Guidance for Providers Offering Misoprostol-Alone for Abortion Amidst COVID-19

Developed by

with collaboration from

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Design: Jenn Cole Design

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1/Overview

WHAT

This resource offers evidence-based guidance on abortion with misoprostol alone while limiting clinic visits and required tests to ensure the continuity of care. It can help providers make evidence-based adjustments in clinical practice to enable safe access to high quality care while limiting unnecessary visits to medical facilities and possibly reducing costs to people seeking abortion and to the health system.

The guidance was developed in accordance with the World Health Organization's and the International Federation of Gynecology and Obstetrics' calls to maintain essential reproductive health services during the COVID-19 emergency[1,2] and presents options for simplifying care after the crisis has passed.

WHO

This guidance is for providers who can offer abortion with pills using misoprostol, a safe and effective alternative to the mifepristone-misoprostol regimen, when mifepristone is not available.

If you have access to both mifepristone and misoprostol, sample protocols and guidance for provision of that method remotely are available elsewhere.[4,5]

If you are a person interested in having an abortion with pills, more information is available elsewhere.[6]

WHY

Projections based on current data show that disruptions in sexual and reproductive health services related to the ongoing COVID-19 crisis will markedly decrease access to contraception and safe abortion services, resulting in an increase in unintended pregnancies, unsafe abortion, obstetric complications, and maternal and newborn mortality.[3]

DISCLAIMER

This document is intended to convey evidence-based guidance, however some recommendations may not be feasible in certain contexts based on legal and other requirements.

We strongly believe everyone has the right to feel supported and respected during their abortion experiences. We use the words "person" and "people" throughout this document to recognize that transgender, intersex and gender non-binary people also experience pregnancy and need abortion care.

2/Screening

PREGNANCY CONFIRMATION AND DATING

A positive urine pregnancy test or an assessment of pregnancy signs and symptoms is sufficient to confirm pregnancy, while a person's relatively certain estimate of the first day of their last menstrual period (LMP) enables providers to estimate gestational age.

Gestational age <12 weeks LMP

People are more likely to overestimate than underestimate gestational age based on LMP, sometimes excluding them from care even though they are actually eligible.[7,8]

Few people may have more advanced pregnancies than they estimate. This could be a matter of concern and should be discussed in an initial information session.

RULING OUT IMMEDIATE CONCERN FOR ECTOPIC PREGNANCY

Inquire about history and symptoms consistent with risk factors for ectopic pregnancy, including:

- Vaginal bleeding or spotting in the last week
- Unilateral pelvic pain within the last week
- History of previous ectopic pregnancy
- Prior tubal ligation or tubal surgery
- IUD in place at time of conception (or currently)

Misoprostol will not treat ectopic pregnancy or cause it to rupture, but the medication's side effects could mask its symptoms.

ADDITIONAL CONSIDERATIONS

Other assessment tools can be routinely used but are not required.

Clinical Exam and Ultrasound

A prior in-person assessment is not necessary to establish eligibility or estimate gestational age to determine an appropriate regimen and counseling. Although clinical exams and/or ultrasound are often used, World Health Organization guidelines[9] do not require them.

Laboratory Tests

Additional laboratory tests, such as Rh or hematocrit, are also not required and are increasingly not routinely recommended.

Specifically, the National Abortion Federation[10] (US) and the Royal College of Obstetricians and Gynaecologists[5] (UK) recommend against Rh testing and providing anti-D immunoglobulin if LMP is less than 70 days, if positive Rh type is already known, if the person does not want future children, or if people with Rh negative status decline treatment because the risk of Rh sensitization after early abortion is extremely low.[10,11]

Beyond 70 days LMP, the lack of evidence about the risk of possible Rh sensitization should be considered carefully in conversation with the person to determine whether the risk from potential exposure to COVID-19 outweighs the benefits of a clinic visit for Rh testing.

3/Preparing the Person for the Abortion

PROVIDING INFORMATION ABOUT THE PROCESS

Pre-abortion and contraceptive information and informed consent can be provided remotely and legal grounds for abortion, where needed, can be documented remotely if permitted by local regulations.

Ensure the person has complete understanding of the following topics and respond to any questions they may have.

- When and how to take the pills
- How to access misoprostol if it will not be given by the provider
- What to expect, onset and duration of symptoms, side effects and their management, possibility of method failure
- Where to call in case of questions or concerns
- When to seek medical care and where the person should go in case of emergency, including what they should say given the local legal context. For example, if the person says they are pregnant and bleeding, they are entitled to care, even if abortion is legally restricted.
- Follow-up plan

WHAT TO EXPECT

Bleeding

Bleeding can begin after taking the first misoprostol dose, but it is more likely that it will start after the second or third dose. Bleeding is typically similar to a heavy menstrual period and includes clots, but it may be heavier or lighter.

Side Effects

Abdominal cramps, nausea, vomiting, diarrhea, fever and chills are common side effects of misoprostol. Since this regimen requires multiple doses, people will likely experience prolonged discomfort.

Duration of Side Effects

Bleeding, cramps and other side effects are transient but may last several hours and should diminish significantly after passing the pregnancy; light bleeding or spotting will continue for an average of 12 days but may extend until the next menstrual period.

3/Preparing the Person for the Abortion

Managing Side Effects

Side effect management should be discussed before the person uses misoprostol to help them prepare ahead of time.

