



Handbook on

Medical Methods of Abortion

to Expand Access to New Technologies
for Safe Abortion

Ministry of Health & Family Welfare, Government of India

2016



सत्यमेव जयते





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JANUARY 2016



भानु प्रताप शर्मा
सचिव
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Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dated : 8th February, 2016

Message

A significant yet prevalent cause of maternal mortality in the country is unsafe abortion. Accounting for approximately eight percent of all maternal deaths, it is the third largest cause of maternal morbidity in the country and thus an area requiring focused attention. Lack of access to safe abortion services by legal providers is one of the key areas of concern.

The Government of India has taken various steps to reduce the incidence of unsafe abortion in the country by definite interventions. Ensuring comprehensive abortion care for women is one such initiative under the National Health Mission. Keeping in mind the technological advances and operational issues for comprehensive abortion services to be accessible to the women, the Ministry of Health and Family Welfare has taken the lead to introduce new guidelines for reviewing the same. An expert group was convened under the aegis of the Ministry of Health and Family Welfare for formulating Guidelines on Medical Method of Abortion to orient and update Comprehensive abortion care trained service providers on the internationally acknowledged safe method for early abortion.

These Guidelines has been developed after significant technical review and I am confident that these will prove to be instrumental in further enhancing access to high quality safe abortion services to women across the country especially in rural and remote areas .


(B.P.Sharma)

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Foreword

Abortion has been legal in India for over four decades since the introduction of the Medical Termination of Pregnancy (MTP) Act, 1971. A key priority area of intervention for the Government of India is to reduce deaths and disabilities faced by women as a result of unsafe abortions. Unsafe abortion is the third largest cause of maternal deaths in India and contributes to eight percent of all maternal deaths despite being preventable. Each day close to 10 women die on account of unsafe abortions.

Various steps have been taken by the Government of India at the national and state level to integrate comprehensive abortion care interventions across maternal health and family planning initiatives for a range of target population including adolescents and young women under the flagship reproductive, maternal, new born, child and adolescent health (RMNCH+A) strategy.

There is also an urgent need to empower the women with decision making ability for choosing the right method for abortion care. Vacuum aspiration technologies have been part of the national programme for a long time. By promoting safer technology like Electric Vacuum Aspiration (EVA) and Manual Vacuum Aspiration (MVA), efforts have been underway to phase out older technologies like Dilatation and Curettage (D&C) for a while now.

With the introduction of Medical Methods of Abortion (MMA) using a combination of two drugs – Mifepristone and Misoprostol, women's access to safe abortion services has further been strengthened globally and in India. MMA drugs need to be part of the essential drug list for all states. This combination of drugs need to be part of the routine procurement process to ensure availability at all facilities offering safe abortion services by a trained provider.

MMA training package is a critical component in strengthening access to safe abortion services since it empowers the trained doctors in the public sector to refresh their skills in the administration of MMA technology. I would encourage the state governments to actively reorient Comprehensive abortion care (CAC) trained providers on this programme and enable them to offer MMA services at the lowest applicable level of facilities.

I would like to congratulate the Maternal Health Division of the Ministry of Health and Family Welfare for bridging the gap in service delivery by introducing this comprehensive training package. I look forward to the implementation of the MMA package for strengthening women's access to CAC services in the public sector.

(C.K. Mishra)



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Preface

The Medical Termination of Pregnancy (MTP) Act, 1971 has been in place for over four decades in India. Even then unsafe abortion is the cause of death for close to 3500 women each year and many more women face morbidity. This is a priority area of intervention for the Government of India and efforts need to be strengthened to ensure that comprehensive abortion care (CAC) services are implemented across the country within the framework and provisions of the MTP Act.

Medical Methods of Abortion (MMA) has been globally recognised as the method of choice for women seeking CAC services. World over, women prefer to adopt MMA while seeking safe abortion services given the confidentiality and safety it offers to them. I would encourage the CAC trained providers and other concerned staff in the public health system to actively share the choices of methods for early and safe abortion and assist the women in choosing the appropriate method for them.

In addition to the training, service delivery and communication, innovations are yet another critical component of the programme. As an innovative step, the Maternal Health Division has developed the MMA package. It is comprehensive and the specially designed tools would definitely assist the CAC trained providers in offering quality services to women seeking safe abortion services. The package includes detailed information on right selection, counselling, dosage, management of complications as well as post-abortion contraception. It also includes an e-module which would serve as a ready reference to the providers for MMA service provision.

I am confident that the MMA package will further empower CAC trained providers to strengthen their skills and knowledge about MMA technology, and ensure regular CAC service delivery from their place of posting.

(Dr. Rakesh Kumar)



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Acknowledgement

The Ministry of Health and Family Welfare (MoHFW) is committed to strengthening efforts for the welfare and improved health outcomes for women in the country. Comprehensive Abortion Care (CAC) is an integral component of the Reproductive, Maternal, New-born Child and Adolescent Health (RMNCH+A) strategy for women in reproductive age group and clear guidelines are in place for strengthening access. This training package is designed to further strengthen access to CAC services by ensuring MMA services by trained providers at all levels of facilities in the public health system.

I am grateful to Shri B.P Sharma, Secretary (H&FW) for supporting the need for strengthening CAC interventions. Shri C.K Mishra, Additional Secretary and Mission Director (NHM) has constantly provided the guidance to integrating CAC with other programme interventions under the National Health Mission. I am extremely thankful to Dr Rakesh Kumar, Joint Secretary (RCH) for his extraordinary leadership and keen engagement for strengthening CAC services across the country.

The Maternal Health Division, MoHFW has taken the lead to develop a range of technical documents for strengthening CAC services and engaged with the state officials for the effective roll-out of this component. Steps are being taken to assist trained providers in offering CAC services with the technical assistance from Ipas Development Foundation. This guideline is designed to strengthen the usage of MMA technology in the public sector and making early and safe abortion services more widely available to women even at the primary health centres.

I would like to thank our experts for their active contribution in the development of this guidance. I would also like to thank the State Government of Madhya Pradesh, especially then Mission Director (NHM), Mr. Faiz Ahmed Kidwai; then Director Health Services Dr. Sanjay Goel and Deputy Director (MH) Dr. Archana Mishra to identify the potential offered by MMA and including it as a priority area in state interventions. The initial concept for strengthening MMA interventions was introduced in the state of Madhya Pradesh and this guideline draws from the success of the interventions in the state. Dr. Veena Dhawan, Assistant Commissioner Maternal Health, MoHFW has taken the lead to identify this best practice to be conceptualised as a national intervention and co-ordinated the development of this package. I am confident that this initiative would be implemented by all states and Union Territories for strengthening women's access to CAC services.

I acknowledge the efforts by Mr. Vinoy Manning, Executive Director, Ipas Development Foundation for the overall guidance and support in developing this comprehensive training package. I would also like to thank Dr. Sangeeta Batra, Senior Advisor, Health Systems, Ipas Development Foundation for her technical expertise and coordination support for developing this package.

I look forward to the effective utilization of this training package for strengthening CAC services using MMA in the public sector.


(Dr. Dinesh Baswal)

Healthy Village, Healthy Nation



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About the Handbook

This Handbook on Medical Methods of Abortion (MMA) provides information on performing first-trimester abortion using medical method. It describes the skills required to provide this service.

The handbook has been framed for Gynaecologists and Medical officers who have already undergone Comprehensive Abortion Care (CAC) training, and seeks to update them on providing MMA services to women at their facilities.

It offers the opportunity to provide safe abortion services to women even in rural remote settings and reduce the barrier of limited access that forces them to untrained providers.

