

# MEDICAL ABORTION

COUNSELING GUIDE  
FOR HEALTH CARE  
PROVIDERS

**Rutgers**

For sexual and  
reproductive health  
and rights

**dkt**  
ETHIOPIA

[info@dkttethiopia.org](mailto:info@dkttethiopia.org)  
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This Counseling Guide is developed by **DKT Ethiopia**, with technical assistance from **Rutgers**, the Netherlands. This work is part of the **She Makes Her Safe Choice** programme, and made possible by the financial support of the Nationale Postcode Loterij in the Netherlands.

The aim of this counseling guide is for use as a quick reference tool and guide for counseling during the provision of medical abortion services. It contains techniques and procedures that must be observed in providing medical abortion. This counseling guide is intended to be used by health care providers eligible for provision of safe abortion services in Ethiopia. This document is part of DKT Ethiopia's ongoing effort to provide quality products and services for the health of Ethiopian women. The counseling guide is meant to ensure women considering termination of pregnancy with medical abortion to obtain quality, consistent and safe abortion services.

In Ethiopia, unsafe abortions cause more than half of the 20,000 maternal deaths that occur annually. For much of Ethiopia's modern history, Safe Abortion services were unavailable. In fact, abortion was only allowed when it physically put the woman's life at risk. Motivated by the growing death toll from unsafe abortion and other related causes, advocates, providers and policymakers sought legal reform. In 2005, the Ethiopian Parliament voted to approve a new, progressive law. Although the new Criminal Code of the Federal Republic of Ethiopia maintains the legal prohibition of abortion, it stipulates that abortion is allowed by law.

## WHAT IS MEDICAL ABORTION?

Medical Abortion (MA) is a type of non-surgical abortion in which medication (pills) is used to bring about abortion

## METHODS OF MEDICAL ABORTION

There are two methods to have an abortion with pills: using Misoprostol only or using a combination of Mifepristone and Misoprostol (also called MA combi-pack).



**MA combi-pack: Strip of MA pills**



**MA pills: 1 Mifepristone Tablet and 4 Misoprostol Tablets**

## Mifepristone

Mifepristone, a synthetic steroid, is an anti-progestin that blocks the action of progesterone which is a hormone necessary to maintain a pregnancy. Without progesterone the product of the pregnancy cannot develop.

Mifepristone alters the uterine lining and causes it to shed leading to detachment of the pregnancy from the uterine wall.

Mifepristone also softens the cervix and increase uterine sensitivity to prostaglandins (like misoprostol) and hence intensifies Misoprostol's effect. Consider that using Mifepristone only is not enough to cause an abortion, Misoprostol needs to be used too.

## Misoprostol

Misoprostol, a synthetic prostaglandin E1 analogue, causes the uterus to move (contraction) and induces the cervix to ripen (soften). This movement results in expulsion of the uterine content. Misoprostol can be used without Mifepristone, but it is more effective to use both medications.

Combination of Mifepristone and Misoprostol for termination of early pregnancy is more effective (95-98%) in achieving complete abortion than Misoprostol used alone (83-87%).

## Efficacy and Safety of MA

Numerous studies have shown the efficacy and safety of Mifepristone/Misoprostol regimen.

Approximately 95% of women will have a successful abortion using the combination of mifepristone and misoprostol during early pregnancy up to 9 weeks (63 days) of amenorrhea. A successful medication abortion is defined as a complete termination of pregnancy without the needs for an aspiration or surgical procedure.

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MA is safe for the majority of women. There are only a few medical conditions and treatments that can be a contraindication to use abortion pills.

MA is safe for women who have had a vaginal delivery or C-section before as well as for women who have had a surgical, aspiration or medication abortion before. MA is also safe for women that have undergone genital mutilation, and it is a good option for women for whom surgical abortion could pose a problem like women with uterine malformation.

