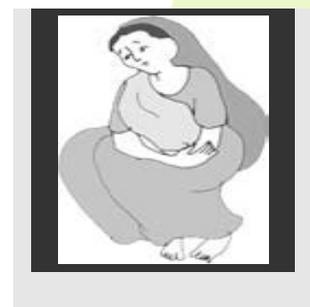
## New Concepts

Previous recommendations	New recommendations
Misoprostol on day 3, 48 hrs after mifepristone	Misoprostol on day 2-3 (24 to 48 hrs) after mifepristone
Antibiotics given only in case of infection	The infection rate after MA is very low as there is hardly any vaginal interference  In case of existing infection, Prophylactic antibiotics (broad spectrum) to be given to treat existing infection and prevent post abortion infection.  Capsule Doxycycline 100 mg orally twice a day for seven days
Misoprostol dose to be taken under supervision of the doctor and to stay at the clinic for four hours	Home use of Misoprostal vaginally or orally by women herself. This helps to prevent an additional visit of the woman to the hospital and reduces the risk of defaulter after Mifepristone use on the first visit.  It enables the woman to complete the drug protocol for better effectiveness and reduce complication of drug failure
Contraception on day 15 - visit 3	Contraception with Misoprostol on visit 2

## Side Effects, Complications and their Management

### Side Effects

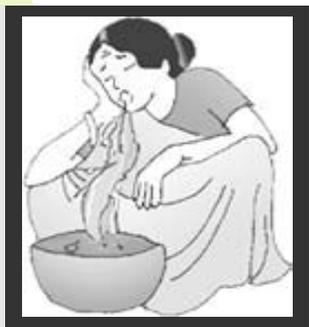
- Bleeding and cramping
- Gastro intestinal disturbance
- Fever, warmth and chill
- Headache and dizziness
- Bleeding and cramping:
  - These are expected normal symptoms of the Medical Abortion process, and usually heavier than what is experienced during a menstrual period; the woman will experience symptoms resembling an early miscarriage. Bleeding often lasts for 9-16 days



- When discussing cramping, providers should refrain from describing cramping pains as similar to labor pains. Instead, pain can be compared to heavy or severe menstrual cramps. Sometimes it begins following ingestion of Mifepristone, but most often starts one to three hours after Misoprostol administration and is heaviest during the actual abortion process, often lasting up to four hours
- Persistent cramping may be evaluated with other symptoms to exclude possible ectopic pregnancy
- Counseling and assurance helps the client. Pain medication (as prescribed after MVA procedures) may be provided
- Women may be advised to come to the clinic if they experience pain associated with bleeding heavier than expected or with fever

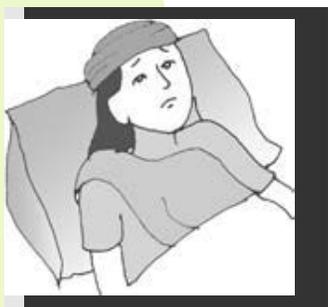
- **Gastrointestinal disturbances:**

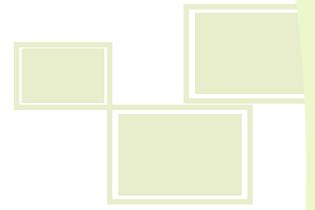
- Diarrhoea, nausea and vomiting are commonly reported by women following the use of Misoprostol
- These side effects are mild and self limiting and pass off without any treatment
- It is unclear if antiemetic and anti-diarrhoeal medicines are helpful but they may be prescribed when needed



- **Fever, warmth and chill:**

- Fever, feeling of warmth and chill are short-lived side effects. Treatment for this is generally not required but the woman should know that she may experience these symptoms
- Post-abortion infection is rare after Medical Abortion. Persistent fever may indicate infection and must be evaluated and treated accordingly with broad-spectrum antibiotics





- **Headache and dizziness:**

- Mild side effect of Medical Abortion. Approximately one-fifth of women studied reported headache and dizziness associated with Medication Abortion. (Honkanen, 2004)
- Headache is treated with non-narcotic analgesics and mild dizziness of short duration is managed by hydration-advising the woman to take plenty of fluids, rest and by exercising caution while changing position
- Women with dizziness and heavy bleeding should be treated for hypovolemia

