THE ROLE OF MISOPROSTOL IN POSTABORTION CARE

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PAC Consortium Misoprostol Task Force
### PAC MODEL: ESSENTIAL ELEMENTS OF PAC

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Description</th>
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<tbody>
<tr>
<td>Treatment of Incomplete Abortion</td>
<td>• Treatment of incomplete and unsafe abortion and abortion-related complications (surgical or medical)</td>
</tr>
<tr>
<td>Counseling</td>
<td>• Respond to women’s emotional and physical health needs and other concerns</td>
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<tr>
<td>Contraceptive services</td>
<td>• Help women prevent an unwanted pregnancy or practice birth spacing</td>
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<tr>
<td>Reproductive and other health services</td>
<td>• Preferably provided on site or via referrals to other accessible facilities</td>
</tr>
<tr>
<td>Community and service provider partnerships</td>
<td>• Prevent unwanted pregnancies and unsafe abortion, mobilize resources to help women receive care for complications from unsafe abortion and ensure health services meet needs</td>
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</table>
GLOBAL UNSAFE ABORTION LEVELS

Millions of unsafe abortions

Millions of women suffer complications from unsafe abortion.

We need to employ all appropriate technologies to serve women in need.
What is Misoprostol?

• Hormone-like substance
• Uterotonic: Contracts the uterus, ripens the cervix
• Cytotec approved by the FDA in 1984 for the prevention of peptic ulcer during NSAID treatment
WHY USE MISOPROSTOL FOR PAC?

• Simple technology
• Minimal service delivery requirements
• Average efficacy rate 91-99% in diverse settings
• Low cost
• Convenient to store
• Easy to use and train providers
SERVICE DELIVERY OPPORTUNITIES

• Can be provided in almost any setting by a range of providers
• Can stand alone where MVA is not feasible or complement MVA in existing PAC services
• Multiple indications enhance availability
• Important role in scaling up PAC services
MISOPROSTOL FOR PAC: POLICY SUPPORT

• February 2009, ACOG Committee Opinion:
  o Misoprostol must be readily available
  o PAC model should be expanded to community health centers

• May 2009, WHO Essential Medicines List:
  o Misoprostol for treatment of incomplete abortion and miscarriage

• March 2011, WHO Priority Medicines for Mothers and Children

Other policy support:
  o International Federation of Obstetricians and Gynecologists (FIGO)
  o Latin American Federation of Obstetrics and Gynecology (FLASOG)
  o International Confederation of Midwives (ICM)
GLOBAL MISOPROSTOL REGISTRATION BY INDICATION

- **Registered for postpartum hemorrhage (PPH) & treatment of incomplete abortion**: Misoprostol may or may not be registered for gastric ulcers.
- **Registered for PPH and other ob/gyn indication**: Misoprostol is registered for PPH and other ob/gyn indications, not just PPH.
- **Registered for PPH**: Misoprostol is registered for PPH only.
- **Registered for another ob/gyn indication, not PPH**: Misoprostol is registered for another ob/gyn indication, not specific to PPH.
- **Registered for gastric ulcers only**: Misoprostol is registered for gastric ulcers only.

*Misoprostol may or may not be registered for gastric ulcers.*
## MISOPROSTOL IN OBSTetrics AND GynECOLOGY

<table>
<thead>
<tr>
<th>Indications</th>
<th>Some selected regimens</th>
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<tbody>
<tr>
<td>Postpartum hemorrhage prevention</td>
<td>600 mcg, oral</td>
</tr>
<tr>
<td>Postpartum hemorrhage treatment</td>
<td>1000 mcg, rectal&lt;br&gt;800 mcg, sublingual</td>
</tr>
<tr>
<td>Treatment of incomplete abortion and miscarriage</td>
<td>600 mcg, oral&lt;br&gt;400 mcg, sublingual</td>
</tr>
<tr>
<td>Treatment of missed abortion</td>
<td>800 mcg, vaginal&lt;br&gt;600 mcg, sublingual</td>
</tr>
<tr>
<td>Labor induction (live fetus &gt; 24 weeks)</td>
<td>25µg Vaginal (q 4 hrs, max 6 doses), or 50µg Oral (q 4 hrs, max 6 doses), or 20µg Oral solution* (q 2 hrs, max 12 doses)</td>
</tr>
<tr>
<td>Intrauterine fetal death</td>
<td>200 mcg, vaginal (q 6 hours, max 4 doses)&lt;br&gt;100 mcg, vaginal (q 6 hours, max 4 doses)&lt;br&gt;25-50 mcg vaginal (q 4 hours, max 6 doses)</td>
</tr>
<tr>
<td>Pregnancy termination</td>
<td>800 mcg vaginal&lt;br&gt;400 mcg oral</td>
</tr>
<tr>
<td>Pregnancy termination (alone)</td>
<td>800 mcg, vaginal (q 6,12 or 24 hours for 3 doses)&lt;br&gt;800 mcg, sublingual (q 3 hours for 3 doses)</td>
</tr>
</tbody>
</table>
**Clinical Flowchart**

**Woman presenting with signs and symptoms of incomplete abortion**

**Eligible for misoprostol**
- Open cervical os
- Vaginal bleeding
- Uterine size at or under 12 weeks LMP

**Ineligible for misoprostol**
- Known allergy to misoprostol or other prostaglandins
- Confirmed or suspected ectopic pregnancy
- Signs of sepsis or active pelvic inflammatory disease
- Hemodynamic instability or shock

