## References



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# Mifepristone-Misoprostol Medical Abortion Mortality

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DISCLOSURES | Medscape General Medicine. 2006;8(2):26

Medical abortion is a non-surgical option for women who elect to terminate a pregnancy. In September 2000, the United States Food and Drug Administration (FDA) approved a medical abortion regimen for women up to 49 days gestation consisting of 600 mg mifepristone (a progesterone antagonist) followed 36 to 48 hours later by 400 mg oral misoprostol (a prostaglandin analogue). Women return to the office 2 days after taking the mifepristone to be evaluated and to receive the misoprostol tablets; follow-up

occurs in approximately 2 weeks. However, a number of alternative evidence-based regimens have become common in clinical practice in the United States and around the world. Such "off-label" use of medications frequently becomes the local "standard of care" when there is sufficient evidence that the off-label use is effective and has benefit for the patient. With regard to medical abortion, rigorous research and evaluation in clinical trials of these alternative regimens indicate they offer clinical benefit to patients.[1] In the United States, the most common deviations from the FDA-approved regimen are the following:



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