## **Complications and Management**

Complications of Medical Abortion are few

- Failed abortion
- Haemorrhage
- Infection

### **Failed Abortion**

- If the woman has not expelled the pregnancy by the time of her follow-up visit and the uterus remains soft and bulky
- Confirm the status of pregnancy by ultrasound. Pregnancy is said to be viable if the gestation sac is complete with active cardiac activity
- If the gestation sac is seen but it is non-viable, then expectant management may be offered to the woman:
  - Wait for the pregnancy to be expelled naturally with time without any further intervention
  - Alternatively, an additional dose of Misoprostol may be provided to her
  - Proper counseling of the woman is required to comply with return visits if she does not want any intervention
  - The woman should be willing to return to the clinic after one week to ensure that the abortion is complete
- If the woman does not wish to return for follow up visits or has continuous viable gestation sac or heavy bleeding, vacuum aspiration may be performed to remove products of conception (POC)

## Hemorrhage



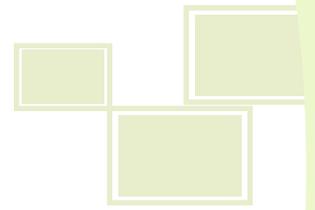
- Acute hemorrhage associated with Medical Abortion in the absence of any physical trauma to the pelvic organs should be managed with vacuum aspiration
- Fluid replacement with Ringers lactate solution IV infusion at 30 drops per minute depending on the general condition of the woman to be started
- In some cases blood transfusion may be required. Refer the woman to a higher facility for management

## Infection

- Infection of uterus is rare in Medical Abortion
- If POC are retained and the woman has symptoms like fever, chill, foul smelling discharge or bleeding and pain in lower abdomen, uterine infection may be suspected
- Start broad spectrum antibiotics as soon as possible and remove the POC using vacuum aspiration

## Summary

- The drug protocol should be followed for the success of medical abortion
- Ultrasound is not mandatory for prescribing drugs for Medical Abortion unless the size of the pregnancy is doubtful or there is suspected ectopic pregnancy
- Woman's consent is mandatory
- Early identification of severe complications and their management or referral to an appropriate facility helps save the life of the woman
- Once initiated, the process of abortion has to be completed by MVA in case of failure of the procedure due to the slight risk of teratogenic effect of the drugs



Objectives	Content	Methodology	Time	Materials & Aids
Recall essential information to be given to women availing MA	Counseling information for women	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Presentation</li> </ul>	10 min	Key points written on flip chart

### Sharing Experience of MA Service Provision Post-CAC Training

Share experience of providing medical abortion services post -CAC training	<ul style="list-style-type: none"> <li>Experience of service providers</li> <li>Management of problems</li> </ul>	<ul style="list-style-type: none"> <li>Questions and Answers</li> <li>Discussion</li> </ul>	45 min	<ul style="list-style-type: none"> <li>Blank flipcharts, markers</li> <li>Key problems with management written on the flip chart</li> </ul>
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	--------	---------------------------------------------------------------------------------------------------------------------------------------------

Practical problems encountered during initiation or provision of MA services in the Public Sector in India are related to:

#### A. Non-availability of drugs

1. Non-availability of MA drugs - Mifepristone and Misoprostol at the Health Centre

#### B. Use of wrong protocol of drugs

- Provision of MA drugs without prescription by chemists and illegal providers like nurses, ANMs, ISMPs in inadequate doses or inappropriate drugs
- Self medication by women through their husbands in inadequate dose or inappropriate drugs
- Prescription of drugs using varied protocols by doctors (trained/untrained)
- Inappropriate period of gestation for the use of MA drugs

#### C. Consequences of Irrational use of MA drugs

Complications of medical abortion:

- Failed abortion (continuing pregnancy or incomplete abortion)
- Heavy bleeding with or without shock
- Infection



**Common problems and their possible solutions are listed below:**

**Problem: Non-availability of MA drugs -Mifepristone and Misoprostol at the Health Centre**

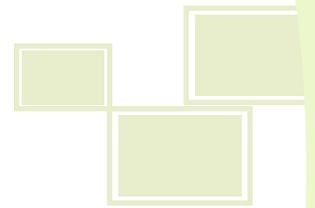
**Possible Solution:**

- State governments are in the process of procuring & ensuring availability of these drugs in the public sector.

