

# CONTENTS

<b>Background</b>	<b>1</b>
<b>Introduction</b>	<b>3</b>
<b>Pre-abortion care</b>	
1. What counselling is needed by a woman with an unwanted pregnancy who is contemplating abortion?	7
2. What factors should be taken into account when counselling a woman about her choice between medical and surgical abortion?	8
3. What are the contraindications to medical abortion?	9
4. Do any other characteristics of the woman need to be taken into account in providing medical abortion?	10
5. How should pregnancy be confirmed and gestation estimated?	11
6. What clinical assessment and laboratory investigations are required prior to medical abortion?	12
7. What steps are necessary to minimize the risk of undiagnosed ectopic pregnancy?	13
<b>Regimen for medical abortion</b>	
8. What is the recommended regimen for medical abortion?	17
9. Are other doses of mifepristone possible?	17
10. Are other doses or routes of administration of the prostaglandin possible?	19
11. What are the advantages and disadvantages of misoprostol versus gemeprost?	20
12. Can other prostaglandins be used?	20
13. Is the interval between administration of mifepristone and prostaglandin crucial?	21
14. Can abortion be induced using prostaglandin alone?	21
15. What pain relief should be available to women during medical abortion?	22
<b>Postabortion care</b>	
16. If a woman has an incomplete abortion, is it necessary to evacuate the uterus surgically?	27
17. How should pelvic infection be diagnosed and treated after abortion?	27
18. How should the success of medical abortion be confirmed?	28
19. How should ectopic pregnancy be identified after medical abortion?	28
20. Is there a risk of fetal abnormality after an unsuccessful medical abortion?	29
21. Which methods of contraception can a woman use after medical abortion?	30
<b>Issues related to provision of medical abortion services</b>	
Legal and regulatory issues	32
Setting up a medical abortion service	32
Obtaining the necessary medicines	33
<b>Annex 1</b>	<b>34</b>