



**MARIE STOPES
INTERNATIONAL**

- LOCAL & INTERNATIONAL PERSPECTIVES
- MEDICAL ABORTION

Dr Philip Goldstone

About Marie Stopes

- Not-for-profit sexual and reproductive healthcare services.
- As a global partnership, Marie Stopes delivers vital sexual and reproductive healthcare services and information to over 5 million people in 43 countries.
- We have our global head office in London supporting 36 countries and the Asia Pacific regional office in Melbourne supporting our Australian clinics and 7 countries.



Making a difference in reproductive healthcare



Quality Healthcare Services in Australia and the Asia Pacific

Our aim is to improve sexual and reproductive health and to reduce unplanned pregnancy rates in Australia and Asia Pacific through education, information and access to the highest quality healthcare services.



Social responsibility in Australia and the Asia Pacific



Indigenous Sexual Health

- Marie Stopes' Australian charity works to address the huge sexual health gap between Indigenous and non-Indigenous Australians
- In Aboriginal and Torres Strait Islander populations, women make up 25% of HIV infections compared to 6% of infections in non-indigenous populations
- Chlamydia rate is nearly 5 times higher in aboriginal and Torres Strait islander populations than in non-indigenous populations and increased by 24% between 2003 to 2007
- A lack of access to contraceptive information and provision generally and especially tailored to aboriginal people
- Geographic isolation further adds to these access issues



SNAKE Condoms

- SNAKE Condoms is a sexual health and condom social marketing programme
- Developed in conjunction with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Mildura Aboriginal Health Service based on a concept from Aboriginal youth in Mildura, Australia's first and only Indigenous-friendly condom, designed by Aboriginal people, for Aboriginal people
- Sexual health education is delivered to ACCHOS and support given in enabling individual ACCHOS to develop their own sexual health initiatives
- SNAKE Condoms are socially marketed at low prices - nearly 270,000 condoms distributed to date



Saving lives in developing countries



Saving lives in developing countries

- Sexual and reproductive ill health accounts for 20% of the global burden of disease and over one-third of the global burden of disease in women of childbearing age
- Over 529,000 women around the world die from maternal mortality each year – that equates to one woman every minute
- Over 200 million women who would like to use contraception for spacing and limiting births are unable to do so because they lack access to information, education, counselling and services
- Annually, an estimated 19 million unsafe abortions are performed
- Every minute 10 people are infected with HIV



Saving lives in developing countries

- Marie Stopes' Australian clinics generate income for our international programs
- Marie Stopes International Australia works in 7 countries in the Asia Pacific to deliver vital sexual and reproductive health programmes which literally save lives
- We work with local partners and governments to respond to unmet need in each country and have become vital providers in national health systems
- Our programmes include healthcare clinics, outreach and mobile services, condom social marketing, youth services, peer education programmes.....



Timor-Leste: Midwives on Bikes (and other modes of transport!)

- Delivers family planning & contraceptive education and services and maternal healthcare in Dili and 8 rural districts
- In 2008 they reached over 10,500 people



Papua New Guinea

- Run two reproductive health centres in Port Moresby and Mt Hagen, two of the poorest areas in PNG
- Outreach and door-to-door services in surrounding rural areas
- Providing young people with information and advice through an innovative Young People's Hotline
- In 2008 over 475,000 people accessed information and services



Pacific

- Social marketing campaign designed to tackle rising STI rates and low condom usage
- Includes successful condom brand TRYTime: In 2009 sold 50,000 condoms in Fiji



Results

Last year the Marie Stopes Partnership worldwide:-

- Protected an estimated 17.8 million couples from unintended pregnancy worldwide
- provided over 1.6 million women or men with long-acting and permanent methods of contraception, a 33% increase on 2008
- Provided sexual & reproductive health and HIV education and training to many more millions
- added 55 clinics to an existing network of 560 clinics, and hundreds more outreach sites in rural areas and urban slums
- expanded and improved the quality of its BlueStar Midwives social franchising network to over 1,000 private sector franchisees



Quality reproductive and sexual healthcare services

Reproductive and sexual healthcare services in Australia through a network of centres (clinics)



Quality reproductive and sexual healthcare services



9 Day Surgery Clinics in QLD, NSW, VIC, ACT and WA providing:

- Contraception advice & services
 - IUD/IUS insertion (Mirena®), Implanon®, Depo-Provera®
- STI screening
- Pregnancy termination including mifepristone and delayed abortion services including counselling and after-care services
- Vasectomy
- PAP smears, well woman checks