**Problem: Provision of MA drugs without prescription by chemists and illegal providers like nurses, ANMs, ISMPs in inadequate doses or inappropriate drugs**

**Possible Solution:**

- State Directorate Officials, in partnership with Ipas, have initiated the process of implementing the MTP Act 1971 with its Amendments 2002 and Rules 2003 in the state by operationalizing District Level Committees (DLC). To address this issue, District Level Workshops are being conducted in the state to make the Chief Medical Officer and DLC members aware of their roles in monitoring MTP services to ensure that legal and safe services are being provided by authorized providers. Through newspapers and IEC they will also inform the community as well as the unauthorized providers regarding the legality of abortions, offences and the availability of safe services. State Government hopes that once the community gets informed of the access to safe abortion services close to their homes, they will utilize these services. This will indirectly decrease the utilization of unsafe services and resultant complications.
- It is also envisioned that once the unauthorized providers become aware of the legal issues related to abortion service provision and the liable punishment, they may also act as link persons to refer the women to the appropriate place for such services.



**Problem: Self medication by women through their husbands in inadequate dose and inappropriate drugs**

**Possible Solution:**

- IEC effort and community workers counseling may help empower the women and communities to understand the dangers of receiving abortion services from unsafe providers and take recommended actions of seeking services at your centres which they will know are safe and close to their home. This will prevent unnecessary deaths and ill health of women from use of inappropriate drugs.
- Availability of drugs at your clinic will also assure that women get proper and adequate dose and protocol.

**Problem: Prescription of drugs using varied protocols by doctors (trained/untrained)**

**Possible Solution:**

- The purpose of this refresher course on MA is to strengthen your knowledge and skills once again. This will help you provide the drugs in adequate dose and protocol as per GoI recommendations. The revised GoI guidelines on MA recommend use of Mifepristone and Misoprostol in combination up to 7 weeks of pregnancy from the LMP. The recommended protocol is:

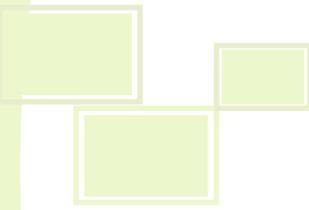
Visit 1: Day 1	Visit 2: Day 2 or 3	Visit 3: Day 15
Mifepristone 200 mg orally Inj. Anti D if Rh negative more than 6 weeks pregnancy	Misoprostol 400 mcg orally or vaginally Analgesics tablet: Paracetamol	Contraceptive services

- Once women stop going to untrained and unauthorized providers, risk from other sources will be reduced automatically.
- Gradually, through the training programs, the state will train more doctors and private providers to update their skills for abortion services.

**Problem: Inappropriate period of gestation for the use of MA drugs**

**Possible Solution:**

- Once knowledgeable and trained providers start providing MA services after appropriately screening the women for eligibility (up to 7 weeks of pregnancy from the LMP) chances of failure of MA will be less.

- 
- Women will also become aware of the duration of pregnancy for the effectiveness of MA drugs. They may come for services early to avoid a surgical procedure later.

**Problem: Complications of medical abortion-failed abortion**

**Possible Solution:**

- Identify failed abortion if the woman has not expelled the pregnancy by the time of her follow-up visit and the uterus remains soft and bulky, with or without bleeding. She may also complain of pregnancy symptoms like morning sickness etc. to confirm the diagnosis
- Confirm the status of pregnancy by ultrasound (USG). This is not required if the provider is certain that the pregnancy is continuing. If on USG, pregnancy is viable i.e. the gestation sac is complete with active cardiac activity or the gestation sac is seen but it is non-viable, then expectant management may be offered to the woman:
  - Wait for the pregnancy to be expelled naturally with time without any further intervention
  - Alternatively, an additional dose of Misoprostol may be provided to her
  - Proper counseling of the woman is required to comply with return visits if she does not want any intervention
  - The woman should be willing to return to the clinic after one week to ensure that the abortion is complete
- If the woman does not wish to return for follow up visits or has continuous viable gestation sac or heavy bleeding, vacuum aspiration may be performed to remove products of conception (POC)

**Problem: Heavy bleeding**

**Possible solutions:**

- Acute hemorrhage associated with medical abortion in the absence of any physical trauma to the pelvic organs should be managed with vacuum aspiration
- Fluid replacement with Ringers lactate solution IV infusion at 30 drops per minute depending on the general condition of the woman to be started
- In rare cases, blood transfusion may be required. Refer the woman to a higher facility for management

