

Misoprostol for Postabortion Care

Expanding PAC Service Delivery And Access With A Highly Effective Treatment For Incomplete Abortion

EXPANDING TREATMENT OPTIONS WITH MISOPROSTOL

Postabortion care (PAC) is a comprehensive approach to managing incomplete abortion and miscarriage, with the goal to reduce maternal mortality and morbidity from unsafe abortion. Misoprostol, a uterotonic in tablet form, expands access to treatment options for uterine evacuation. Clinical and operations research studies have demonstrated that misoprostol can be used successfully at all levels of health care service delivery systems as part of a comprehensive PAC program.

FIVE ESSENTIAL ELEMENTS OF POSTABORTION CARE MODEL

- 1. TREATMENT** of incomplete and unsafe abortion and potentially life-threatening complications
- 2. COUNSELING** to identify and respond to women's emotional and physical health needs
- 3. CONTRACEPTIVE SERVICES** to prevent an unwanted pregnancy or to practice healthy timing and spacing of pregnancies
- 4. REPRODUCTIVE AND OTHER HEALTH SERVICES** that are preferably provided on-site or via referrals to other accessible health facilities
- 5. COMMUNITY AND SERVICE-PROVIDER PARTNERSHIPS** to prevent unwanted pregnancies and unsafe abortion by mobilizing resources and strengthening community advocacy efforts

ADVANTAGES OF TREATMENT WITH MISOPROSTOL FOR INCOMPLETE ABORTION AND MISCARRIAGE

- It is a safe, effective (approximately 95%) WHO-recommended first line treatment for incomplete abortion, (the most common clinical presentation in postabortion care).
- It has minimal contraindications to use.
- Side effects are short in duration and easily managed by women; complications are rare.
- It is a low-cost tablet that is easy to store (remains stable at room temperature) and administer.
- Where vacuum aspiration (VA) is available, provides women with a choice in uterine evacuation methods.
- It facilitates task sharing of PAC services since misoprostol can be offered by many provider cadres, including mid and lower level providers.

WHO Recommendations for Treating Incomplete Abortion and Miscarriage with Misoprostol

Uterine size up to 13 weeks	Misoprostol, oral 600 mcg as a single dose
	Misoprostol, sublingual 400 mcg as a single dose

Source: WHO. 2012. *Safe Abortion Policy and Technical Guidance, Second Edition*. Geneva.

“With respect to use of misoprostol for the treatment of incomplete abortion, the Committee decided that the evidence showed that misoprostol is as effective as surgery and, in some settings, may be safer as well as cheaper and therefore recommended inclusion of the 200 microgram tablet on the Complementary List with a note indicating the appropriate use, for management of incomplete abortion and miscarriage.”

WHO Technical Report Series, 958. The Selection and Use of Essential Medicines. *Report of the WHO Expert Committee, 2009 (including the 16th WHO Model List of Essential Medicines and the 2nd WHO Model List of Essential Medicines for Children)*

POSTABORTION CONTRACEPTIVE USE AFTER MISOPROSTOL

The use of postabortion contraception after treatment with misoprostol is similar to other methods of treatment. Women need to be informed that fertility may return in as few as 8 days after taking the medication. For women who want to delay or prevent pregnancy, highly effective contraception, such as injectables, contraceptive implants and oral contraceptives, can be started on the same day that misoprostol is given. IUDs may be inserted as soon as it is confirmed that treatment was successful.

MISOPROSTOL: AN EFFECTIVE TOOL FOR EXPANDING PAC SERVICES

Misoprostol can play a significant role in expanding PAC services nationally by making these services available at the primary level and rural facilities to reach women who are the most disadvantaged. It can also function as an effective tool to improve the quality of PAC services by offering women a non-invasive treatment option. Misoprostol can help improve the safety (where only sharp curettage is offered) and acceptability of postabortion care treatment, while reducing the cost to women and health systems. Inclusion of misoprostol use for PAC in national guidelines, essential medicines lists and treatment protocols is important to expand its use and availability.

ADDITIONAL RESOURCES

Safe abortion: Technical and Policy Guidance for Health Systems (WHO, 2012)

Misoprostol for Treatment of Incomplete Abortion: Training Guide (Ipas and Gynuity Health Projects, 2012)

Misoprostol Use in Postabortion Care: A Service Delivery Toolkit (Ipas and Venture Strategies Innovations, 2011)

Misoprostol for Treatment of Incomplete Abortion: An Introductory Guidebook (Gynuity Health Projects, 2009)

PAC Consortium Misoprostol Resources (PAC Consortium, 2014)

Postabortion Family Planning: Strengthening the Family Planning Component of Postabortion Care (Family Planning High Impact Practices. 2012)

Committee Opinion on Misoprostol for Postabortion Care (ACOG, 2009)

The Postabortion Care (PAC) Consortium increases awareness and action in the reproductive health community about the need to effectively treat complications of miscarriage and incomplete abortion in order to reduce maternal mortality and morbidity, and to promote PAC as an effective strategy to improve public health. Established in 1993, the PAC Consortium is a global network of more than 150 organizations and hundreds of individuals. Individually and in collaboration, the PAC Consortium member agencies implement postabortion care programs around the world, and also encourage technical agencies, governments and donors to incorporate PAC into their own programs and policies as a critical step toward reducing deaths and injuries related to miscarriage and abortion-related complications.

This fact sheet was prepared by the Misoprostol for PAC Task Force and other members of the PAC Consortium.

To learn more, visit pac-consortium.org.

Misoprostol use in postabortion care is endorsed by: The World Health Organization (WHO) (Included on the Model List of Essential Medicines and Priority Life Saving Medicines for Women and Children); International Federation of Gynecology and Obstetrics (FIGO); American College of Obstetricians and Gynecologists (ACOG); International Confederation of Midwives (ICM)