The specific objectives of the handbook are to update providers on:

- Advantages and limitations of MMA procedure
- Eligibility criteria for the provider and the place for providing MMA services
- Indications and contraindications for MMA in women seeking abortion care services
- Documentation and reporting of MTPs done using MMA
- MMA protocol and follow up
- Side effects and complications during MMA and their management
- Relative benefits and risks of MMA and vacuum aspiration (VA) procedures

This handbook has been drafted following rigorous literature review and technical consultations with technical experts and practitioners. I am hopeful that the increased dissemination of this guidance and subsequent inclusion of MMA in routine service delivery even at primary levels of health facilities would significantly impact women's access to safe abortion services.

(Dr. Veena Dhawan)

Healthy Village, Healthy Nation



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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANM	Auxiliary Nurse Midwife
ACOG	American Congress of Obstetricians and Gynaecologists
BP	Blood Pressure
CAC	Comprehensive Abortion Care
Gm	Gram
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IUCD	Intrauterine Contraceptive Device
IV	Intravenous
PC-PNDT	Pre Conception and Pre Natal Diagnostic Techniques
LMP	Last Menstrual Period
MTP	Medical Termination of Pregnancy
MMA	Medical Methods of Abortion
Mcg	Microgram
NHM	National Health Mission
POC	Products of Conception
P/S	Per Speculum
P/V	Per Vaginum
Rh	Rhesus (Blood group)
USG	Ultra Sonography
VA	Vacuum Aspiration
SRS	Sample Registration System
LSCS	Lower Segment Caesarean Section
OPD	Out Patient Department
WHO	World Health Organization
RMP	Registered Medical Practitioner

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Introduction to Medical Methods of Abortion (MMA)

Unsafe abortions make a significant contribution to maternal morbidity and mortality. As per SRS 2001-03, abortion-related deaths account for nearly eight per cent of all maternal deaths in India, which translates to about 3,520 deaths annually. Numerous barriers limit access to safe abortion services including shortage of trained providers; lack of infrastructure at the facilities; and lack of information about legality and availability of services among women and the community.

Medical Methods of Abortion is one of the safe technologies for abortion care which offers an opportunity to increase access to abortion care services especially in early pregnancy. It can be offered at all levels of health care, including primary levels. It can also be provided on an outpatient basis. MMA is a non-invasive technology and simplifies the requirements of place and equipment required for vacuum aspiration procedures.

MMA can be used at various stages of pregnancy including second trimester, but the focus of this manual is on early pregnancy up to seven weeks, as approved under the MTP Rules, 2003.

Abortion should never be used as a method of family planning.

Medical Methods of Abortion - An Overview

MMA is a non-surgical, non-invasive method for termination of pregnancy by using a drug or a combination of drugs. It provides women with another option for termination of pregnancy, and should be offered in addition to other safe abortion methods whenever possible.

1.1: Advantages and Limitations of MMA

MMA is one of the safe technologies available for pregnancy termination. It is a non-surgical method for early abortions and has both advantages as well as limitations over other methods of pregnancy termination.

Advantages of MMA

1. Abortion can be offered at an early stage of pregnancy
2. Potentially more private, being similar to a natural miscarriage
3. Non-surgical method of abortion, and hence non-invasive
4. No anaesthesia required
5. Limited infrastructure needed, can be offered in settings where vacuum aspiration may not be possible

Limitations of MMA

1. A minimum of three clinic visits are required during the MMA process
2. Bleeding may occur for 8-13 days
3. There may be side effects of the drugs
4. Once MMA drugs are taken, pregnancy has to be terminated, since if pregnancy continues, there is a risk of foetal malformation.

Law (MTP Act) and MMA

Although MMA is not a surgical intervention, being termination of pregnancy, it falls under the purview of the MTP Act 1971.

2.1: Eligibility of the Provider

In case of termination of pregnancy using Mifepristone and Misoprostol, only a Registered Medical Practitioner, as defined by the MTP Act, can prescribe the drugs.

‘Registered Medical Practitioner (RMP)’ means a medical practitioner who possesses any recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956 (102 of 1956); whose name has been entered in a State Medical Register; and who has such experience or training in gynaecology and obstetrics as may be prescribed by Rules under this Act.

The MTP Rules, 2003, require that an RMP should have one or more of the following experience or training in gynaecology and obstetrics:

1. post-graduate degree or diploma in Obstetrics and Gynaecology.
2. completed six months as House Surgeon in Obstetrics and Gynaecology.
3. at least one year experience in the practice of Obstetrics and Gynaecology at any hospital that has all facilities.
4. assisted an RMP in 25 cases of medical termination of pregnancy of which at least five have been performed independently in a hospital established or maintained by the government or a training institute approved for this purpose by the government.

2.2: Eligibility of the Place

In accordance with the MTP Act, no termination of pregnancy shall be made at any place other than –

- a) a hospital established or maintained by Government, or
- b) a place for the time being approved for the purpose of this Act by Government or a District Level Committee (DLC) constituted by the Government, with the Chief Medical Officer or District Health Officer as the Chairperson of the said Committee.

It should be noted that the District Level Committee shall consist of not less than three and not more than five members including the Chairperson, as specified by the Government.

In case of termination of early pregnancy up to seven weeks using Mifepristone and Misoprostol, RMP as under the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancy under the MTP Act.

The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an RMP as under the MTP Act, does not need site approval as long as it has referral linkage to an MTP approved site.

2.3: Documentation/Reporting of MMA Procedure

Since MMA comes under the purview of MTP Act, the documentation is similar to that required for vacuum aspiration procedure. It is mandatory to fill and record information for abortion cases performed by MMA in the following forms:

1. Form C – Consent Form
2. Form I – RMP Opinion Form
3. Form II – Monthly Reporting Form (to be sent to the district authorities)
4. Form III – Admission Register for case records

All documentation formats are attached as Annexure – 3

Following are the key conditions/requirements of MTP using medical methods, under the MTP Act:

- It can be performed only by certified abortion providers
- It can be performed for gestation age up to seven weeks, from approved sites as well as clinic of a RMP with referral linkages, provided a certificate of access to an approved site is displayed
- All documentation formats, filled for vacuum aspiration, are to be filled for MMA also.

Indications/Contraindications for MMA

3.1: Indications for MMA

Option for MMA should be given to all women coming to a health facility seeking termination of pregnancy up to 7 weeks of gestation (49 days from the first day of the last menstrual period in women with regular cycles of approximately 28 days)¹

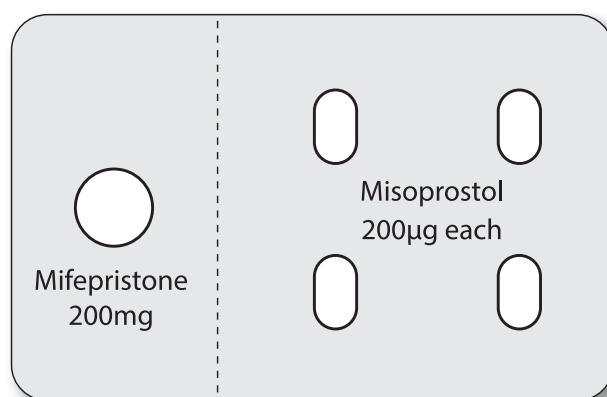


Figure 1: MMA Drugs (Mifepristone and Misoprostol)

3.2: Contraindications for MMA

Women being prescribed MMA should be screened for the following common contraindications:

- Anaemia (haemoglobin <8 gm %)
- Confirmed or suspected ectopic pregnancy/undiagnosed adnexal mass
- Uncontrolled hypertension or BP > 160/100 mm Hg

¹ In December 2008, Combipack with Mifepristone+ Misoprostol (1 tablet of Mifepristone 200mg and 4 tablets of Misoprostol 200mcg each) was approved by the Central Drugs Standard Control Organization, Directorate General of Health Services, India, for the termination of intra-uterine pregnancy for up to 63 days/9 weeks gestation.