## **Problem: Infection**

### **Possible solution:**

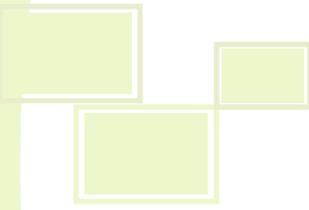
- Infection of uterus is rare in medical abortion as there is no vaginal interference. Infection is a risk, though very small, with vaginal use of Misoprostol. Hence it is recommended that Misoprostol be used orally. There is global evidence that buccal (in the cheek) or sublingual (under the tongue) use of Misoprostol is also found to be as effective as the oral route and with fewer side effects.
- If POC are retained for a long time with bleeding or discharge, and the woman has symptoms like fever, chills, foul smelling discharge or bleeding and pain in lower abdomen, uterine infection can be suspected
- Start broad spectrum antibiotics the Doxycyclin 100 mg orally twice a day for seven days as soon as possible and remove the POC using vacuum aspiration

Infection rates after medical abortion are very low. Nevertheless, some practitioners may choose to use antibiotics around the time of abortion. For example, Doxycycline 100 mg orally twice a day for 7 days may be used. However, if antibiotics are not available, medical abortion can still be provided; lack of antibiotics should not be an obstacle to medication abortion provision.

### **Important Points to be Emphasized During Provision of Medical Abortion**

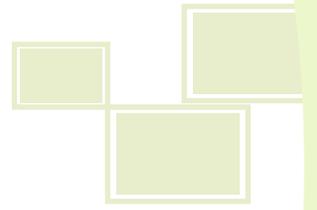
- Minimum three visits to the facility will be required
- Definite drug protocol to be followed
- Bleeding may be present for 9-16 days
- The woman should be ready for evacuation by VA if failure or excessive bleeding occurs
- The woman should be able to reach an appropriate health care facility within a short time
- Contact the doctor immediately in case of emergency (give phone number)
- Understand the side effects of drugs
- Recognition of warning signs and to contact the doctor immediately
- Once initiated, the process of abortion has to be completed to avoid even a slight risk of congenital defects in a continuing pregnancy



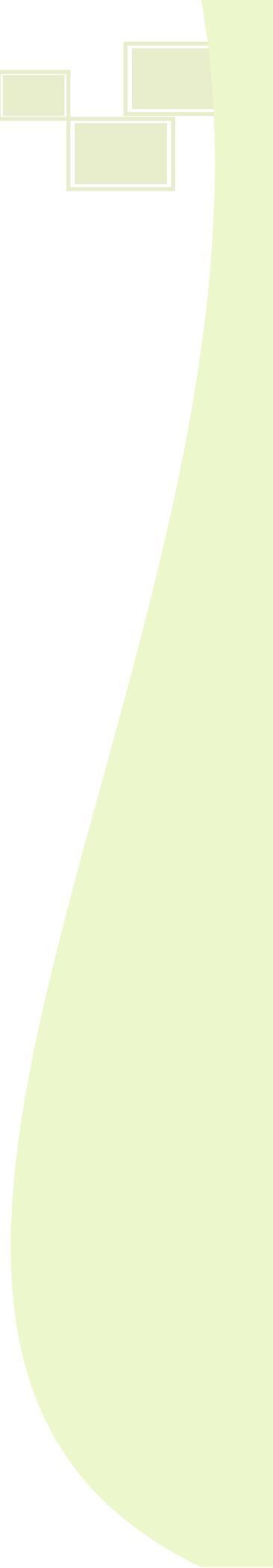


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# **Annexures**





## Annexure - 1

### The Medical Termination of Pregnancy Rules, 2003

#### Consent Form

#### प्ररूप—ग

में .....पुत्री/पत्नी.....  
.....आयु लगभग .....वर्ष जो इस समय.....  
..... (यहां स्थायी पता लिखिए) में निवास करती हूँ

(उस स्थान का नाम लिखिए जहां गर्भ का समापन किया जाना है)

में अपने गर्भ के समापन के लिए अपनी सहमति देती हूँ

स्थान:

तारीख:

हस्ताक्षर

(जहां स्त्री मानसिक रूप से अस्वस्थ या 18 वर्ष से कम उम्र की हो, वहां उसके संरक्षक द्वारा भरा जाए)

में.....पुत्र/पुत्री/पत्नी.....  
..... आयु लगभग .....वर्ष जो इस समय.....  
.....(स्थायी पता) में निवास करता/करती हूँ अपनी प्रतिपाल्य

.....जो अवयस्क/मानसिक रूप से

अस्वस्थ या 18 वर्ष से कम उम्र की है.....