3 Non Surgical medical rooms in Sydney CBD, East Melbourne and Newcastle providing medical abortion, contraception and vasectomies

2 Associated Services: Sunshine & Croydon in Victoria



Making a difference in reproductive healthcare

Quality reproductive and sexual healthcare services



- Licensed by Health Departments and accredited by ACHS
- Comfortable, non-clinical environment
- National Medical Advisory Council
- 24 hour booking and aftercare service via freecall number
- In-house and independent counselling services provided



Centres in Australia: NSW

Centre locations in NSW include:



Fairfield



Homebush



Westmead

Kingswood

Macquarie St

Newcastle

Centres in Australia: QLD

Centre locations in QLD include:



Salisbury



Caboolture



Centres in Australia: WA

Centre locations in WA include:



Midland

Centres in Australia: VIC

Centre locations in Victoria include:



East St Kilda



East Melbourne

Centres in Australia: ACT

Centre location in the ACT includes:



Canberra City



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MEDICAL ABORTION

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Medical abortion

- While surgical abortion has been the preferred choice for many women in Australia, medical methods have many advantages.
- *Medical abortion using mifepristone plus prostaglandin is the most effective method of abortion at gestations of less than 7 weeks.*
- *Medical abortion using mifepristone plus prostaglandin continues to be an appropriate method for women in the 7–9 week gestation band.*

RCOG Evidence-based Clinical Guidelines on “**The Care of Women Requesting Induced Abortion**”

Medical abortion

There are three combinations of medications that can be used for a medical abortion:

- mifepristone (RU-486) and misoprostol
- methotrexate and misoprostol
- misoprostol



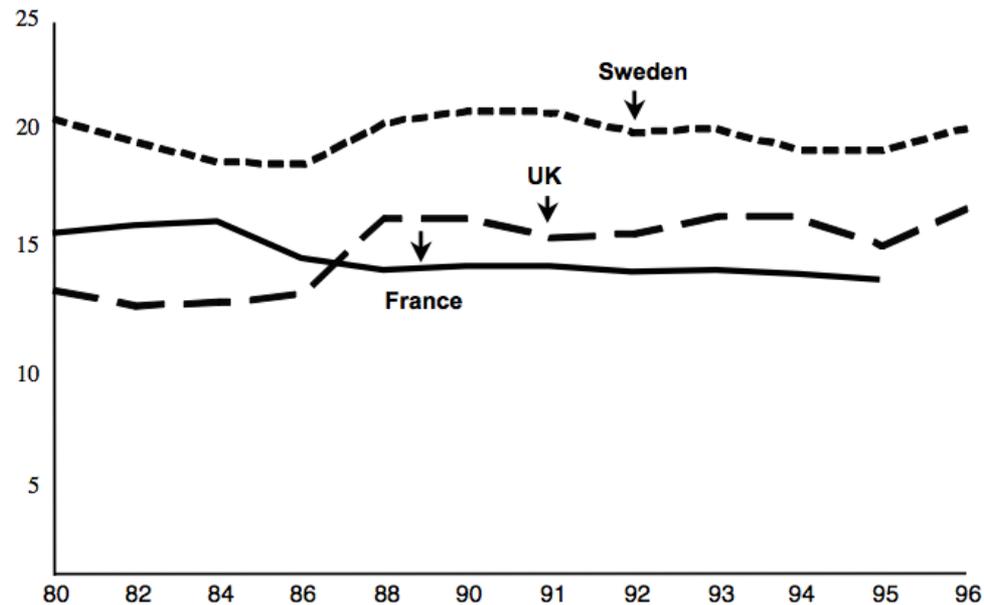
Medical abortion

- The method with proven best efficacy is the combination of mifepristone and misoprostol.
- Mifepristone discovered in 1980 by Roussel-Uclaf.
- This regime was first used in France in 1988 and the UK in 1991 and has since been widely used throughout Europe, Africa and since 2000 in the USA.
- Marie Stopes has been using this regime in its UK centres since 1991.