CAC Training & Service Delivery Guidelines, 2010 by MoHFW, GoI recommends its use up to 49 days in public sector sites, in line with the MTP Rules 2003.

A proposed amendment to the MTP Act, 1971, to increase the gestation limit for MMA to 9 weeks in public sector sites is under process. Till the proposal is approved, MMA in public health facility would be allowed only up to 7 weeks.

- Known cases of:
 - Heart problems such as angina, valvular disease, arrhythmia which can lead to sudden cardiovascular collapse
 - Renal, liver or respiratory disease (Bronchial asthma is not a contraindication since Misoprostol is a bronchodilator)
 - Current long-term systemic corticosteroid therapy
 - Uncontrolled seizure disorder
 - Chronic adrenal failure
 - Hypersensitivity to Mifepristone/Misoprostol or other prostaglandins
 - Inherited porphyrias

3.3: Special Precautions for MMA

Besides absolute contraindications for MMA, there are conditions where caution has to be exercised. Such conditions are enumerated below:

1. Women not sure about LMP or with lactational amenorrhea
2. *Pregnancy with IUCD in situ:* IUCD to be removed before giving MMA drugs
3. *Pregnancy with uterine scar:* Although safe, exercise caution with history of LSCS, hysterotomy or myomectomy
4. *Pregnancy with fibroid:* Large fibroid encroaching on endometrial cavity can cause heavy bleeding and can interfere with uterine contractility
5. *Women on anti-tubercular drugs:* Rifampicin is a liver enzymes inducing drug, which can lead to increased metabolism and hence decreased efficacy of MMA drugs
6. *Breastfeeding:* Women have to withhold feeding for four hours after Misoprostol administration

MMA Drugs

4.1: Drugs Used in MMA

Recommended drugs for MMA are Mifepristone and Misoprostol.

MMA drugs are Schedule H drugs and are to be sold by retail on the prescription of a Registered Medical Practitioner only.

Mifepristone is an antiprogesterin, which blocks the progesterone receptors in the endometrium, causing the necrosis of uterine lining and detachment of implanted embryo. It causes cervical softening and an increased production of prostaglandins, causing uterine contractions. A small percentage of women (3%) may expel products of conception (POC) with Mifepristone alone.

Misoprostol is a synthetic prostaglandin E1 analogue. It binds to the myometrial cells, causing strong uterine contractions, cervical softening and dilatation. This leads to the expulsion of POC from the uterus. Misoprostol has an advantage over other prostaglandins as it is well absorbed from different routes of administration, is economical, and stable at room temperatures in comparison to PGF2alpha derivatives.

It was earlier used for prevention and treatment of gastric ulcer.

Action of Misoprostol through different routes of administration:

Sublingual: Rapid onset of action (like oral route) and longer duration of action (like vaginal route);



Figure 2: Sublingual administration of Misoprostol

Buccal: Onset and duration of action is quite similar to the vaginal route although the serum levels achieved are lower.



Figure 3: Buccal administration of Misoprostol

Vaginal: Gradual onset but longer duration and sustained action. Misoprostol tablets on vaginal administration may not completely dissolve. As the core of the tablet is non-medicated, this does not affect its efficacy. Moistening the tablet before vaginal administration does not improve efficacy (ACOG, 2009)

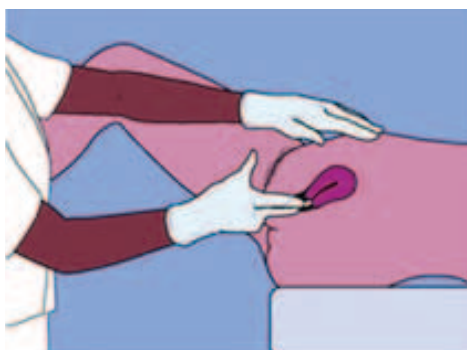


Figure 4: Vaginal administration of Misoprostol

Oral: Rapid onset but short total duration of action



Figure 5: Oral administration of Misoprostol

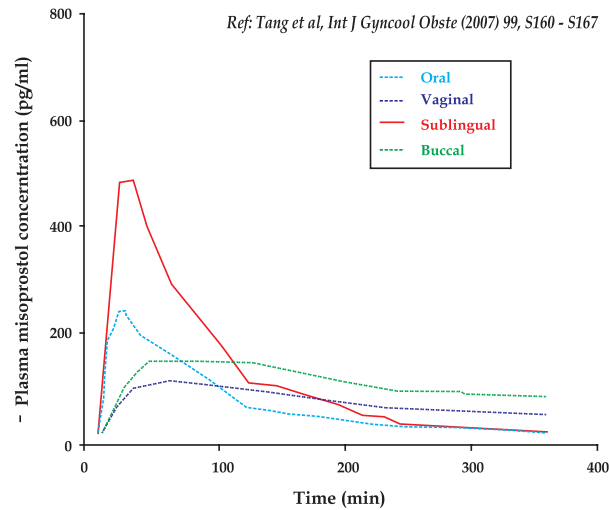


Figure 6: Graph comparing pharmacokinetics of Misoprostol administered by different routes

Table 1: Effectiveness of Misoprostol administered by different routes

Route of Administration	Onset of Action	Duration of Action	Preferred/Recommended Route
Sublingual	Fastest	Highest plasma levels and prolonged action	Most recommended
Buccal	Quick	Prolonged action	Recommended
Vaginal	Quick	Prolonged action	Recommended
Oral	Quick	Least duration	Least recommended but still can be given

MMA Protocol and Process

The steps of the procedure are divided below on the basis of the day of the visit. Typically it requires three visits (Day 1, 3 and 15) when the MMA drugs are used by the woman and to confirm the completion of the abortion process.

5.1: Drug Protocol

Table 2: MMA Drug Protocol

Visit	Day	Drugs used
First	One	<ul style="list-style-type: none"> • 200 mg Mifepristone oral; • Anti D 50 mcg, if Rh negative (give 300 mcg if 50mcg not available)
Second	Three	<ul style="list-style-type: none"> • 400 mcg Misoprostol (two tablets of 200 mcg each) <i>sublingual/ buccal/ vaginal /oral</i>; • Analgesics (Ibuprofen) ; • Antiemetic; • Offer contraception
Third	Fifteen	<ul style="list-style-type: none"> • Confirm and ensure completion of abortion; • Offer contraception, if not already done so

5.2: Process of MMA

First Visit/Day 1/Day of Mifepristone Administration

First visit starts with assessing the suitability of the woman to undergo medical methods of abortion. Suitability is judged by conducting a clinical examination, necessary investigations and excluding the contraindications.

First visit may sometimes not be the day of Mifepristone administration. It is the day of Mifepristone administration which is taken as Day 1.

1. Detailed History

- a) Demographic profile: age, religion, address to be noted
- b) Menstrual history: length & duration of cycle, flow (excess or normal), LMP
- c) Obstetric history: parity, live births, abortion (induced and spontaneous), previous caesarean section (if any), last child birth/abortion, presently lactating or not
- d) History of pre-existing medical/surgical conditions:
 - Hypertension
 - Heart disease
 - Diabetes mellitus
 - Epilepsy
 - Asthma - not a contraindication with PGE₁
 - Renal disease
 - Drug allergies
 - Bleeding disorders
 - Current medication
 - Previous uterine/tubal/abdominal surgery/ectopic pregnancy
 - Treatment for infertility/Tuberculosis/pelvic inflammatory disease
- e) History of any interference/drugs taken in this pregnancy to attempt termination
- f) Contraceptive history: type and duration of contraceptive used
- g) Status of tetanus immunization: last dose received
- h) Psychosocial assessment – to assess family support
- i) History of sexual assault and domestic violence

2. Counselling: General and Method-specific Counselling

General Counselling

While counselling, attention must be paid to the following points:

- Tell her about all the methods available for abortion and how each method differs from the other.
- Ask about her existing knowledge and beliefs about abortion options.
- Discuss her contraceptive needs and counsel her accordingly for contraception after abortion.
- Discuss infection prevention aspects like local hygiene, handwashing and use of clean sanitary napkins, etc.



