PRACTICE | FIVE THINGS TO KNOW ABOUT ...

Mifepristone

Sheila Dunn MD MSc, Melissa Brooks MD

■ Cite as: CMAJ 2018 June 4;190:E688. doi: 10.1503/cmaj.180047

Mifepristone, the drug for medical abortion, became available in Canada in January 2017

Mifepristone in combination with misoprostol is approved for abortion up to 63 days gestation, but evidence supports its use up to 70 days. ^{1,2} It may be prescribed by physicians and other health care providers, such as nurse practitioners, where authorized by their provincial licensing regulator, and may be dispensed by pharmacists directly to the patient. Online training and resources are available but are no longer mandatory to be able to prescribe mifepristone. ^{3,4}

2 Combined mifepristone and misoprostol is safe and highly effective

Mifepristone, a progesterone receptor antagonist with antiglucocorticoid properties, blocks progesterone support of the pregnancy. The prostaglandin misoprostol, used one to two days later, stimulates uterine contractions and expulsion of the products of conception, a process similar to a natural miscarriage. This combination has an effectiveness of 95% to 98% up to 63 days gestation.² Short-lived bleeding and cramping are the most notable adverse effects. Although uncommon, complications, such as hemorrhage or infection, may require emergency care.

There are few contraindications for using mifepristone
Suspected or confirmed ectopic pregnancy, anemia, hemorrhagic disorders, uncontrolled asthma, porphyria and adrenal insufficiency are the most important contraindications. Patients receiving oral or inhaled steroids for other conditions may require dose adjustments.

Mifepristone abortion can be provided in primary care

Ultrasonography is commonly used to assess gestational age and rule out ectopic pregnancy. If ultrasonography is unavailable and there are no symptoms or risks for ectopic pregnancy, a reliable last menstrual period and consistent bimanual examination can be used instead.^{2,3} Follow-up, either by an office visit or telephone, combined with ultrasonography or serial levels of human chorionic gonadotropin tested before and seven to 14 days after mifepristone, are needed to confirm complete abortion.² Aspiration may be required for incomplete or failed abortion, or problematic bleeding.

5 Many government insurance plans cover mifepristone and misoprostol

Alberta, British Columbia, New Brunswick, Nova Scotia, Ontario and Quebec, and the federal Non-Insured Health Benefits Program (for patients who are First Nations or Inuit) provide universal coverage of mifepristone and misoprostol.⁴ The Interim Federal Health Program (for patients who are refugees) covers costs in most provinces.⁵

References

- Sanhueza Smith P, Peña M, Dzuba IG, et al. Safety, efficacy and acceptability of outpatient mifepristone-misoprostol medical abortion through 70 days since last menstrual period in public sector facilities in Mexico City. Reprod Health Matters 2015;22(Suppl 1):75-82.
- Costescu D, Guilbert E, Bernardin J, et al. Society of Obstetricians and Gynecologists of Canada. Medical abortion. *J Obstet Gynaecol Can* 2016;38:366-89.
- Accredited medical abortion training program. Ottawa: Society
 of Obstetricians and Gynaecologists of Canada. Available:
 https://sogc.org/online-courses/courses.html/event-info/details
 /id/229 (accessed 2018 Jan. 5).
- Canadian Abortion Providers Support (CAPS) [home page].
 Available: https://www.caps-cpca.ubc.ca/index.php/Main_Page (accessed 2018 Jan. 18).
- Action Canada. Is mifegymiso available in Canada? Available: www.mifegymiso.com/mifegymiso-in-Canada (accessed 2018 May 14).

Competing interests: Sheila Dunn received financial compensation from the Society of Obstetricians and Gynaecologists of Canada for the development of the Medical Abortion Training Program. No other competing interests were declared.

This article has been peer reviewed.

Affiliations: Department of Family and Community Medicine (Dunn), University of Toronto; Women's College Research Institute (Dunn), Women's College Hospital, Toronto, Ont.; Department of Obstetrics and Gynecology (Brooks), IWK Health Center, Dalhousie University, Halifax, NS

Acknowledgements: The authors thank the Canadian Mifepristone Implementation Research Study team and the Women's College Hospital Family Practice Peer Support Writing Group for their support and advice in the production of this manuscript.

Correspondence to: Sheila Dunn, sheila.dunn@ wchospital.ca

CMAJ invites submissions to "Five things to know about ..." Submit manuscripts online at http://mc. manuscriptcentral.com/cmaj