EFFECTIVENESS AND SAFETY OF SELF-MANAGED MEDICATION ABORTION

Results from a prospective study by Ibis Reproductive Health and accompaniment groups in South America, Southeast Asia, and West Africa

INTRODUCTION

Around the world, people face myriad structural barriers and legal restrictions that prevent access to high-quality abortion services. Increasingly, people in need of abortion care are obtaining World Health Organization (WHO)-recommended medications for abortion through out of clinic routes and community health practices, including online services, accompaniment groups, pharmacies, and hotlines. Many also resort to online drug sellers.[1-5]

One emerging model of out-of-clinic abortion is the "abortion accompaniment model", whereby trained volunteers provide WHO-recommended information about medication abortion, as well as physical and emotional support and person-centered care to people throughout the medication abortion process[6-10] This out-of-clinic model of counselor-supported, self-managed medication abortion care has come to be known as the "accompaniment model," as people are "accompanied" through the medication abortion process virtually or in person.

The number of accompaniment groups continues to grow, with approximately fifty in operation around the world. A growing body of literature indicates that the practice of self-managed medication abortion is safe and the experience satisfactory,[3, 4, 11-15] but little research has documented the safety and effectiveness of self-managed abortion with accompaniment support.

Ibis Reproductive Health and three accompaniment groups in South America, Southeast Asia, and West Africa designed and piloted a rigorous prospective observational study of the effectiveness and safety of self-managed medication abortion using the abortion accompaniment model (the SAFE study).[16]

We enrolled callers to the three accompaniment groups, and followed them for up to six weeks to measure experiences and outcomes with self-managed medication abortion.

Medication Abortion Protocol

The specific medication protocol used across the three study sites varies slightly based on gestational age and the individual response of any given person to the medication, but all accompaniment groups advise callers to follow iterations of the below WHO-endorsed protocol:

Mifepristone + misoprostol through 12 weeks gestation:

- Swallow one tablet of mifepristone (200mg) with a glass of water.
- After 24-48 hours, put four pills of misoprostol (800mcg total) under the tongue (sublingual) and let them dissolve for 30 minutes. Keep swallowing saliva until the pills dissolve.
- If no signs of reaction, side effects, or expulsion after three hours, put two pills of misoprostol under the tongue and let them dissolve for 30 minutes, keep swallowing saliva until the pills dissolve.

Misoprostol only through 12 weeks gestation:

- Put four pills (800mcg) under the tongue (sublingual) and let them dissolve for 30 minutes, keep swallowing saliva until the pills dissolve. Wait for three hours.
- If no signs of reaction, side effects, or expulsion after three hours, put another dose of 2-4 pills (400-800 mcg) under the tongue and let them dissolve for 30 minutes, keep swallowing saliva until the pills dissolve. Wait three hours.
- If no signs of reaction, side effects and expulsion has not occurred after three hours, repeat two pills the same way every three hours until the pregnancy is expelled.

RESULTS

Almost all participants ended their pregnancy with the pills alone—only three needed a safe surgical abortion at a health care facility to complete the abortion (manual vacuum aspiration (MVA) or dilation and curettage (D&C)). Overall, nearly everyone who took medication abortion pills successfully ended their pregnancy (95%).

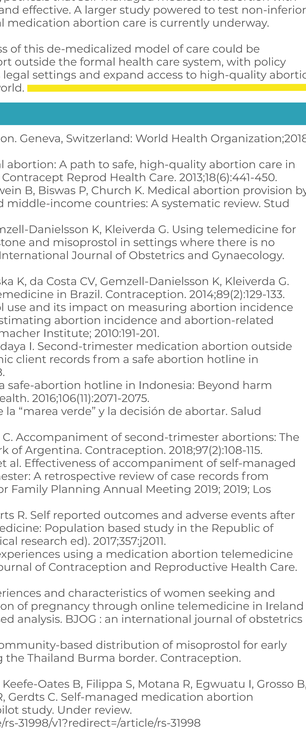
The average time between first dose of medication and expelling the pregnancy was 33 hours.

Most people also felt some pain during their abortion—and almost everyone experienced bleeding (97%) and cramping (95%). To help manage the pain, 63% used pain medications and 10% used distractions like listening to music or watching television.

Overall, 26% of people enrolled in the study visited a health care facility at some point during or after their abortion. Reassuringly, only 8% of these were for a concern about the abortion, most just went to confirm that the abortion was complete.

A small number of people experienced warning signs of potential complications after their abortion. The most common were foul smelling discharge (5%), bleeding that soaked more than two sanitary pads per hour for more than two hours (4%), and pain that did not go away (4%).

Completion of abortion



How did you know your abortion was complete?

CONCLUSION

Findings from this study support the hypothesis that self-managed medication abortion with accompaniment group support is safe and effective. A larger study powered to test non-inferiority of the accompaniment model to clinical medication abortion care is currently underway.

Establishing the safety and effectiveness of this de-medicalized model of care could be instrumental in offering abortion support outside the formal health care system, with policy implications that could translate across legal settings and expand access to high-quality abortion care to those who need it around the world.

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