Figure 7: Counselling on MMA procedure

Method-specific Counselling

If the woman chooses MMA, she should be provided the following information:

- a) It is a non-invasive and non-surgical method
- b) The process is similar to a natural miscarriage
- c) She needs to make a minimum of three visits to the facility (day 1, 3, & 15). Home administration of Misoprostol is allowed on provider's discretion. In such cases, the number of facility visits will reduce to two.
- d) She has to follow a definite drug protocol
- e) Counselling about different routes of administration
- f) She has to be ready for VA procedure in case of failure of the method or excessive bleeding (soaking two or more thick pads per hour for two consecutive hours)
- g) She has to stay within the accessible limits of the appropriate health care facility. She should not be left unattended at home
- h) Explain the symptoms that would be experienced by her, for example:
 - Bleeding per vaginum is an essential part of the MMA process since it is similar to miscarriage. Bleeding is usually heavier than what is experienced during a menstrual period. Bleeding often lasts for 8 to 13 days. Soaking of two thick pads within one to two hours after taking Misoprostol, but decreasing over time is considered normal.
 - Abdominal pain is experienced as a part of the MMA process. Refrain from describing cramping pain as similar to labour pains. Instead, it can be compared with severe menstrual cramps. Sometimes the pain begins following ingestion of tablet Mifepristone, but most often it starts one to three hours after Misoprostol administration and is heaviest during the actual abortion process, often lasting up to four hours. If the pain is persistent, the possibility of ectopic pregnancy should always be ruled out.
 - Nausea, vomiting, diarrhoea, etc. are normal side effects of drugs.
- i) There could be teratogenic (harmful) effect on the fetus, if pregnancy continues
- j) A small percentage of women (3%) may expel products with Mifepristone alone, but total drug schedule with Misoprostol must be completed
- k) During the abortion process, it is ideal to avoid intercourse to prevent infection, or use barrier methods

- l) Women with no support at home: arrangements should be made for transportation to the hospital, in case of emergency or should be admitted for the MMA procedure.

3. General Physical, Systemic, Abdominal and Pelvic Examination

- a) Check for pallor: if pallor exists, heavy bleeding during the procedure may worsen the condition and increase the risk of shock and ill health.
- b) Blood pressure; cardiovascular; and respiratory system for any pre-existing disease
- c) Look for any mass, rigidity, tenderness in abdominal examination
- d) Carry out Pelvic examination (P/S and P/V)



Figure 8: Performing bimanual examination

- P/S examination: look for infection, cervical erosion, polyp
- P/V examination: check the size, shape, regularity and consistency of uterus to confirm the period of gestation and adnexal mass
- Rule out ectopic pregnancy², in case of adnexal mass/fullness or tenderness in adnexa or cervical tenderness.

² Ectopic pregnancies can be diagnosed with a careful history, examination and USG. Since it is an obstetric USG, it must be done in accordance with PCPNDT Act.

Symptoms during ectopic pregnancy might include:

- Amenorrhea
- Nausea, vomiting
- Lower abdominal pain, usually one - sided, that may be sudden and intense, persistent, or cramping
- Irregular vaginal bleeding or spotting
- Fainting or dizziness that persists for more than a few seconds is possibly indicative of internal bleeding. Internal bleeding is not necessarily accompanied by vaginal bleeding

Signs

- Uterine size that is smaller than expected
- Palpable adnexal mass
- Tender cervical movements

In addition to the above symptoms and signs, rule out ectopic pregnancy while performing vacuum aspiration if no POC evacuated after the procedure

When ectopic pregnancy is suspected, refer the woman as soon as possible to a higher facility for confirmation of diagnosis and initiating treatment. **Uterine evacuation methods whether vacuum aspiration or medical methods using Mifepristone and Misoprostol, cannot terminate an ectopic pregnancy and hence should not be attempted in case of suspicion.**

4. Contraceptive Options

Woman's acceptance for contraceptive method should not be a pre-condition for providing abortion services. All post-abortion contraceptive options should be discussed with her and she should be helped to choose the appropriate contraception for herself.

5. Investigations (Recommended)

- Haemoglobin
- Routine urine examination
- Blood Group: ABO Rh especially in primigravida.
- Pregnancy test

Investigations (Optional)

Ultrasonography (USG): It is not mandatory to perform USG for all women undergoing termination of pregnancy with medical methods. It can, however, be performed under following conditions:

- Women unsure of LMP or have conceived during lactational amenorrhea
- Women with discrepancy between history and clinical findings
- Women with suspicion of ectopic pregnancy
- Provider uncertain after bimanual examination, or inability to measure uterine size due to obesity, pelvic discomfort, or an uncooperative woman

6. Informed Consent

Get the consent of the woman/guardian in Form C. Also fill in the RMP Opinion Form (Form I), before prescribing MMA drugs.

7. Tablet Mifepristone (200mg) is administered orally

Anti-D (50 mcg) given to Rh negative woman.

8. Iron and Folic Acid Tablets

180 tablets (to be taken for next six months) should be given to all women undergoing MMA procedure.

9. Sanitary Napkins

Two packets of sanitary napkins could be provided to all women undergoing MMA.

10. Antibiotics

Routine use of prophylactic antibiotics is not indicated except in cases of nulliparous women. Antibiotics should also be given to women with vaginal infections. Recommended antibiotics are Doxycycline 100 mg, twice a day for five days for non-lactating women, and Azithromycin 500 mg, once a day for three days for lactating women.

11. Give contact address and phone number of the service provider/facility where woman can go in case of an emergency.

12. Complete the MMA follow-up card

Explain the MMA follow-up card (Annexure 4) to the woman and instruct her to note down her symptoms on it.

At the sole discretion of the service provider, a woman can be given Misoprostol to be taken at home. In such cases, a thorough counselling on what is expected after taking Misoprostol, should be done. She should be called back on 15th day for follow up.

The table below summarizes the tasks for Day 1 of the MMA protocol:

Table 3: Tasks for Day 1/Day of Mifepristone Administration

Provider's task	Instructions to the woman
<ul style="list-style-type: none">• Detailed history, rule out contraindications and note special precautions• General counselling• MMA specific counselling• Discuss contraceptive options with her• Complete physical and pelvic examination• Obtain informed consent in Form-C.• Fill in Form I.• Record investigations• Tablet Mifepristone 200 mg, to be taken orally• Complete MMA follow-up card• Give contact address and phone number for any emergency• Give 180 tablets of Iron and Folic Acid• Give 2 packets of sanitary napkins• Record details in Admission Register	<ul style="list-style-type: none">• Explain what to expect after taking tablet Mifepristone• She must return for Misoprostol administration after two days (unless the service provider decides for home administration of Misoprostol)• She may have pain and bleeding during these two days• Take tablet Ibuprofen to relieve the pain• Avoid intercourse or use barrier method, such as condoms• Report to the center/provider in case of excessive bleeding/acute abdominal pain• Record any experience of side effects on the MMA follow-up card

Second Visit/Day 3/Day of Misoprostol Administration

- 1) **Note any history of bleeding/pain or any other side effects after tablet Mifepristone:** Some women will start bleeding after the administration of tablet Mifepristone.
- 2) **Administer Misoprostol:** Ask the woman to empty the bladder. Give/insert two tablets of 200 mcg Misoprostol (total 400 mcg) by sublingual/buccal/vaginal/oral route. Ask her to lie in bed for half an hour after vaginal insertion.

If she vomits tablet misoprostol within half an hour of its intake, the same dosage (400 mcg misoprostol) should be repeated.