## **Contraindications for use of MA**

Contraindications for the use of MA are noted for the following:

- Confirmed or suspected Ectopic Pregnancy (pregnancy outside the uterus) or undiagnosed adnexal mass. MA, if used unknowingly since ectopic pregnancy is difficult to detect at early gestation, will not harm the woman but it will also not terminate the pregnancy. A woman with an ectopic pregnancy needs medical care to safely induce an abortion with other method but not MA.
  - Index of Suspicion for Ectopic Pregnancy are:
    - History (amenorrhea or missed period, lower abdominal pain, vaginal bleeding or spotting)
    - Physical examination (abdominal/adnexal mass or tenderness of lower abdominal/adnexal)
    - Undiagnosed ectopic pregnancy can lead to maternal death. Always refer suspected ectopic pregnancies to a hospital with a surgical operative facility with emergency back-ups.
- Presence of an IUD. If the woman has an IUD (intrauterine contraceptive device), it is advisable to first evaluate for potential presence of an ectopic pregnancy; if none, then remove the IUD before administering MA.
- Allergy/hypersensitivity to mifepristone, misoprostol or prostaglandins. The only way to know if a woman is allergic to the drug(s) is if she has used these before and had an allergic reaction. It is impossible to know before using the pills if she will be allergic or not.
- Coagulopathy or concurrent therapy with anticoagulants such as Heparin and Warfarin
- Chronic systemic use of corticosteroids. If the woman has been using long term steroids such as Prednisone or Dexamethasone it is not recommended to use Mifepristone. However, she can have an abortion with Misoprostol only.
- Bleeding disorder such as Porphyria
- Chronic adrenal failure
- Severe anemia (Serum Hgb < 5mg/dl)

If a woman has one or more of these specific conditions, under no circumstance should she be offered MA.

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## Precautions for use of MA

- Severe uncontrolled Asthma
- Severe/unstable health problems including but not limited to hemorrhagic disorders, heart disease and severe anemia.

If a woman has these specific conditions, MA has higher risks than normal. Thus, referral to a higher-level facility is advisable.

- If the woman is breast feeding, there is no enough evidence-based data on effects of the MA drugs on infants. However, it is recommended to discard breast milk for a few days after misoprostol has been administered to a breast-feeding woman.

## Eligibility for use of MA

In the following circumstances, a woman is eligible to use MA:

- Non-ectopic pregnancy
- Absence of contraindications
- Willingness to undergo vacuum aspiration in case of MA failure
- Free of psycho-social factors:
  - able to clearly understand the basic information provided
  - able to make a self-assured and final decision in short time
    - the pregnancy will keep progressing as she takes more time for decision
    - it is not possible to change mind once mifepristone pill is administered due to risk of fetal malformation
    - able to return to the facility for follow-up visit (has no issue of distance or other barrier)

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

- Communicate information in simple language, and check if the woman understands what you are saying
- Maintain privacy
- Support the woman and ensure that she receives adequate responses to her questions and needs
- Ask about her existing knowledge and beliefs about abortion options
- Avoid imposing your personal values and beliefs
- Tell the woman about all the methods available for abortion and how each method differs
- If she chooses Medical Abortion, then inform her that she will have to sign a written consent for termination of pregnancy using MA
- Provide complete, accurate and easy-to-understand information on details of planned procedure and what to expect (e.g. pain and bleeding) and how long the procedure and the recovery are likely to take, once the method has been determined.
- Advise on consequences of not receiving abortion care once the chosen method started
- Inform her on when normal activities can be resumed, including sexual intercourse (the return

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- of fertility can occur within two weeks following abortion)
- Discuss her contraceptive needs and counsel her accordingly for a regular contraceptive
  - Inform her on the expected period for resumption of normal menstruation
  - Confirm her access to emergency health care services if required