> Pain: Take ibuprofen 400-600 mg every 6 hours or any other pain reliever recommended for painful periods as needed. Take either prophylactically with the first misoprostol dose or once the pain starts, but before it becomes severe. Additional methods such as a heating pad/bottle, dim lights, music, and other relaxation techniques can also be helpful.
>
> Nausea: Take anti-emetics.
>
> Fever and chills: These effects subside when misoprostol is eliminated from the body and thus antipyretics aren't particularly helpful. Cool compresses may provide some relief.

Efficacy

The method is not 100% effective and continuing pregnancy can occur in up to 7 out of 100 people.[12,13] If the person suspects that the pregnancy continues, additional care and vacuum aspiration may need to be considered.

LOGISTICAL ARRANGEMENTS

Discuss with the person possible logistical arrangements, such as time off from work or school or arranging childcare, after taking the medication.

The person may want a friend or relative with them during the abortion process, either in person or on the phone. This additional support can be helpful for many people but is not necessary. For some, informing a partner or family member can result in violence, isolation or being blocked from care.

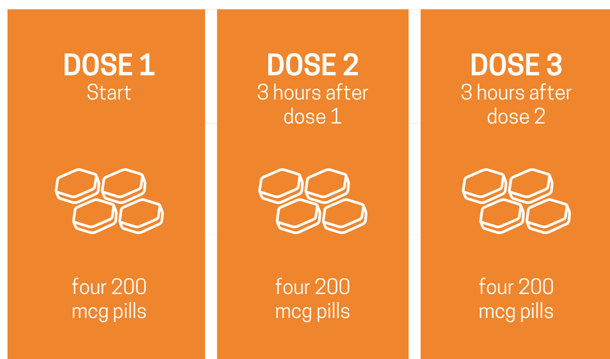
POST-ABORTION CONTRACEPTION

A person can have sex after a medical abortion as soon as they feel ready, and fertility can return as soon as eight days after taking misoprostol.

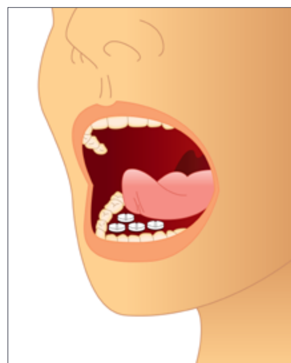
People should be asked if they want to talk about their contraceptive options and, if so, how to access available methods. Most contraceptive methods (except for IUD) can be initiated on the same day as the first misoprostol dose.[9]

4/Regimen

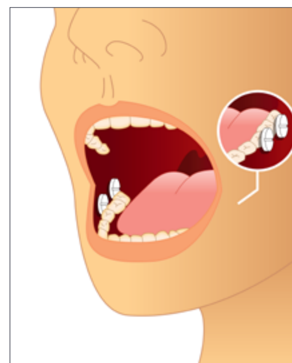
The WHO-recommended[9] misoprostol-alone regimen is three doses of misoprostol sublingually or buccally every three hours. Each dose is 800 mcg (four 200 mcg pills).



The pills should be held sublingually (under the tongue) or buccally (two in each cheek pocket) for 20-30 minutes while they dissolve, and then any remnants can be swallowed.



SUBLINGUALLY
(UNDER TONGUE)



BUCCALLY
(2 IN EACH CHEEK POCKET)

Administer all three doses by the same route.

All three doses should be taken even if bleeding has started or the pregnancy has been expelled.

If vomiting occurs while holding the misoprostol sublingually or buccally, the person should administer the next dose immediately.

If bleeding does not start after taking the three doses, consider offering additional misoprostol or other abortion methods.

5/Signs and Symptoms of Possible Complications

The person should call (or seek care) if:

Bleeding does not start within 3 hours of taking the third misoprostol dose.		Light or no bleeding could indicate method failure.
Bleeding completely soaks more than two super sanitary pads per hour for two consecutive hours		Prolonged excessive bleeding could indicate retained tissue.
Severe pain does not improve with pain medicine, rest or heating pad		Severe persistent abdominal pain could indicate retained tissue. Severe unilateral pain could indicate ectopic pregnancy.
Fever continues for more than 24 hours after taking the last misoprostol dose or vaginal discharge has a foul odor		These could indicate infection.
Nausea, diarrhea or weakness persists for more than 24 hours after taking the last misoprostol dose or dizziness or vomiting continues for more than 2 hours		These indicate that the person may need to be evaluated for other conditions.

6/Follow Up

AT ONE TO TWO WEEKS

Plan a follow-up contact (e.g., via phone, text message) one to two weeks after the person takes the misoprostol doses. If follow-up contact is not possible, the abortion can still be provided.

During this contact, the provider should ask about bleeding, side effects, expulsion, and current symptoms including pregnancy symptoms.

If there is any concern of continuing pregnancy, ectopic pregnancy,* excessive bleeding or retained tissue, management options should be discussed.

*Ectopic pregnancy cannot be ruled out until there is a negative pregnancy test.

AT FOUR WEEKS

Four weeks after taking the misoprostol, the person can use an over-the-counter urine pregnancy test to assess if the abortion was successful. If taken before four weeks, the result may be positive even if the abortion was successful, because hCG may still be present.

If signs and symptoms and/or a positive pregnancy test suggest a continuing pregnancy, an in-person visit should be arranged for further evaluation and to discuss options for additional care.

SAMPLE QUESTIONS

These can be asked at any point after the person takes misoprostol.

- How are you feeling?
- Can you describe your bleeding since you took the pills? Have you seen clots and tissue? Are you still bleeding? How much?
- Can you identify the moment when you expelled the pregnancy?
- Do you think you are still pregnant?

7/References & Resources

Where available, references are linked to their online source.

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