- 3) **Observe the woman for four hours after Misoprostol administration in the clinic/hospital and monitor:**
 - i. Pulse and blood pressure
 - ii. Time of start of bleeding and expulsion of products (if it occurs)
 - iii. Side effects of the drugs (e.g. chills)
- 4) **Medication for pain relief:** Usually the pain starts within one to three hours of taking Misoprostol, so analgesic can be taken well in time before pain becomes intolerable. *Tablet Ibuprofen 400 mg is recommended.* Paracetamol is not recommended for pain relief during the process of MMA. If pain does not subside on taking drugs, the possibility of ectopic pregnancy should be ruled out. Receiving complete information during counselling and reassurance during the process helps the woman to tolerate pain better.
- 5) **Perform pelvic examination** before the woman leaves the clinic and if cervical os is open and products are partially expelled, remove them digitally. She should be observed for another few hours or till the expulsion of the POC is complete
- 6) **In case the woman does not abort at the health centre or takes Misoprostol at home, inform her** about:
 - Reporting back to the center/service provider in case of excessive bleeding/acute abdominal pain
 - Warning signs and symptoms (given on page 22)
 - Using clean sanitary napkins
 - Avoiding tampons and douche
 - Reporting back if there is no bleeding even 24 hours after taking Misoprostol (refer to figure 9 for next steps)
 - Side effects such as nausea, vomiting, diarrhoea (usually mild), headache, fever, dizziness
 - Returning for follow-up on the 15th day
 - Keep filling the MMA follow up card

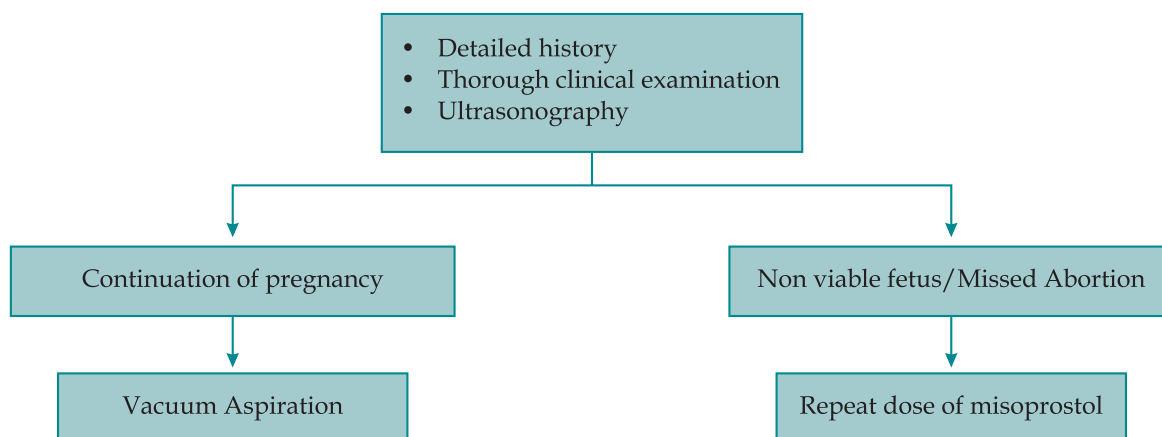


Figure 9: Plan of action if there is no bleeding 24 hours after administration of Misoprostol

The table below summarizes the tasks for Day 3 of the MMA protocol:

Table 4: Tasks for day 3/Day of Misoprostol administration

Provider's task	Instructions to the woman
<ul style="list-style-type: none"> • Note bleeding/pain or other side effects after tablet Mifepristone • Give two tablets of Misoprostol (400mcg) sublingual/buccal/vaginal/oral • Observe her for four to six hours in the clinic • Prescribe tablet Ibuprofen for pain relief • Bimanual examination just before discharge from the facility • Antiemetic and anti-diarrhoeal drugs could be prescribed • Explain what to expect after taking Misoprostol • OCP can be started, if chosen as a contraceptive method 	<ul style="list-style-type: none"> • Lie in bed for 30 minutes after vaginal insertion of Misoprostol • She can have side effects such as nausea, vomiting, diarrhoea, headache, fever, dizziness, fatigue • Avoid intercourse till bleeding stops • Use clean sanitary napkins and avoid tampons and douche • Avoid going out of station till third visit • She should report in case of: <ul style="list-style-type: none"> • No bleeding 24 hours after Misoprostol intake • Excessive bleeding, i.e. soaking two or more thick pads per hour for two hours continuously • Fever more than 24 hours after Misoprostol administration • Return for follow-up on the 15th day • Keep filling the MMA follow-up card

Third Visit/Day 15/Follow-up Visit

- 1) Note relevant history/check MMA follow-up card
- 2) Carry out pelvic examination to ensure completion of abortion process/continuation of pregnancy
- 3) Reiterate contraceptive counselling and services
- 4) Advise USG if
 - complete expulsion of POC not confirmed
 - continuation of pregnancy suspected
 - bleeding continues
- 5) Ask the woman to report back if there are no periods within six weeks

The table below summarizes the tasks for Day 15 of the MMA protocol:

Table 5: Tasks for Day 15/Follow up visit

Provider's task	Instructions to the woman
<ul style="list-style-type: none"> • Note history of bleeding/pain in abdomen/expulsion of POC • Pelvic examination to rule out continuation of pregnancy. USG, if indicated • Reiterate contraceptive counselling and services 	<ul style="list-style-type: none"> • Contraceptive advice as per the method chosen • Report back if there are no periods within six weeks of the completion of the abortion process

5.3: Post MMA Contraception

- Hormonal methods, whether combined (estrogen and progestogen) or progestin-only, can be started on the day of the Misoprostol administration (day 3) or day 15 of the MMA regimen. Injectable hormonal methods like Depot Medroxy Progesterone Acetate (DMPA) can also be started on day 3 or 15 of the MMA regime.
- IUCD can be inserted after confirmed complete abortion, provided the presence of infection is ruled out, on day 15.
- Condoms can be used as soon as she resumes sexual activity after abortion
- Tubal ligation can be done after the first menstrual cycle. However, if desirous of concurrent tubal ligation, vacuum aspiration is preferred
- Vasectomy, if chosen, can be done independent of the procedure

Side Effects and Complications with MMA and their Management

6.1: Side Effects



Figure 10: Side effects with MMA drugs – headache, vomiting

Common side effects experienced with MMA are:

- a) Gastrointestinal side effects
 - b) Fever, warmth and chills
 - c) Headache and dizziness
- **Gastrointestinal Side Effects:** Diarrhoea, nausea and vomiting are commonly reported by women following the use of Misoprostol. These side effects are mild and self-limiting and pass off without any treatment. Antiemetic and anti-diarrhoeal medicines may be prescribed when needed. ORS can be given if vomiting or diarrhoea is severe. Tab. Loperamide may be prescribed for diarrhoea. (but with caution)
 - **Fever, Warmth and Chills:** Fever, feeling of warmth and chills are short-lived and self-limiting side effects. Treatment is generally not required but the woman should know that she may experience these symptoms. Post-abortion infection is rare after MMA. Persistent fever (> 38° c for two readings four hour apart) may indicate infection and must be evaluated and treated accordingly.

- **Headache and Dizziness:** Some women during the process of MMA report headache and dizziness. Headache is treated with non-narcotic analgesics and mild dizziness of short duration is managed by hydration. Advise the woman to take plenty of fluids, rest and exercise caution while changing position.