## **Specific Counseling / Basic Information for MA**

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

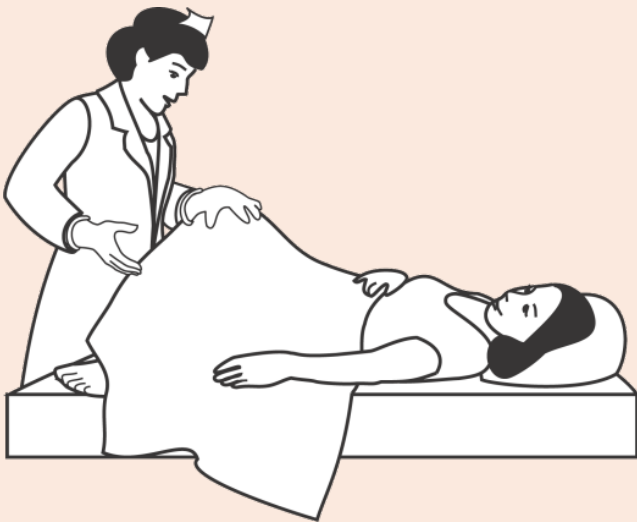
- It is non-invasive and non-surgical
- The process is similar to a miscarriage (spontaneous abortion)
- She has to follow a definite drug protocol
- She has to be told about the side effects of the drugs i.e. she may experience nausea, vomiting, diarrhea, etc.
- She may have vaginal bleeding and possibly abdominal cramping for up to two weeks
- She has to be ready for Vacuum Aspiration (VA) procedure in case of failure or excessive bleeding
- She has to stay in the health facility once Misoprostol is administered until expulsion of the pregnancy is complete
- Potential harmful effect on the fetus, if pregnancy continues once after administration of the mifepristone pill. Mifepristone is teratogenic if pregnancy continues after use
- She has to be well informed on how to recognize potential complications and when and how to seek medical care for emergencies. She should return to the health facility if she experiences increased intensity of cramping or abdominal pain, heavy vaginal bleeding and/or fever
- Provide her with contact phone numbers and address for emergency
- Provide her with information on follow up care

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# METHODS OF DETERMINING GESTATIONAL AGE

As with any procedure, clinical assessment is required prior to medication abortion.

- Clinical assessment includes gestational dating and assessment of the woman's general health and any contra-indications and precautions to the abortion.
- For all medication abortion methods, accurate pregnancy dating is important. Methods for determining gestational age include determining the woman's Last Normal Menstrual Period (LNMP) as well as her menstrual history, bi-manual pelvic examination, laboratory testing and ultrasound (optional). Appropriate assessment of gestational age is critical in the provision of MA. The different methods for determining gestational age can be used either alone or in combination.



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# ADMINISTRATION OF MA: MIFEPRISTONE & MISOPROSTOL REGIMEN

## **Indication of MA:**

- Termination of intrauterine early pregnancy up to 9 weeks of gestational age in most clinical facilities;
- Termination of second-trimester pregnancy in Hospitals.

## **For pregnancies of gestational age up to 12 weeks**

The recommended MA dose is 200 mg mifepristone administered orally, followed 24 to 48 hours later by 800 µg misoprostol administered vaginally, sublingually or buccally.

## **For pregnancies of gestational age of 12 weeks or more**

The recommended MA dose is 200 mg mifepristone administered orally, followed 24 to 48 hours later by repeat doses of 400 µg misoprostol administered vaginally, sublingually or buccally every 3 hours.

The dose of misoprostol should be reduced for pregnancies beyond 24 weeks owing to the greater sensitivity of the uterus to prostaglandins. Misoprostol is a very powerful stimulator of uterine contractions in late pregnancy and can cause uterine rupture if used in high doses.

## **Note:**

- Mifepristone should always be administered orally.
- The minimum recommended interval between use of mifepristone and misoprostol is 24 hours. In the case of late pregnancies, 48 hours interval is ideal between use of mifepristone and misoprostol.
- There is a range of options in the route, dosage and timing for giving misoprostol.
- Evidence suggests that vaginal route is the most effective for use of misoprostol after seven completed weeks since LNMP.
- Ensure to provide access to a clean, functioning and nearby toilet facility after administration of the misoprostol pills.



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# HOW TO USE MIFEPRISTONE & MISOPROSTOL PILLS

## **STEP 1: Mifepristone pill swallowed with water**

Give the woman the Mifepristone pill to swallow with water on day one of the abortion. If the woman throws up in the first hour (60 minutes) after swallowing, it is likely that the pill will not work, and it is necessary to repeat the dose.

## **STEP 2: Wait 24-48 hours after Mifepristone is swallowed**

After administering Mifepristone, advise the woman to come back 24-48 hours later to take Misoprostol.

## **STEP 3: Give non-steroidal anti-inflammatory drug 1 hour before giving Misoprostol**

This step is not required, but it is highly recommended. Pain medications will reduce the intensity of the cramps and help the woman manage the possible side effects of Misoprostol such as headache, fever and chills.

