

Medical Abortion

Medical abortion, also known as non-surgical abortion, is one way to terminate an early pregnancy using medications. Medical abortion is provided by trained health care providers in private office settings, family planning clinics and hospitals.

A medical abortion can be performed from the time a woman suspects and confirms she is pregnant up until nine weeks from her last menstrual period.

In clinical practice, medical abortion is about 95 percent to 98 percent effective, causing a woman to completely pass the pregnancy without the use of surgery. In comparison, early surgical abortion is effective 98 percent of the time.

Medications

The medications prescribed for medical abortion at the UCLA Medical Center are mifepristone and misoprostol, as based on the best current medical evidence.

Mifepristone, also known as "Mifeprex" or "RU-486," blocks the action of the natural hormone progesterone on the uterus. This causes the lining of the uterus to shed, as it does during a period, and stops the growth of the pregnancy. Misoprostol, also known as "Cytotec," causes the uterus to contract and initiates bleeding and cramping.

How It Works

A medical abortion involves at least two visits to a doctor's office or clinic. The treatment includes giving the medication and then confirming that the pregnancy has been terminated. Sometimes more than two visits are necessary.

- Day 1 — Come to the office visit for exam and counseling. You will be given and instructed to take 200 milligrams, or 1 tablet, of mifepristone orally.
- Day 1, 2, or 3 — At home, place four tablets, or 800 micrograms, of misoprostol in your vagina or in your mouth, between your gums and cheek. You will be given instructions on how to do this.
- Day 7 to 14 — At some point during this period, you will return to the office so we can make sure the abortion is complete. If the abortion is not complete, more follow-up visits may be scheduled.

Medical Abortion vs. Emergency Contraception

Medical abortion is not the same as emergency contraception, also referred to as the morning-after pill. Emergency contraception prevents a pregnancy. Therefore, once pregnancy has occurred, this is no longer effective. Medical abortion, on the other hand, is used to terminate an unwanted pregnancy.

Safety and Side Effects

Mifepristone has been studied for over 20 years. Millions of women in more than 20 countries, including the United States, have used mifepristone and misoprostol or similar medications to have an abortion. All studies have shown the method to be safe and effective; there have been no reports of any long-term risks. Heavy bleeding requiring blood transfusion is extremely rare, occurring in less than 0.5 percent of study patients. Short-term side effects of a medical abortion include:

- Strong cramps
- Bleeding

- Nausea
- Vomiting
- Fever and chills

There is no evidence of long-term risks with mifepristone when used for medical abortion and no long-term effects have been associated with misoprostol. There are no indications that any of the early abortion methods affect a woman's fertility.

Little is known about the effect of mifepristone on a developing embryo. Misoprostol has been associated with birth defects when given in early pregnancy. Therefore, a woman should have a surgical abortion if a medical abortion fails.

Cost and Insurance

The cost of a medical abortion varies by clinic. Some providers charge similar rates for medical and surgical abortions. Many insurance companies, including Medi-Cal, will cover the cost of a medical abortion.