6.2: Complications and their Management

Potential complications associated with MMA are:

- Excessive vaginal bleeding
- Incomplete abortion
- Continuation of pregnancy
- Infection

Table 6: Incidence of complications in MMA

Complications	Incidence
Heavy bleeding requiring vacuum aspiration	1 – 2%
Incomplete abortion requiring other methods of evacuation	1 – 2%
Continuation of pregnancy	1 – 2%
Heavy bleeding requiring blood transfusion	0.1 – 0.2%

A. Excessive Vaginal Bleeding

- Soaking two or more thick pads per hour for two consecutive hours need close monitoring of the woman. In this condition, she should report to the facility. Conduct examination, including bimanual examination, to rule out incomplete abortion and assess for hypovolemia.
- Fluid replacement: IV infusion with Ringers Lactate solution 30 drops per minute should be started. Simultaneously, prepare for evacuation of the uterus. In some cases, blood transfusion may be required.

B. Incomplete Abortion

- Generally, there is excessive/continued bleeding in the case of incomplete abortion. Assess her vital parameters:
 1. If her condition is unstable, resuscitate and stabilize. Stabilization should be followed by examination and further management.
 2. If her condition is stable, proceed with the examination:
 - a. If POC is felt at the os, manage with digital evacuation or with ovum forceps followed by vacuum aspiration
 - b. If no products are felt at the os, decide the line of management based on the clinical symptoms, pelvic examination and USG findings:

- i. If the gestation sac is visible but is non-viable, then an additional dose of Misoprostol (dosage given below) may be offered to the woman. Wait for the pregnancy to be expelled with time. The woman should be counselled to return to the clinic after one week to ensure that the abortion is complete.

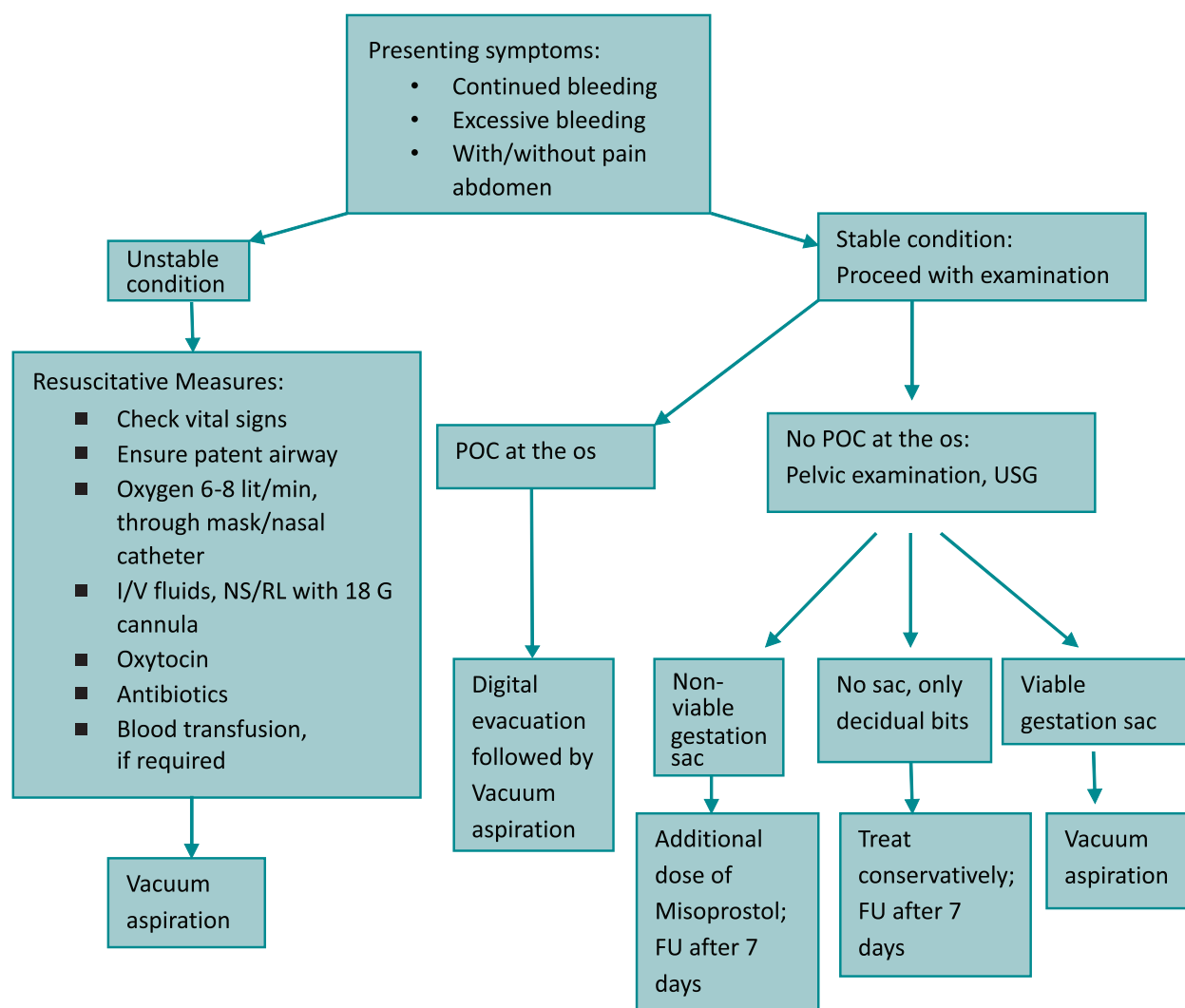
One dose of Misoprostol 600 mcg oral or 400 mcg sublingual can be repeated in such cases of incomplete abortion. If bleeding continues even after an additional dose of Misoprostol, perform vacuum aspiration.

- ii. If no gestation sac is visible on USG but bleeding continues due to decidual bits in the uterine cavity, manage conservatively, without any medication or intervention as these are expelled spontaneously in most cases. An additional visit after seven days will have to be planned to ensure completion of the process.

If bleeding is profuse at any time during this process, vacuum aspiration may have to be done.

- iii. If USG shows viable gestation sac, pregnancy should be terminated by vacuum aspiration.

Treatment of Incomplete Abortion



C. Continuation of Pregnancy

If the pregnancy continues to grow despite taking drugs for MMA, it indicates that the drugs were ineffective. In such cases, the pregnancy has to be terminated by vacuum aspiration in view of the teratogenic effect of the drugs³.

D. Infection

Infection of uterus is rare in the process of MMA. If the woman has symptoms such as fever, chills, foul-smelling discharge or bleeding and pain in lower abdomen, uterine infection may be suspected. Start broad spectrum antibiotics as soon as possible and remove the POC, using vacuum aspiration. The recommended antibiotics are Doxycycline 100 mg, twice a day for five days for non-lactating women, and Azithromycin 500 mg, once a day for three days for lactating women.

6.3: Warning Symptoms and Signs

The warning symptoms and signs during the MMA process, for which she should immediately contact the service provider or facility should be explained to the woman. Signs and symptoms are as below:

- Excessive bleeding, soaking two thick pads in an hour for two consecutive hours
- Persistent severe pain abdomen
- Fainting attacks
- No/minimal bleeding after the administration of Misoprostol
- No periods after six weeks of the completion of MMA process

³Data on continuing pregnancy after Mifepristone exposure without Misoprostol are limited. The association between Misoprostol and congenital anomalies is better established. The most typical malformations associated with Misoprostol use are Möbius syndrome, a rare disorder of cranial nerve palsies associated with limb anomalies and craniofacial defects, and terminal transverse limb defects. Although not clearly established, the proposed mechanism is vascular disruption due to uterine contractions leading to disordered fetal development

Safety & Effectiveness

7.1: Safety

Mifepristone and Misoprostol are safe drugs for terminating pregnancy as long as the woman does not have any contraindications for their use.

7.2: Effectiveness

A combination of Mifepristone and Misoprostol has an effectiveness of 95 – 99% for termination of early pregnancy up to seven weeks.

Failed abortion: Women with continued signs of pregnancy or clinical signs of failed abortion should be offered vacuum aspiration as expeditiously as possible.