## **STEP 4: Administer the 4 Misoprostol pills**

Routes of misoprostol administration:

- Oral: pills are swallowed;
- Buccal: two pills are placed between each cheek and gums and swallowed after 30 minutes;
- Sublingual: pills are placed under the tongue and swallowed after 30 minutes;
- Vaginal: pills are placed in the vaginal fornices (deepest portions of the vagina) and the woman should lie down for 30 minutes.

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## Buccal or Sublingual Use of Misoprostol:



Buccal



Sublingual

- It is very important that the pills remain in between her cheek and gums or under the woman's tongue for 30 minutes. In these 30 minutes the pills will be absorbing into her system. After 30 minutes she may drink water to wash down and swallow any remaining pill fragment.
- If the woman vomits during the 30 minutes that the Misoprostol pills are in between her cheek and gums or under her tongue, it is likely the pills will not work. In this case, it is necessary to immediately repeat. If she vomits after the pills have been in between her cheek and gums or under her tongue for 30 minutes, there is no need to repeat as the pills have already absorbed into her system.

## Vaginal use of Misoprostol:

- The woman empties her bladder and lies down for 30 minutes
- If a provider is inserting the pills, the provider washes hands and puts on clean exam gloves. All the four misoprostol pills are inserted one after the other
- The pills need to be inserted as far into the vagina as possible
- Often the pills will not dissolve but the medication is still absorbed
- Fragments of the pills may remain visible for many hours
- After lying down for 30 minutes, if pills fall out when the woman stands up or goes to the bathroom, the pills do not need to be reinserted; the active medicine has already absorbed by that time.



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## **Step 5: Wait for 3 hours to see if there is a need for additional dose of Misoprostol**

If 3 hours have passed since using the first 4 pills of Misoprostol and the woman has not had any bleeding or the bleeding has been lighter than her normal period, the best thing to do is use 2 more misoprostol pills the same way you have been using them before.

There is no need to use additional misoprostol pills if she started bleeding.

Repeat doses of misoprostol can be considered when needed to achieve success of the abortion process. Health-care providers should use caution and clinical judgement to decide the maximum number of doses of misoprostol in pregnant women with prior uterine incision. Uterine rupture is a rare complication; clinical judgement and health system preparedness for emergency management of uterine rupture must be considered with advanced gestational age.

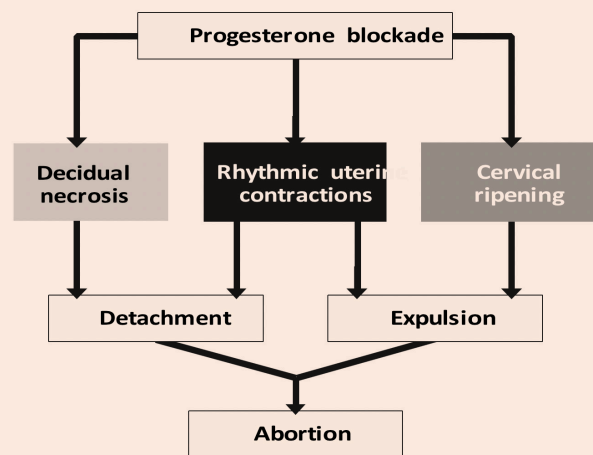
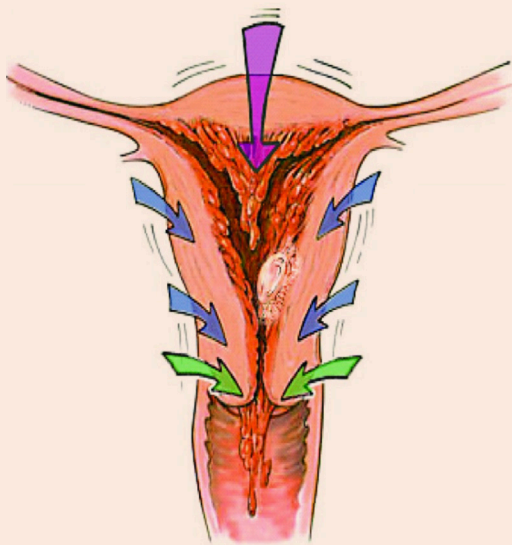
If abortion does not occur during the time of observation in the facility, the woman should be advised to come back to the facility 2 weeks later to confirm that the abortion is completed. If by this time the abortion has failed, use surgical methods (vacuum aspiration preferable or D&C) to complete the process.