Medical abortion

Introduction of medical abortion does not increase abortion rate



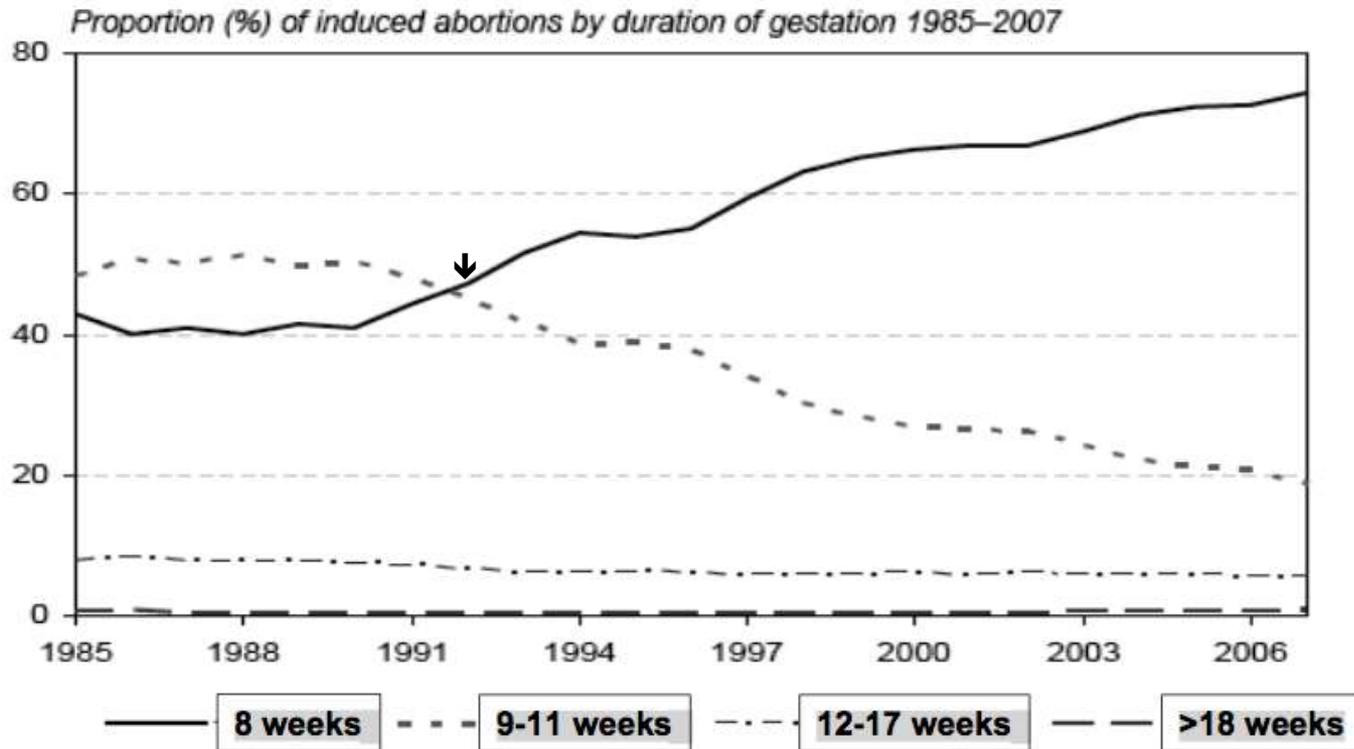
↓ Year of introduction of MIFEGYNE®

Abortions per 1.000 women aged 15 to 45

Source: The Alan Guttmacher Institute New York

Medical abortion

Introduction of medical abortion leads to abortions done early



OFFICIAL STATISTICS OF SWEDEN, Induced abortions 2007

Mifepristone in Australia

- As mifepristone is not registered with the TGA in Australia, the only way of prescribing it is through the authorised prescribers scheme.
- Traditionally, authorised prescriber status for mifepristone had only been approved for applications whose criteria complied strictly with the TGA requirements, ie. to persons suffering from a life threatening or otherwise serious illness or condition.
- In 2008, the Pregnancy Advisory Service In Adelaide, put forward a submission that argued that taking a pregnancy to full term was a higher risk than abortion, particularly in the first trimester, so argued that the criteria could be applied to 1st trimester abortions.

Mifepristone in Australia

- This provided MSI in Australia with the resources for an application:
 - application to a Human Research Ethics Committee
 - application to the TGA of HREC endorsed doctors
 - approval received with conditions and reporting requirements
 - application for import license granted through the TGA under Schedule 8 of the Customs (Prohibited Imports) Regulation 1956
 - contract agreement with the importing drug company
- MSI has been using a mifepristone-misoprostol regime in Australia under the Authorised Prescriber Scheme since August 2009.



Medical abortion

MEDICATIONS

Mifepristone

- Mifepristone blocks the action of progesterone and thereby:
 - stops the pregnancy growing (by causing decidual necrosis)
 - softens the cervix
 - makes the uterus more likely to contract and cause bleeding
- Rapidly absorbed – if vomiting occurs 15 minutes or more after taking it, enough has probably been absorbed for it to be effective.
- Supplied in 200 milligram (mg) tablets and should be stored at room temperature.