..... में गर्भ के समापन के लिए अपनी सहमति देता/देती

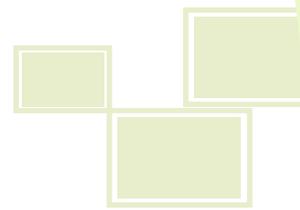
हूँ। (गर्भ का समापन करने का स्थान)

स्थान:

तारीख:

संरक्षक का हस्ताक्षर





## Annexure - 2

### RMP Opinion Form

I .....  
(Name and qualification of the Registered Medical Practitioner in block letters)

.....  
(Full address of the Registered Medical Practitioner)

I .....  
(Name and qualification of the Registered Medical Practitioner in block letters)

.....  
(Full address of the Registered Medical Practitioner) hereby certify that \*I/we/am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

.....  
(Full name of pregnant woman in block letters)

resident of .....  
(Full address of pregnant woman in block letters) for the reasons given below\*\*.

\* I/We hereby give intimation that \*I/We terminated the pregnancy of the woman referred to above who bears the serial No. .... in the Admission Register of the hospital/approved place.

Signature of the Registered Medical Practitioner

Signature of the Registered Medical Practitioner

Place :

Date :

Strike out whichever is not applicable.

\*\*of the reasons specified items (i) to (v) write the one which is appropriate :—

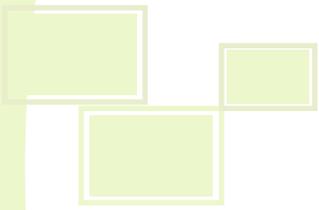
- (i) in order to save the life of the pregnant woman,
- (ii) in order to prevent grave injury to the physical and mental health of the pregnant woman,
- (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,
- (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape,
- (v) as the pregnancy has occurred as result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place :

Date :

Signature of the Registered Medical Practitioner/Practitioners



## Annexure - 3

### MA Client Card

#### विवरणिका औषधीय गर्भपात



महिला कोड : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
राज्य अस्पताल कोड सं.

रजिस्ट्रेशन की तारीख: \_\_\_\_\_

यह कार्ड आपके बारे में जरूरी डॉक्टर की जानकारी रखने में मदद करेगा। कृपया इस कार्ड को अपने पास संभाल कर रखें और अस्पताल आते समय हर बार इसे अपने साथ लाएं।

	तारीख	समय	दवा और खुराक
पहला दिन			
तीसरा दिन			
पन्द्रहवां दिन			

औषधीय गर्भपात एक निजी प्रक्रिया है जिसे पूरा होने में 15 दिन तक लग सकते हैं। गर्भपात का यह तरीका सामान्य माहवारी या अपने आप गर्भ गिर जाने की तरह ही होता है।

#### सामान्य लक्षण:

औषधीय गर्भपात के दौरान आप निम्न में से एक या एक से अधिक प्रभाव महसूस कर सकती हैं। ये थोड़े समय के लिए ही होते हैं और प्रक्रिया पूरी होने के बाद खत्म हो जाते हैं :

- आपकी साधारण माहवारी से ज्यादा खून गिरना
- पेट में दर्द या ऐंठन
- बुखार या सर्दी
- मतली या उलटी
- दस्त
- सरदर्द
- चक्कर आना

अगर आपको निम्न से कोई भी लक्षण महसूस हो तो स्वास्थ्य केंद्र में डॉक्टर से तुरंत संपर्क करें :

- लगातार दो घंटों तक ज्यादा खून जाना जिसमें हर घंटे में 2 या उससे ज्यादा मैक्सी सेनेटरी पैड इस्तेमाल करने पड़ें
- दूसरी दवा लेने के 24 घंटों तक भी बिल्कुल खून न जाना
- दूसरी दवा लेने के बाद लगातार बुखार

आपातकालीन स्थिति में तुरंत संपर्क करें:

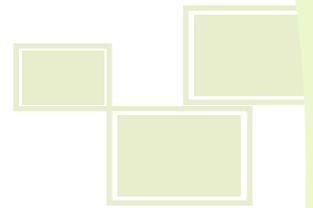
डाक्टर का नाम : \_\_\_\_\_

फोन नम्बर : \_\_\_\_\_  
(STD कोड) (नम्बर)