## **Provide additional services**

When counseling the woman in your care, ensure to inform and provide her with additional services if needed:

- Provide iron tablets for anaemia, if needed
- Provide any necessary non-narcotic analgesics for pain control. The pain medication is much more effective when taken before start of feeling pain as oppose to taking it when the pain starts to feel
- Provide emotional support, if needed
- Refer her to other services as determined by an assessment of her needs; for instance, counselling and testing for Sexually Transmitted Infections (STIs) including HIV, abuse support services, psychological or social services, or other specialist health or medical services.

# MECHANISM OF ACTION: MIFEPRISTONE + MISOPROSTOL



Mifepristone is an anti-progestogen. It works by blocking the effects of progesterone. Mifepristone alters the uterine lining and causes it to shed leading to detachment of the pregnancy from the uterine wall. Mifepristone also causes softening and dilatation of the cervix making it easier to open, and an increase in the sensitivity of the myometrium to the contractile effects of prostaglandins promoting contraction of the uterus when exposed to Misoprostol.

Misoprostol is a prostaglandin analogue. It causes strong myometrial contractions leading to expulsion of tissue. It also causes cervical ripening with softening and dilation of the cervix to allow the uterine contents to pass.



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# WHAT TO EXPECT DURING AN ABORTION WITH MA?

After using MA, the woman will have symptoms similar to an intense menstruation or a miscarriage.

Mifepristone usually does not cause any visible symptom. This means that if the woman takes it but do not see any changes, it is perfectly normal. Only few women will have some spotting or bleeding after mifepristone prior to taking misoprostol. Symptoms typically will appear after using Misoprostol.

It is impossible to know beforehand how much time after Misoprostol the woman will begin to feel symptoms, as they can take some minutes or several hours to appear. Most women feel cramps, and all women should experience bleeding. The most intense symptoms occur anytime during the first 24-48 hours after using Misoprostol.

Remember that each abortion experience is different, and the symptoms can vary from woman to woman.

## EXPECTED SYMPTOMS DURING AN ABORTION WITH MA

- Pain (abdominal cramps)
- Bleeding heavier than normal menstruation and possibly with clots
- Vaginal bleeding for two weeks is normal after medical abortion; such bleeding can last up to 45 days in rare cases.

After the first heavy bleeding (expulsion of products of conception) the blood flow will decrease, but can continue, coming and going, for several days or even weeks after. Total amount of blood loss is related to gestational age

The bleeding will decrease as time goes by until it disappears. If abortion pills worked, the pregnancy will be terminated, but the bleeding afterwards means the woman's body is expelling all the tissues in her uterus. If the woman has had pregnancy symptoms, they tend to disappear around 5 days after using abortion pills. If pregnancy symptoms decrease and go away, this is an indication that the abortion pills worked.

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An abortion with pills can take around 2 weeks or more to complete itself, so it is normal to have remaining tissue in the uterus during this time.

After MA with mifepristone and misoprostol, the average duration of bleeding is approximately 2 weeks. Some women may continue to bleed or spot for 45 days, which may include the start of the first post abortion menses.

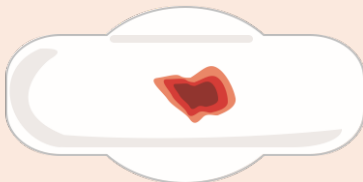
Keep the woman well-informed of expected amount of bleeding.

## HOW MUCH BLEEDING IS TOO MUCH?

Heavy bleeding can be surprising, but it is normal. If the woman soaks less than 2 thick pads per hour, for two hours in a row, it is typically okay. If she is bleeding more than this amount, it is advisable to seek medical assistance to check for potential complications.