**Choose treatment for incomplete abortion**

**Perform MVA**

**Administer misoprostol**
- 600mcg orally (single dose)
- OR
- 400mcg sublingually (single dose)

**Carry out expectant management**

**Provide contraceptive counseling**

**Provide follow-up**

**Refer for further assessment or emergency treatment**
Health facility without MVA

Uterine size ≤12 weeks LMP  
Administer misoprostol*

Refer women who are clinically unstable or who have severe complications

If medical management fails and woman is clinically stable

Expectant management  
OR  
Repeat misoprostol

REFER IF NECESSARY

Health facility with MVA

Uterine size ≤12 weeks LMP  
Administer misoprostol*

Uterine size >12 weeks LMP  
MVA or refer for severe complications

If medical management fails and woman is clinically stable

Expectant management  
OR  
Repeat misoprostol  
OR  
Treat with MVA

REFER IF NECESSARY

Referral facility

Uterine size ≤12 weeks LMP  
Administer misoprostol*

Uterine size >12 weeks LMP  
MVA or other uterine evacuation methods, surgery or other procedures to treat complications as needed

If medical management fails and woman is clinically stable

Expectant management  
OR  
Repeat misoprostol  
OR  
Treat with MVA

REFER IF NECESSARY

Contraceptive counseling and method provision

* Check eligibility. Misoprostol regimens are 600mcg oral or 400mcg sublingual.
Using misoprostol pills to treat incomplete abortion

TREATMENT OF INCOMPLETE ABORTION AND MISCARRIAGE WITH MISOPROSTOL PILLS
If you are having an incomplete abortion, you can be treated safely and effectively with misoprostol pills.

WHAT WILL HAPPEN WHEN YOU TAKE THE PILLS?
Misoprostol causes the uterus to contract. You will have some vaginal bleeding and cramping and you may see blood clots.

MANY WOMEN DO NOT HAVE SIDE EFFECTS
But some women may experience fever, chills, nausea or diarrhea. These should go away on their own in a few hours.

HOW TO TAKE MISOPROSTOL PILLS
Swallow 3 pills (600 mcg) with water.
**Brochure for Women** - Back

**How can you manage the side effects?**
You can take pain medicines for cramps. Fever medicines are rarely needed. Drinking lots of water and getting rest will also help. Most side effects will disappear on their own in a short time.

**When should you seek help from a health care provider?**
You should seek immediate help, if you have:
- Heavy bleeding
- Fever which lasts more than a day or starts any day after the day you take misoprostol
- Constant cramping and pain that does not get better with medication, rest, or heating pad
- The feeling of being very sick

**What is the best contraceptive method for me?**
You are able to get pregnant again within a couple of weeks. If you would like contraception, it should be started immediately. You can start most methods at the same time you take your misoprostol tablets.

**When should I come back for follow-up?**
Please come back for a follow-up visit in 1—2 weeks to ensure that your treatment was successful.

**Date of your follow-up visit:**

**Location:**

**Phone:**
<table>
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<tr>
<th>CONTRACEPTIVE METHOD</th>
<th>WHEN METHOD CAN BE OFFERED</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>At first visit</td>
<td>Can be used as an interim method: for women who cannot decide about a contraceptive, or who cannot be offered their method of choice immediately after treatment of incomplete abortion.</td>
</tr>
<tr>
<td>Injectables</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Intrauterine devices</td>
<td>At follow-up visit</td>
<td>Make sure that treatment is successful; should not be used in the presence of active infection. Provide condoms or other temporary methods until the follow-up visit.</td>
</tr>
<tr>
<td>Implants</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>At follow-up visit</td>
<td>Provide condoms or other temporary methods until the follow-up visit.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>At first visit</td>
<td>Consider refitting, depending on gestational age.</td>
</tr>
<tr>
<td>Contraceptive jellies, foams, tablets or films</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Skin patches</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Vaginal ring</td>
<td>At first visit</td>
<td>Can be used even if infection is present.</td>
</tr>
<tr>
<td>Emergency contraceptive pills</td>
<td>Anytime</td>
<td>Provide emergency contraceptive pills in advance as a back-up method.</td>
</tr>
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For more information, please visit www.ipas.org/medicalabortion
Download the Toolkit from:
http://vsinnovations.org/resources.html
http://www.ipas.org/ma/mpactoolkit

Further information about the Toolkit or misoprostol for PAC resources and programs:
misoforpac@ipas.org
info@vsinnovations.org
REVIEWED, ENDORSED AND IN USE BY:
Misoprostol for Treatment of Incomplete Abortion: An Introductory Guidebook

http://gynuity.org/resources/info/guidebook-on-misoprostol-for-treatment-of-incomplete-abortion/
OTHER RESOURCES FOR PAC WITH MISOPROSTOL

PAC Consortium:
http://www.pac-consortium.org/site/PageServer?pagename=Themes_Misoprostol_Resources

Misoprostol in Obstetrics and Gynecology:
http://www.misoprostol.org/
GROUP DISCUSSION

• What are your experiences using misoprostol for PAC in your setting?

• What are the challenges of integrating misoprostol into service delivery systems?

• What are opportunities for scaling up PAC services with misoprostol?
THANK YOU

http://www.pac-consortium.org