अस्पताल का पता : \_\_\_\_\_

यह चार्ट औषधीय गर्भपात प्रक्रिया के 15 दिनों के दौरान आपको अपनी सेहत का ब्यौरा रखने में सहायता करेगा । इन 15 दिनों के दौरान आपको जो भी लक्षण महसूस हों आप उस खाने में काटे (X) का निशान बना दें ।

प्रक्रिया के दौरान	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
 घबरे होना															
 सामान्य रूप से खून गिरना															
 ज्यादा खून गिरना															
 मतली / उलटी होना															
 दर्द / ऐंठन होना															
 बुखार / सर्दी लगना															



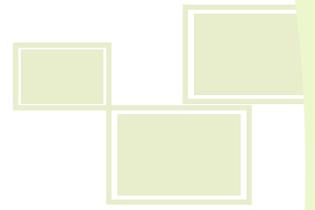
## Annexure - 4

### Medical Abortion Skills Checklist

Note: The provider may use this checklist to observe their own skills while performing Medical Abortion services with clients in the clinic. Write 'yes' or 'no' if the task was done or not respectively in the appropriate column. If the task was performed but was not as per standards, mark 'yes' and write about the quality of the task performed in the column for comments. To mark a task with subtasks, all the subtasks need to be performed correctly to mark 'Yes'. Write the comment if improvement is required or a subtask was not performed as per standards.

Day 1 - Skills required during first visit to clinic (Mifepristone Administration)	Yes/ No	Comments
<b>Pre-procedure tasks</b>		
Greet the woman in a friendly, respectful manner; ensure privacy		
Confirm with her that she wants to terminate her pregnancy		
Explain what to expect during the clinic visit		
Ask if she has come with someone and if she would like that person to join her in the counseling		
Ask about her general health and reproductive and medical history		
Explain which abortion methods are available, including characteristics, effectiveness and the timing/visits required		
Confirm that she is eligible for Medical Abortion (Pregnancy up to seven weeks)		
Explore her views on abortion options and which abortion method is best for her		
If the woman chooses Medical Abortion, provide more information on the method in simple way		
Clarify the woman's feelings on the possibility of having the abortion at home and ask what support she has at home		

<p>Ensure that she understands:</p> <ul style="list-style-type: none"> <li>§ Common side effects and symptoms</li> <li>§ Importance of attending required clinic visits</li> <li>§ Warning signs indicating the need to return to the clinic</li> </ul>		
<p>Explain how the Mifepristone and Misoprostol will be administered and what to expect after taking it</p>		
<p>Explain that if the Medical Abortion fails, vacuum aspiration will be necessary to terminate the pregnancy</p>		
<p>Ask the woman whether she has additional questions</p>		
<p>Obtain written informed consent</p>		
<p><b>First dose for Medical Abortion</b></p>		
<p>Provide Mifepristone one tablet 200 mg orally</p>		
<p><b>Post-procedure tasks</b></p>		
<p>Explain how to take pain-management medications (analgesics), if needed</p>		
<p>Explain what to do in case of problems</p>		
<p>Explain how to record the side effects experienced, if any on the client card, and the details of the clinic where she may go in case of an emergency</p>		
<p>Return to the clinic for the second dose after one-two days</p>		



Day 3 - Skills required during second visit to clinic (Misoprostol Administration)	Yes/No	Comments
<b>Pre-procedure tasks</b>		
Greet the woman in a friendly, respectful manner; ensure privacy		
Explain what to expect during the clinic visit		
Inquire about the woman's experience since taking Mifepristone (bleeding, passage of POC, discomfort, side effects). Check the client card		
<b>Second dose for Medical Abortion</b>		
Administer Misoprostol in clinic (per protocol) 2 tablets one after the other, vaginally		
<b>Post-procedure tasks</b>		
Ask the woman to rest in the clinic		
Observe the woman in the clinic for bleeding, cramping, expulsion of POC for at least four hours		
If the woman leaves the clinic before she aborts, give her instructions and supply (pain medication, written instructions) for aborting at home		
Explain how to record her experience of any side effect on the client card and remind her of the address and contact number of the clinic to visit in case of emergency		
Record the date of Misoprostol administration in her records and on the client card and counsel the client to come for a follow-up visit on day 15. Reinforce how to fill the client card		
Review after-care instructions and provides information on warning signs which indicate the need to return to the clinic or seek medical assistance and provide contact information for emergencies		
Ask the woman if she has any additional questions and clarify them		

