

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/reviewing-updated-guidelines-for-medication-abortion/16168/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Reviewing Updated Guidelines for Medication Abortion

Announcer:

You're listening to *Advances in Women's Health* on ReachMD. On this episode, we'll hear from Dr. Blake Zwerling, who's an Assistant Clinical Professor of complex family planning at the University of California Davis, about the updated recommendations for medication abortion.

Let's hear from her now.

Dr. Blake Zwerling:

So these guidelines are through the Society of Family Planning, but they are in conjunction with the Society of Maternal Fetal Medicine, so also went through a review with them. And then in terms of the guidelines themselves, it's really about options for medication abortion between 14 and zero sevenths weeks, 27 and six-sevenths weeks, keeping in mind that we live in a complicated political landscape right now in the U. S. And so in some places, the best evidence-based regimen may or may not be available, so what are alternative options to make sure patients get the care they need regardless of location?

So there's really good evidence that mifepristone works really well. And it's pre-treatment before a prostaglandin E1 analog that would generally be misoprostol here in the U.S. It works best given 24 to 48 hours before the Misoprostol, but works better than misoprostol alone, even when given at the same time. We went into misoprostol dosing by itself as well because there's an ongoing litigation in Texas right now. Misoprostone has been on the market for over 20 years and is an incredibly safe medication overall but might not always be available.

So for those cases, we talk about misoprostol dosing alone. In terms of changes from previous guidelines, we no longer recommend a loading dose of misoprostol, and that's because it doesn't lead to better outcomes. And we have a little bit of different guidelines depending on the gestational age.

So for patients who are under 24 weeks, we say misoprostol, there's good data that it works vaginally, buccally, or sublingually. It's FDA-approved as an oral medication, but that leads to more side effects.

When mifepristone isn't available, we recommend misoprostol 400 micrograms every three hours. Between 24- and 27-weeks gestational duration there's a lot less data, unfortunately. And so a lot of those recommendations come from the limited data we do have, as well as expert opinion.

So we still recommend mifepristone, but a lot of our experts reduce that dose of misoprostol for higher gestational ages. We also talk about recommendations for patients who have prior scars on their uterus, as well as for pain control and for contraception. So we think it's really important for patients to have options when it comes to the route of abortion. In a lot of the U. S., for patients beyond 14 weeks, dilation and evacuation is their only option because of the way that abortion care has been siloed into the outpatient clinical setting in the U. S., but especially, those of us who work in hospital practices will often see these patients who really want to have a medication abortion. I think I had one patient who had a pregnancy affected by trisomy 21, so Down Syndrome, and decided to terminate the pregnancy but really felt like her son had only ever experienced her body and the protection of her body and wanted to go through the labor process as an act of love so that he would only ever know his mother's care. And allowing her the opportunity to go through that process to hold her baby afterwards was really important for her and her family in their grieving process.

And so allowing patients to choose the best option for themselves and their families going through sometimes really difficult situations is an important thing, and that's why we wrote these guidelines to help facilitate that where possible.

Announcer:

That was Dr. Blake Zwerling giving us an update on medication abortion guidelines. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!