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Early medical abortion with methotrexate and misoprostol [2] [2] ☆

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Abstract

Objective: To evaluate the introduction of an early medical abortion program with methotrexate and misoprostol, using a standardized protocol.

Methods: A total of 1973 women at 34 Planned Parenthood sites participated in a case series of early medical abortion. Ultrasound was used to confirm gestational age of less than 49 days from the first day of the last menstrual period. Women were given intramuscular methotrexate 50 mg/m^2 of body surface area on day 1, and then they inserted misoprostol 800 μg vaginally at home on day 5, 6, or 7. Women were advised to have a suction curettage if the pregnancy appeared viable 2 weeks after methotrexate or if any gestational sac persisted 4 weeks after methotrexate. Outcomes were complete medical abortion and suction curettage.

Results: Sixteen hundred fifty-nine women (84.1%) had a complete medical abortion, and 257 (13.0%) had suction curettage. The most common reason for curettage was patient option (8.9%). At 2 weeks after methotrexate use, 1.4% of women had curettage because of a viable pregnancy; at 4 weeks, 1.6% of women had curettage because of a persistent but nonviable pregnancy. One percent of women had curettage because of physician recommendation, most commonly for bleeding. Suction curettage rates decreased with site experience ($P < .006$) and were lower at early gestational ages ($P < .004$) and in nulliparous women ($P < .004$).

Conclusion: Medical abortion with methotrexate and misoprostol is safe and effective and can be offered in a community setting.

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† Deceased.

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