<b>Day 15 - Skills required during third visit at clinic (Follow-Up)</b>	<b>Yes/ No</b>	<b>Comments</b>
<b>Pre-procedure tasks</b>		
Greet the woman in a friendly, respectful manner; ensure privacy		
Explain what to expect during the clinic visit		
Inquire about the woman's experience with the abortion process, asking her if she saw the expulsion of any POC and feel that the abortion is complete. Ask whether the client is still having symptoms of pregnancy. Check the client card for any symptoms marked		
<b>Assessment to ensure abortion is complete</b>		
Assess the completeness of the abortion by: <ul style="list-style-type: none"> <li>• Taking a history of the abortion process (amount and duration of bleeding, side effects, cramping, any visible parts of POC expelled)</li> <li>• Conducting a physical examination (pelvic examination to assess the size and consistency of the uterus and opening of the cervical os)</li> <li>• If it is still unclear whether the abortion is complete, advise/perform an ultrasound, to assess the presence of gestation sac</li> </ul>		
If the abortion is not complete, discuss treatment options: expectant management, additional Misoprostol administration or vacuum aspiration		
If the pregnancy is continuing: <ul style="list-style-type: none"> <li>• Discusses additional dose of miso.</li> <li>• Discuss need for vacuum aspiration to terminate it, if above is ineffective.</li> <li>• Arrange to complete the procedure by MVA</li> </ul>		
<b>Post-procedure tasks</b>		
If the abortion is complete, provide: <ul style="list-style-type: none"> <li>• Information on how to contact the clinic if she has questions or problems</li> <li>• Information about return to fertility</li> <li>• Explain risks of repeated induced abortions</li> <li>• Counsel regarding contraception and provide method desired by the woman</li> </ul>		
Ask the woman if she has any additional questions and clarify them		
Explain to the woman that she can come back to the clinic whenever she has any problem		

## Annexure - 5

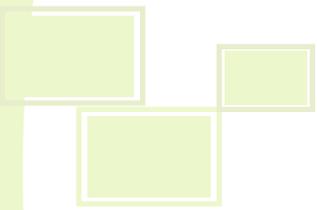
### Medical Abortion Refresher Course Pre-training Assessment

A. Please mark a tick '✓' in the column of the correct response for the following statements:

S.No.	Statement	True	False
1.	Medical abortion is a safe way to end an early pregnancy by taking some specific medications.		
2.	Medical abortion is another method to vacuum aspiration and dilatation and curettage to terminate early pregnancy.		
3.	Medical abortion is not safe as it may lead to many dangerous side effects and complications.		
4.	Medical abortion may affect the woman's future fertility, menstrual cycle and sexual activity adversely.		
5.	A physical examination of the woman is not required to provide medical abortion services.		
6.	A written consent of the woman seeking medical abortion is mandatory on the prescribed format.		
7.	The tablet Mifepristone can cause congenital anomalies.		
8.	A minimum of four visits are recommended to complete the Government of India's standard drug protocol.		
9.	After medical abortion, contraception can be started immediately after confirming that the abortion is complete.		
10.	Fertility can return within 10 days of an abortion.		

B. Match the statement/word in Column I with the correct corresponding statement/word in Column II.

SN	I	II
1.	Only a Registered Medical Practitioner can prescribe	49 days (7 weeks)
2.	WHO recommends use of medical abortion upto	Leads to detachment of the pregnancy from the uterine wall
3.	Mifepristone	Causes uterus to contract, dilates the cervix and expels the pregnancy
4.	Government of India recommends use of medical abortion upto	Medical abortion drugs
5.	Misoprostol	63 days (9 weeks)