Medical abortion

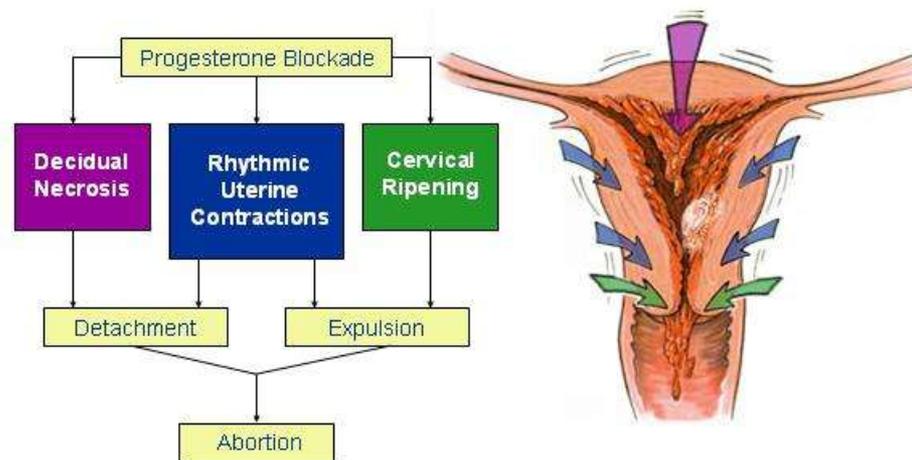
MEDICATIONS

Misoprostol

- Approved use to prevent gastric ulceration caused by prostaglandin inhibitors such as ibuprofen, naprosyn, and others.
- A prostaglandin and therefore also makes the uterus contract, causing cramps and bleeding.
- May cause nausea, vomiting, diarrhoea, transient fever / chills, or abdominal pain – all usually of short duration.
- Supplied in 200 microgram (mcgm) tablets and should be stored at room temperature.

Medical abortion

Mifepristone/Misoprostol Mechanism of Action



Comparison between medical and surgical abortion

Medical abortion	Surgical abortion
High success rate (up to 98% - World Health Organisation, 2003)	High success rate (over 99%)
Surgical instruments not required (except in about 2% of cases where a surgical abortion becomes necessary)	Instruments inserted into uterus
No anaesthetic required (except in about 2% of cases where a surgical abortion becomes necessary)	Anaesthetic required
No needles or injections required	A needle or injection is required for the anaesthetic
Medications cause a process similar to a miscarriage	A clinician performs the procedure
Abortion usually occurs within 24 hours of second medication	The procedure is completed in 5-10 minutes although recovery time following anaesthetic also required
Less time in the clinic over two visits (very occasionally additional visits are needed if further tablets are required)	Can be completed in one visit but time in the clinic is longer
May be used in early pregnancy under 9 weeks from last menstrual period	May be used at various gestations according to the legislation in each State
Oral pain medication can be used such as Paracetamol or Ibuprofen	Local, intravenous sedation or general anaesthetic may be used
The process will occur in the privacy of your own home	Procedure is performed at a Marie Stopes International centre

Medical abortion

When can a client have a Marie Stopes Medical Process?

A client can have a MSMP at any time provided:

- she has made an informed, voluntary choice
- an intra-uterine gestation is confirmed and is less than 9 weeks gestational age on ultrasound assessment
- there are no medical contraindications

MSMP can be given to women who:

- have had a caesarean section
- have had multiple gestations (no change in dose is required)
- are obese (no change in dose is required)
- have uterine abnormalities – including fibroids



Medical abortion

CONTRAINDICATIONS

- gestation greater than nine weeks on ultrasound assessment
- known or suspected ectopic pregnancy
- adrenal failure, inherited porphyria or a haemorrhagic disorder
- anticoagulant or long-term corticosteroid therapy
- allergy to either mifepristone and/or misoprostol
- IUD in situ – this must be removed before proceeding
- clinical evidence of pelvic infection (in mild cases MSMP can proceed, but only once antibiotic treatment has commenced)

Medical abortion

SPECIAL CONSIDERATIONS

- breast feeding women should be told of the theoretical risk of diarrhoea in the breastfeeding infant
 - limited data on mifepristone and breastfeeding
- severe anaemia
- concurrent illness with significant diarrhoea
- serious systemic illness should be evaluated individually to determine the safest method of abortion