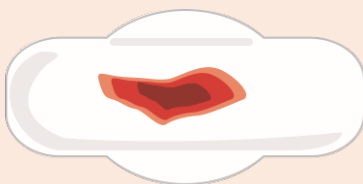
### Scant amount

Blood only on tissue when wiped or  
Less than one-inch stain on maxi pad  
Within one hour.



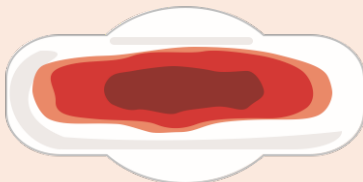
### Light amount

Less than four-inch stain on maxi pad  
Within one hour.



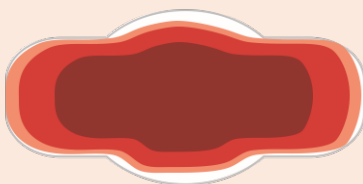
### Moderate amount

Less than six-inch stain on maxi pad  
Within one hour.



### Heavy amount

Saturated maxi pad within one hour.



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# PAIN MANAGEMENT

## Non pharmacologic methods:

- Gentle, respectful interaction and communication
- Verbal reassurance with support person
- Calming environment (privacy, separate room), access for comfortable sitting or laying
- Hot water bottle/heating pad to the abdomen

Non pharmacological treatment is a supplement but not replacement of pharmacological medications of pain.

## Pharmacologic methods:

Non-steroidal anti-inflammatory drugs / NSAIDs like

- Ibuprofen: 800 mg (2 tablets) PO 1 hour before giving the Misoprostol pills. Additional dose of 400 mg (1 tablet) every 6 hours depending on how strong the pain is. Do not exceed 3200 mg of Ibuprofen in 24 hours.
- Diclofenac: 50 mg (1 tab) PO or 75 mg injection (1 ampule). Do not exceed maximum of 2 doses in 24 hours.

# SIDE EFFECTS

Misoprostol can cause temporary side effects such as:

Fever, Diarrhea, Nausea / Vomiting, Headache, Dizziness and/or Chills



It is perfectly normal if the woman does not experience any of these side effects. If she does, these will disappear in 48 hours or less. Ensure to manage the side effects appropriately to the best comfort of the woman.

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## What are less common experiences of women having a medical abortion?

- Hemorrhage (very heavy bleeding) requiring a Blood Transfusion. This occurs in less than 1 in 1,000 women. Emergency aspiration with Manual Vacuum Aspiration (MVA) is the management for heavy bleeding.
- Infection. This is very rare with MA. Treatment with antibiotic and MVA in case of retained products of conception are the management for such cases.
- Ongoing ectopic pregnancy (pregnancy outside the uterus, usually in the fallopian tubes) that was not diagnosed before MA is administered. Management of such cases can only be done in settings that have functioning operation theater that allow surgical operative procedures and staffed by OB/GYN Specialists, GPs and a team of other health providers.

In order to avoid hemorrhage and/or infection, counsel the woman to take the following precautions until her bleeding completely stops:

- avoiding intense physical activity (exercising, carrying, pushing or pulling heavy objects, walking more than normal, or walking up too many flights of stairs);
- avoid introducing objects into her your vagina, including tampons or a menstrual cup.

# WARNING SIGNS

If the woman has one of the following symptoms, it is considered as a warning sign that she might be experiencing a complication and she needs immediate medical attention:

- If her bleeding fills two pads or more (completely soaked front to back, side to side) in 1 hour or less and this last for 2 hours or more;
- If she shows symptoms of anaemia or hypovolemia
- Persistent fever of 38 degrees Celsius or higher, confirmed with a thermometer, that does not decrease after taking NSAIDs and beginning more than 8 hours after taking the Misoprostol pills
- Pain that does not get better after taking NSAIDs
- No bleeding within 24 hours of taking Misoprostol pills
- The color or smell of her blood is very different from her regular period or has an offensive smell
- Redness, itchiness or swollen hands, neck and face which are signs of allergic reaction to the medication/s. Antihistamines can be used in such cases, but if the woman finds it difficult to breathe then the allergic reaction is very serious, and she needs medical care immediately.



