Mifepristone and Misoprostol
interruption of pregnancy
Information for women:

About the Medicines used to stop a pregnancy by inducing labour
There are several reasons why a pregnancy may be stopped early, including death of the unborn baby, serious medical conditions in the mother which make it unsafe for the pregnancy to continue, or serious abnormalities in the unborn baby. Mifepristone and Misoprostol are two medicines that are commonly used together to induce labour when a decision has been made to stop a pregnancy. The safety of Mifepristone (formerly RU486) used with a prostaglandin (usually Misoprostol) is well established.

This brochure is designed to provide some written information about the medicines used to stop a pregnancy following discussions with your doctor. Your Doctor is very happy to answer any questions you may have about the use of Mifepristone and Misoprostol.

About Mifepristone
Mifepristone is a tablet taken by mouth. Mifepristone works by blocking the pregnancy hormone progesterone which is needed to maintain a pregnancy. Because this hormone is temporarily blocked, the lining of the uterus begins to change, the cervix (neck of the uterus) softens and the uterus is more likely to contract and labour when the second medication Misoprostol is given. Mifepristone decreases the time a woman may spend in labour from beginning induction of labour to the birth or miscarriage.

When all of your questions are answered and you have consented to stopping the pregnancy your doctor will arrange for you to take the Mifepristone tablet. The medication works best if there is 36-48 hours between taking the mifepristone tablet and admission to hospital to start the induction of labour. Admission to the hospital is usually arranged for 36-48 hours after the Mifepristone medicine is taken.

Side effects from Mifepristone
Vomiting and headache can occur in 15-20% of women
A small percentage of women will also get period like cramping
There is a small chance (less than 0.5%) that you may come into labour or miscarry during the 36-48 hours prior to your admission to hospital. If you have bright red bleeding, any cramping pain, think your waters have broken, have a fever, feel unwell or have any other concerns, please call the Hospital for advice at any time.
Mifepristone may make you dizzy. Do not drive a car or operate machinery until you know how this medication affects you. It is wise to have some-one drive you home after taking the mifepristone.

About Misoprostol
Misoprostol is a tablet and can be given in three ways, placed under the tongue, taken by mouth or inserted into the vagina. How this medicine is given depends on each woman’s situation and the hospital guidelines. Misoprostol stimulates the uterus to contract and induces labour with further softening and opening of the cervix resulting in miscarriage or birth. When Mifepristone has previously been given the uterus is more sensitive to the Misoprostol and this helps shorten the time a woman may spend in labour.

Misoprostol tablets are given once you are in hospital and are administered every three to four hours with a maximum of five doses in a 24 hour time frame. Most women miscarry or give birth 12-16 hours after the first dose although sometimes it can take 24 hours or longer from the first Misoprostol tablet.
Misoprostol is widely used around the world to induce labour. It was licensed in 2013 by the Therapeutic Goods Administration (TGA) of Australia for the purpose of first trimester termination of pregnancy with mifepristone. International and local research has shown it is effective and safe for the purpose of induction of labour beyond the first trimester.

Some women experience side effects from the Misoprostol tablets, most of which are mild. Some of the side effects are also related to the labour, miscarriage or birth.

**Common side effects from Misoprostol**

- shivering, chills, nausea, vomiting, diarrhoea, hot flushes, headache, abdominal pain and low grade temperatures
- Strong, sustained uterine contractions (labour) after repeated intravaginal doses of Misoprostol.

**Rare side effects from labour and delivery**

- If the placenta does not come away after miscarriage or birth it may be necessary to have the placenta removed in the operating theatre under anaesthetic. (about 20:100 women- this is less common with using mifepristone and misoprostol than misoprostol alone, and is more common when a woman is less than 20 weeks than after 20 weeks gestation)
- Infection may occur with any induced labour. About 3% of women require antibiotic treatment. This may be a later complication. If you have any of the following symptoms such as fever, nausea, chills, vomiting or diarrhoea or increased blood loss it is important that you ring the delivery suite urgently on 93826100 and come in for assessment.
- Heavy vaginal bleeding that may require a blood transfusion. (about 1:100 women)
- Very rarely infection can be severe, so if after discharge home you feel unwell, it is important to see a doctor quickly.

**Very rare side effects from labour and delivery**

In women who have previously had a caesarean birth or uterine scarring, there are reports of rupture of the uterine scar (scar on the uterus) associated with Misoprostol induction of labour (risk of 1 in 1000 (RCOG 2004, cited in RANZCOG 2007). This is not unique to Misoprostol, and can occur whenever labour is induced in women with a scar on the uterus. This may be treated with unplanned major abdominal surgery, or sometimes a hysterectomy (or loss of the uterus) will be required.

References

RANZCOG College Statement C-Obs 12, November 2012, The use of misoprostol in obstetrics and gynaecology.


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**Admission time:**_____________ **Admission Day/Date:**_____________________

**Where to come** Please go to the reception desk in the main entrance of the Royal Hospital for Women. Following completion of some admission paper work you will be admitted to your room in one of our wards. If you have any concerns you can phone the hospital 24 hours a day on: 93826111 or Delivery Suite: 93826100