MSMP mifepristone protocol

- **Initial visit day 1:**
 - in the MSI centre the client takes **200mg of mifepristone orally**.
 - the client is given 1600 mcg of misoprostol tablets (8 x 200mcg) to take home with clear instructions on their administration

MSMP mifepristone protocol

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 - the client takes **800mcgm of misoprostol buccally** at home

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- **24 to 48 hours later:**
 - the client takes **800mcgm of misoprostol buccally** at home
- Most women require no further medication, however, if no bleeding has occurred after the first dose of misoprostol, the client may take a second dose of 800mcg misoprostol within 24 hours of the first dose.
- If no bleeding has occurred within a further 48 hours, the client will be required to return to the centre for a third dose of 800mcg misoprostol tablets. If bleeding still does not occur a surgical abortion will be performed.

MSMP mifepristone protocol

- Rh immune globulin (Anti-D) is recommended to be administered to Rh negative women (within 72 hours of the administration of mifepristone).
- Antibiotics are not given routinely.
- It is not necessary to inspect for products of conception.
- Approximately 2 weeks after her initial visit the client returns to the centre for an evaluation.

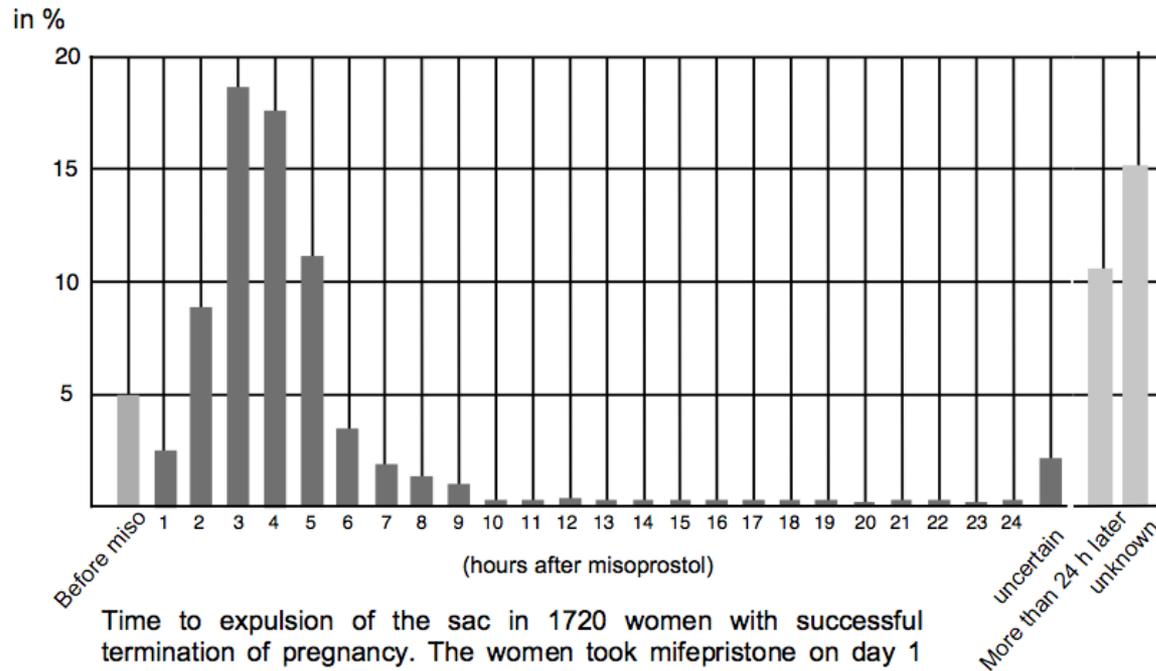
Medical abortion

EFFECTS & SIDE EFFECTS

- Side effects are mostly due to misoprostol and are short-lived
 - nausea, vomiting, diarrhoea, fever/chills
- Bleeding and cramping are expected effects
 - decrease once pregnancy is expelled
 - analgesia, including NSAIDs, is encouraged early
 - average duration of bleeding = 9 days