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# ASSESS COMPLETENESS OF ABORTION

Abortion with MA is considered to be very likely successful if the woman experienced expected symptoms of MA like:

- bleeding, cramping and passage of tissue or clots of blood
- absence of pregnancy symptoms that she experienced prior to MA
- absence of signs of infection

Abortion completeness can also be confirmed with:

- Pelvic examination (uterus: involute, firm, not tender and smaller in size compared to the examination documented prior to the MA; cervix: closed and not tender)
- If there is any doubt, an ultrasound can confirm whether the embryo is still in the uterus or not.

Remember: blood and urine tests will continue to be positive at least 4 weeks after MA even if the pregnancy was terminated. However, a positive test 4 weeks after abortion indicates an incomplete abortion.

## WHEN WILL MENSTRUAL PERIOD RETURN AFTER MA?

During an abortion (with MA, surgical or aspiration procedure) the woman's menstrual cycle will restart as if she has had her menstrual period. She will ovulate again approximately 10 days afterwards. This means she can get pregnant again if she has unprotected sex.

The next normal menses can come back in approximately 4 to 6 weeks after using MA pills.



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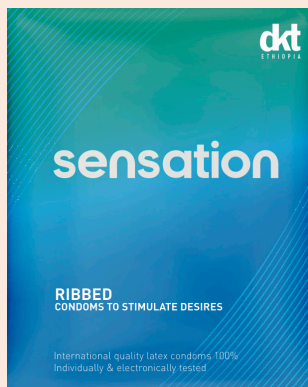
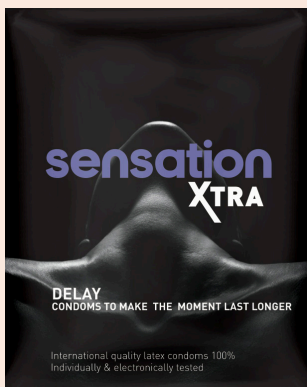
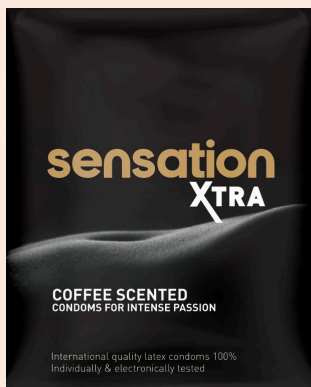
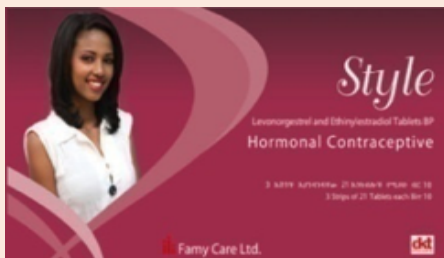
# POST ABORTION CONTRACEPTION

After MA, a woman may have vaginal intercourse as soon as she feels comfortable again. Confirm to the woman that MA does not impact her fertility, and that MA does not impact her ability to experience sexual pleasure.

Counsel the woman to receive and begin her method of contraceptive choice as soon as possible if she is trying to avoid pregnancy again. If a woman chose a long-term contraceptive, she should be advised to use short term methods such as condoms or spermicides, to avoid a pregnancy until her long-term contraceptive method becomes effective.

## When to start contraception after MA

| CONTRACEPTIVE METHOD     | INITIATION TIMING   |
|--------------------------|---|
| Oral Contraceptive Pills | Day 1 of the MA regimen   |
| Injections               | Day 1 of the MA regimen   |
| Implants                 | Day 1 of the MA regimen   |
| IUDs                     | As soon as reasonably sure the woman is no longer pregnant (during follow up visit) |
| Sterilization            | As soon as reasonably sure the woman is no longer pregnant (during follow up visit) |



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# REMEMBER: IN WHAT CONDITIONS CAN A WOMEN ACCESS SAFE ABORTION SERVICES & CARE?

In Ethiopia termination of pregnancy by a recognized medical institution within the period permitted by the profession is permissible when:

- The pregnancy is a result of rape or Incest; or
- The continuation of the pregnancy endangers the life of the woman or the fetus, or the health of the woman, or where delivery is a risk to the life or health of the woman; or
- The fetus has an incurable and serious deformity; or
- If the woman is a minor, if she is physically and/or mentally unfit to bring up a child.