Vacuum aspiration may be needed in cases of:

- Ongoing pregnancy
- Excessive bleeding
- If abortion process is incomplete at the time of follow up visit and the service provider or the woman does not want to wait any longer

Comparison: VA and MMA Procedure

Though, both vacuum aspiration as well as medical methods are safe technologies, both have their distinct features. Key features are enumerated below:

Table 7: Comparison of VA and MMA

Feature	Vacuum Aspiration	Medical Methods of Abortion
Technique used	POC evacuated through a cannula attached to vacuum source (manual or electric)	POC expelled with drugs (Mifepristone & Misoprostol); a non-surgical method
Gestation limit of the technique	Used up to 12 weeks of pregnancy	Used up to 7 weeks of pregnancy (for public sector sites)
Effectiveness	More than 98% effective	95-99% effective
Time taken for procedure completion	5-15 minutes	In majority of cases, process of abortion gets completed within 4 – 6 hours of Misoprostol administration. However, the bleeding may continue up to 8 – 13 days in some cases.
POC Check	POC are examined and confirmed immediately	POC may be expelled at home
Mandatory visits for the procedure	One visit	Require minimum 3 visits (2 visits in case of home administration of Misoprostol)
Pain control medication used	Local anaesthesia & oral analgesics	Ibuprofen given orally
Procedure done by	Trained health care provider	Drugs prescribed by trained health care provider
Risk of cervical and uterine injury	Possible but rare	No risk of injury to cervix and uterus since no instrumentation is done
Post - procedure bleeding	Minimal*	Post – medication bleeding could be heavy (esp. after Misoprostol)*

*Though bleeding is heavy after Misoprostol administration in MMA, overall blood loss is comparable in VA and MMA.

Feature	Vacuum Aspiration	Medical Methods of Abortion
Post – procedure pain	Remains for a very short period	Pain could be intense during the actual process of expulsion
Hospital stay	Few hours	Few hours on each visit
Risk of fetal malformation	None	Potential risk exists, if the method fails and pregnancy continues
Acceptability to women	<ul style="list-style-type: none"> • done as a day care-procedure • woman awake during the procedure 	<ul style="list-style-type: none"> • non-invasive technology • more private; close to natural miscarriage • no hospitalization

Suggested MMA Reorientation Schedule (For MTP certified providers)

Reorientation on Medical Methods of Abortion

Suggested Agenda

Time	Topic
9.30 – 10.00 a.m.	Registration, Pretest
10:00 – 10:15 a.m.	Objective of the workshop Brief on the MMA handbook
10.15 – 10.45 a.m.	Overview of MMA
10.45 – 11.15 a.m.	MTP Act & MMA
11.15 – 12.00 Noon	MMA process and protocol Side effects and follow-up
12.00 – 12.45 p.m.	Counselling and eligibility screening
12.45 – 13.30 p.m.	Case studies for management of complications
13.30 – 14.15 p.m.	Demonstration of MMA follow-up card, MMA ready reckoner, MMA site signage, Documentation formats
14.15 – 14.30 p.m.	Post test
14.30 p.m.	Discussion & Questions

References

- World Health Organization (WHO) 2012. Safe abortion: Technical and policy guidance for health systems. Geneva, WHO.
- Ministry of Health & Family Welfare (MoHFW), Government of India: Comprehensive Abortion Care Training and Service Delivery Guidelines 2010 (2nd edition 2014). MoHFW.
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- World Health Organization (WHO) 2014: Clinical practice handbook for Safe Abortions. Geneva WHO.
- Prof Suneeta Mittal, Director in charge, WHO CCR in Human Reproduction, All India Institute of Medical Sciences, MoHFW, Government of India, 2007: Guidelines for early medical abortion in India using Mifepristone and Misoprostol.
- Shagufta Praveen et al: Comparison of sublingual, vaginal, and oral misoprostol in cervical ripening for first trimester abortion. *Indian J Pharmacol.* 2011 Apr; 43(2): 172-175.
- SOGS clinical practice guidelines No. 133, September 2003.

Medical Methods of Abortion: Skills Checklist

Day 1: Skills for first visit to clinic (Mifepristone administration)	Yes	No
Pre-procedure tasks		
Greets the woman in a friendly, respectful manner; ensures privacy		
Confirms with her that she wants to terminate her pregnancy		
Explains what to expect during the clinic visit		
Asks if she has come with someone, and if she would like that person to join her in the counselling		
Asks about her general and reproductive health and medical history		
Explains which abortion methods are available, including characteristics, effectiveness and the visits required		
Confirms that she is eligible for MMA (pregnancy up to seven weeks)		
If the woman chooses MMA, provides more information on the method in simple terms		
Clarifies the woman's feelings on the possibility of having the abortion at home and asks what support she has at home		
Ensures that she understands: <ul style="list-style-type: none"> • Common side effects and symptoms • Importance of attending required clinic visits • Warning signs indicating the need to return to the clinic 		
Explains how Mifepristone and Misoprostol will be administered and what to expect after taking it		
Explains that if the MMA fails, vacuum aspiration will be necessary to terminate the pregnancy		
Asks the woman whether she has additional questions		
Obtains written informed consent		
Provides first dose for MMA		
Provides Mifepristone (one tablet 200 mg) orally		
Post-procedure tasks		
Explains how to take pain management medication (Ibuprofen)		
Explains what to do in case of problems		
Explains how to record the side effects experienced, if any, on the MMA follow-up card		
Gives the woman the address and telephone number of the clinic where she may go in case of an emergency		
Asks her to return to the clinic for the second dose after two days		

Day 3: Skills for second visit to clinic (Misoprostol administration)	Yes	No
Pre-procedure tasks		
Greets the woman in a friendly, respectful manner; ensures privacy		
Enquires about her experience after taking Mifepristone (bleeding, passage of POC, discomfort, side effects). Checks the follow-up card		
Explains what to expect during this visit		
Provides second dose for MMA		
Administers Misoprostol in clinic : two tablets of 200 mcg each, sublingual/buccal/vaginal/oral		
Post-procedure tasks		
Asks the woman to rest in the clinic for four hours		
Observes the woman for bleeding, cramping, expulsion of POC		
If the woman leaves the clinic before she aborts, gives her instructions and supplies (pain medication, written instructions) for aborting at home		
Explains how to record her experience of any side effect on the follow-up card and reminds her of the address and contact number of the clinic to visit in case of an emergency		
Records the date of Misoprostol administration and counsels the woman to come for a follow-up visit on day 15		
Reviews after-care instructions and provides information on warning signs which indicate the need to return to the clinic or seek medical assistance		
Asks the woman if she has any additional questions and clarifies them		
Day 15: Skills for third visit to clinic (Follow-up visit)	Yes	No
Greets the woman in a friendly, respectful manner; ensures privacy		
Enquires about her experience of the abortion process, asks her if she saw the expulsion of any POC and feels that the abortion is complete		
Asks whether she is still having symptoms of pregnancy		
Explains what to expect during this follow-up visit		
Assessment to ensure abortion is complete		
Assesses the completeness of the abortion by: <ul style="list-style-type: none"> • Taking a history of the abortion process (amount and duration of bleeding, side effects, cramping, any visible parts of POC expelled) • Conducting a physical examination (pelvic examination to assess the size and consistency of the uterus) • Advising/performing an ultrasound, for the presence of gestation sac, if it is still unclear whether the abortion is complete 		

<ul style="list-style-type: none"> • If the abortion is not complete, discusses treatment options: • Expectant management; additional Misoprostol administration; or vacuum aspiration • If the pregnancy is continuing: <ul style="list-style-type: none"> • Discusses need for vacuum aspiration to terminate it • Arranges to complete the procedure by VA 		
<p>If the abortion is complete:</p> <ul style="list-style-type: none"> • Provides information about return to fertility • Explains risks of repeated induced abortions • Counsels regarding contraceptive methods 		
Asks the woman if she has any additional questions and clarifies them		
Tells her that she can come back to the clinic whenever she has any problem or does not have her periods within 6 weeks		