Medical abortion

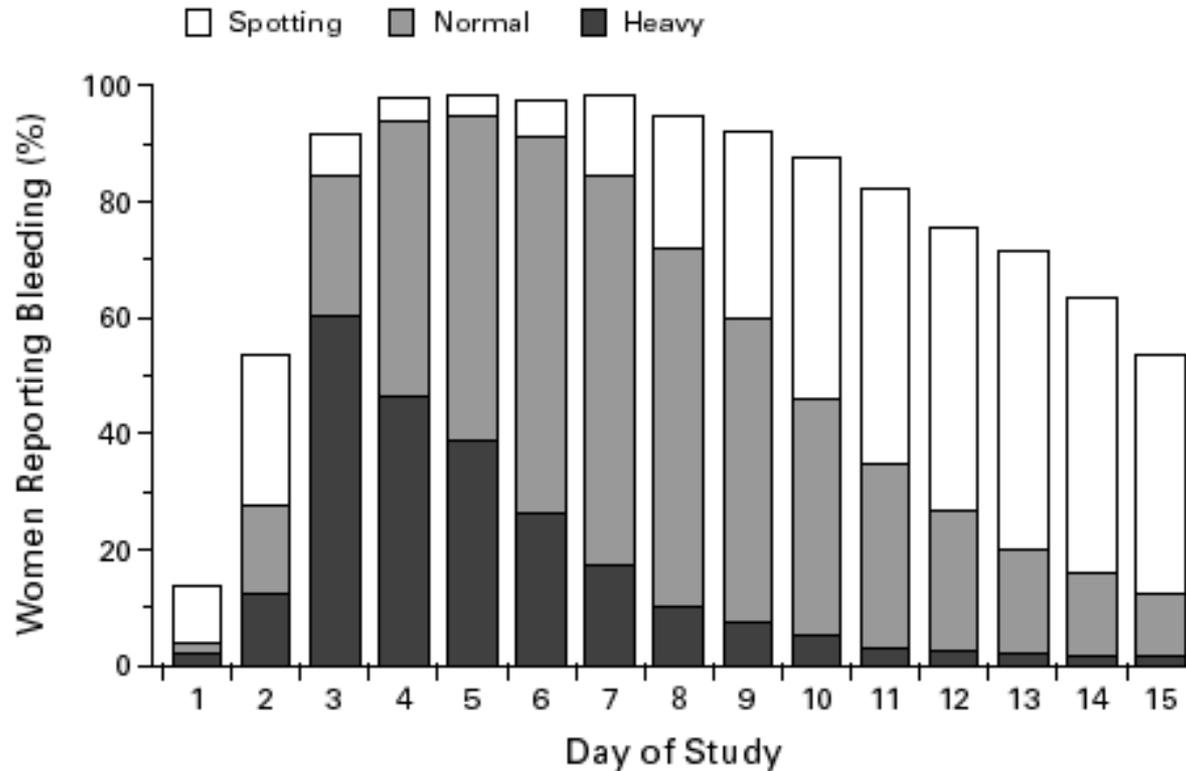
Expulsion after Mifepristone and Misoprostol



Time to expulsion of the sac in 1720 women with successful termination of pregnancy. The women took mifepristone on day 1 and misoprostol 48 hours later. Uncertain means expulsion at some point during 24 hours following misoprostol.

Source: The New England Journal of Medicine, 1998; 338 (18): 1244

Medical abortion



Source: New England Journal of Medicine Volume, 1998; 338 (18):1241-1247

Medical abortion

- **Follow up appointment is essential:**
 - history of events
 - ultrasound
 - urine pregnancy test (may still be +ve)
- **Outcome**
 - determine if termination of pregnancy is complete
 - exclude complications
- **Contraception**
 - review if a method has been commenced
 - Implanon or IUD/IUS may be inserted if abstinence

Medical abortion

COMPLICATIONS

- Continuing pregnancy
 - 1 – 2% - requires surgical TOP
- Incomplete abortion
 - 1 – 2% - surgical intervention decreases with experience
- Excessive bleeding
 - < 1%
 - transfusion required in 0.1 - 0.2%
- Infection
 - uncommon in medical abortion (~0.3%)

Medical abortion

To date:

- Over 3000 MSMPs

Representing:

- ~ 24% of all TOPs
- ~ 29% of TOPs less than 9 weeks

Medical abortion

Since launching Client Feedback has been collected:

- “What was the best feature of MSMP?”
 - 35% said non-invasive
 - 23% said more private
- “How did MSMP compare with what you expected?”
 - 51% said it was as expected
 - 36% said it was better than expected
 - 11.4% said it was worse than expected
 - 1.6% no answer

Medical abortion

Since launching Client Feedback has been collected:

- “Would you recommend an MSMP to a friend?”
 - 91% said yes
 - 6.3% said no
 - 2.7% no answer



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More information...

Marie Stopes International

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