- 
- C. Complete the following statements by circling one correct option provided in the bracket:
1. During medical abortion, pain management to the woman is usually provided by giving her (Tablet Paracetamol / Injection Diazepam / local anesthesia).
  2. Effectiveness of medical abortion is (95-99% / 80% / 82-83%).
  3. In India, it is (legal / Illegal ) to buy tablets of Mifepristone and Misoprostol over-the-counter from a chemists shop.
  4. Cramping and bleeding are (acceptable / unacceptable) with medical abortion drugs.
  5. Most women abort within ( 4 hours / ½ hour / 1 hour) of taking Misoprostol.
  6. The heaviest bleeding occurs during the (actual abortion / immediately after Mifepristone / after the abortion).
  7. Decrease in bleeding, cramping and nausea are signs of (completion / failure) of abortion.
  8. After giving medical abortion tablets, the woman should be called for follow-up on Day (7/ 15 / 20).
  9. Confirmation of completion of abortion, excluding infection and provision of contraception is done during the (second / third / fifth) follow up visit.
  10. The instructions given to the woman after providing the tablets for medical abortion are (what side effects to expect/ that she may find it difficult to get pregnant again/ that she should not bathe for 2 weeks).

## Medical Abortion Refresher Course

### Post-training Assessment

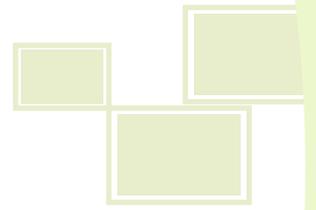
A. Please mark a tick '✓' in the column of the correct response for the following statements:

S.No.	Statement	True	False
1.	Medical abortion is a safe way to end an early pregnancy by taking some specific medications.		
2.	Medical abortion is an alternative method to vacuum aspiration and dilatation and curettage to terminate early pregnancy.		
3.	Medical abortion is not safe as it may lead to many dangerous side effects and complications.		
4.	Medical abortion may affect the woman's future fertility, menstrual cycle and sexual activity adversely.		
5.	A physical examination of the woman is not required to provide medical abortion services.		
6.	A written consent of the woman seeking medical abortion is mandatory on the prescribed format.		
7.	The tablet Mifepristone can cause congenital anomalies.		
8.	A minimum of four visits are recommended to complete the Government of India's standard drug protocol.		
9.	After medical abortion, contraception can be started immediately after confirming that the abortion is complete.		
10.	Fertility can return within 10 days of an abortion.		

B. Match the statement/word in Column I with the correct corresponding statement/word in Column II.

SN	I	II
1.	Only a Registered Medical Practitioner can prescribe	49 days (7 weeks)
2.	WHO recommends use of medical abortion upto	Leads to detachment of the pregnancy from the uterine wall
3.	Mifepristone	Causes uterus to contract, dilates the cervix and expels the pregnancy
4.	Government of India recommends use of medical abortion upto	Medical abortion drugs
5.	Misoprostol	63 days (9 weeks)

- 
- C. Complete the following statements by circling one correct option provided in the bracket:
1. During medical abortion, pain management to the woman is usually provided by giving her (tablet Paracetamol / injection Diazepam / local anesthesia).
  2. Effectiveness of medical abortion is (95-99% / 80% / 82-83%).
  3. In India, it is (legal/ Illegal ) to buy tablets of Mifepristone and Misoprostol over-the-counter from a chemists shop.
  4. Cramping and bleeding are (expected / unexpected) with medical abortion drugs.
  5. Most women abort within ( 4 hours / ½ hour / 1 hour) of taking Misoprostol.
  6. The heaviest bleeding occurs during the (actual abortion/immediately after Mifepristone /after the abortion).
  7. Decrease in bleeding, cramping and nausea are signs of (completion / failure) of abortion.
  8. After giving medical abortion tablets, the woman should be called for follow-up on Day (7/ 15 / 20).
  9. Confirmation of completion of abortion, excluding infection and provision of contraception is done during the (second / third / fifth) follow up visit.
  10. The instructions given to the woman after providing the tablets for medical abortion are (what side effects to expect/ that she may find it difficult to get pregnant again/ that she should not bathe for 2 weeks).



## Annexure - 6

### Medical Abortion Refresher Course Training Evaluation Form

Please provide your feedback on the training program by filling in this section. This will help us in improving the course content and making it more relevant for future participants.

State your degree of agreement with each of the following statements by putting a tick mark '✓' in the appropriate box:

S.N.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	Staff and trainers were always responsive & cooperative					
b.	Session was held as per fixed schedule					
c.	Materials were presented clearly					
d.	Participatory methods were used during the session					
e.	Appropriate training aids (model, charts, CD etc) were used					
f.	There was adequate opportunity for discussions & experience sharing					
g.	Key points of the session were reemphasized					