Annexure – 2

Essential Equipment, Instruments, Drugs and Consumables for MMA

	Item	PHC 2 MMA	CHC 3 MMA	SDH/RH 3 MMA	DH 10 MMA
1	<i>Equipment</i>				
1.1	Gynae examination table	1	1	1	1
1.2	Screen/curtain for privacy	1	1	1	1
1.3	Foot step	1	1	1	1
1.4	Autoclave	1	1	1	1
1.5	Boiler	1	1	1	1
2	<i>Instruments</i>				
2.1	Cusco's speculum (medium & large size)	3	3	4	10
3	<i>Drugs</i>				
3.1	Analgesics - Tab Ibuprofen	20	20	20	100
3.2	Tab Misoprostol (200 mcg)	8	12	12	40
3.3	Tab Mifepristone (200 mg)	2	3	3	10
3.4	Tab Doxycycline (100 mg)	20	20	20	40
3.5	Cap Azithromycin (500 mg)	3	6	6	12
3.6	5% Dextrose	2	2	5	10
3.7	Ringer lactate	5	10	10	20
3.8	Normal saline	5	10	10	20
4	<i>Consumables</i>				
4.1	Utility gloves	2	2	2	3
4.2	Cotton/gauze (packets)	2	2	2	2
4.3	I/V sets	2	3	3	10
4.4	I/V cannula/scalp vein sets	2	3	3	2010
4.5	Povidone Iodine solution bottles	2	4	4	10
4.6	Bleaching powder				
4.7	Disposable syringes (2 ml)	4	10	10	25
4.8	Surgical gloves (pairs)	10	15	15	50

Documentation Formats

CONSENT FORM

Form C

[Refer rule 9]

I.....daughter/wife of
 aged about.....years of (here state
 the permanent address) at present residing at.....
 do hereby give my consent to the termination of my pregnancy at
 (state the name of place where the pregnancy is to be terminated)

Place:

Date:

Signature

(To be filled in by guardian where the woman is a mentally ill person or minor)

I.....son/ daughter/ wife of
 aged about.....years of.....at
 present residing at (Permanent address).....
 do hereby give my consent to the termination of the pregnancy of my ward.....
 who is a minor/ mentally ill person at
 (Place of termination of my pregnancy)

Place:

Date:

Signature

RMP OPINION FORM

FORM I

[Refer regulation 3]

I _____
(Name and qualifications of the Registered Medical Practitioner in block letters)

(Full address of the Registered Medical Practitioner)

I _____
(Name and qualifications of the Registered Medical Practitioner in block letters)

(Full address of the Registered Medical Practitioner)

hereby certify that *I/We am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of _____
(Full name of pregnant woman in block letters)

resident of _____
(Full address of pregnant woman in block letters)

for the reasons given below**.

* I/We hereby give intimation that *I/We terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital/approved place.

Signature of the Registered Medical Practitioner

Signature of the Registered Medical Practitioners

Place: _____

Date: _____

*Strike out whichever is not applicable,

**of the reasons specified items (i) to (v) tick (✓) the one which is appropriate.

- (i) in order to save the life of the pregnant woman,
- (ii) in order to prevent grave injury to the physical and mental health of the pregnant woman,
- (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,
- (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape,
- (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place: _____

Date: _____

Signature of the Registered Medical Practitioner/Practitioners

FORM II

[Refer Regulation 4(5)]

1. Name of the State
2. Name of the Hospital/ approved place
3. Duration of pregnancy (give total No. only)
 - (a) Upto 12 weeks
 - (b) Between 12-20 weeks
4. Religion of woman
 - (a) Hindu
 - (b) Muslim
 - (c) Christian
 - (d) Others
 - (e) Total
5. Termination with acceptance of contraception.
 - (a) Sterilisation
 - (b) I.U.D.
6. Reasons for termination:
(give total number under each sub-head)
 - (a) Danger to life of the pregnant woman.
 - (b) Grave injury to the physical health of the pregnant woman.
 - (c) Grave injury to the mental health of the pregnant woman.
 - (d) Pregnancy caused by rape.
 - (e) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.
 - (f) Failure of any contraceptive device or method.

Signature of the Officer In-charge with date

Form III

(See regulation 5)

Admission Register

Name of Facility _____ Month _____ Year _____

S. No.	Date of admission	Name of the patient	Wife/daughter of	Age (in years)	Religion	Address	Duration of pregnancy	Reasons for which pregnancy is terminated	Date of termination of pregnancy	Date of discharge of patient	Result & remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed	Name of Registered Medical Practitioner(s) by whom pregnancy is terminated	Data for GoI reporting format 2012	
														Method of MTP (MVA/EVA/ MMTA/D&C/ Other)	Post Abortion Contraception (Tubal Ligation TL/ IUCD/ CuT/ Oral Contraceptive Pill OCP/ Condoms CC/ None)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

*Note : In Column 9 write :- (i) in order to save the life of the pregnant woman, (ii) in order to prevent grave injury to the physical and mental health of the pregnant woman, (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped, (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape, (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods use by married woman or her husband for the purpose of limiting the number of children.

MMA Follow up Card

M.M.A CARD

Name of Health Centre:

Name of Doctor :

Mobile Number :Ph. No.:

	Day 1	Day 3	Day 15
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of emergency, immediately contact

Name of Health Centre:







Phone Number:

Expected Symptoms:

During medical methods of abortion, you may experience one or more of the following symptoms which are self-limiting.

- More than normal menstrual bleeding
- Pain/cramps in the abdomen
- Fever/chills/ rigors
- Nausea or vomiting
- Diarrhoea
- Headache
- Dizziness

This chart will help you to assess your health during the 15 days of medical abortion process. Put a (✓) against the symptoms that you experience each day during these 15 days:

During the process	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
 Spotting															
 Normal menstrual bleeding															
 Excessive bleeding															
 Nausea / vomiting															
 Pain / cramps															
 Fever / chills / rigors															

Note: Please visit the health centre for your scheduled day 3 and day 15 visit, or in case of any emergency situation. You may take support of an ASHA worker for visiting the health centre.

If you experience any of the following symptoms, immediately contact a doctor at the health centre.



Excessive bleeding – Soaking 2 or more maxi pads per hour for 2 consecutive hours.



No bleeding within 24 hours after taking second drug.



Persistent fever and foul smelling vaginal discharge after taking second drug.

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Medical Methods of Abortion (MMA) Reorientation Pre-training Assessment

	Statement	True	False
1.	MMA is a safe alternative method to vacuum aspiration to terminate early pregnancy.		
2.	MMA may affect the woman's future fertility adversely.		
3.	Physical examination of the woman is not required before providing MMA services.		
4.	A written consent of the woman seeking medical methods of abortion is mandatory on the prescribed format.		
5.	A minimum of four visits are recommended to complete the Government of India's standard MMA drug protocol.		
6.	Only a Registered Medical Practitioner, as under the MTP Act can prescribe MMA drugs		
7.	Fertility can return within 10 days of an abortion.		
8.	After MMA, most of the contraceptive methods can be started immediately after confirming that the abortion is complete.		
9.	MMA drugs can cause congenital anomalies.		
10.	Sale of MMA drugs over the counter is legally allowed in India.		

Please encircle the correct answer in the following questions:

11. Which of the following is recommended for pain management during MMA?
- a) Tablet Paracetamol
 - b) Tablet Ibuprofen
 - c) Injection Diazepam
 - d) Paracervical block
12. Which of the following is the LEAST effective route for Misoprostol administration during the MMA process:
- i. Sublingual
 - ii. Vaginal
 - iii. Oral
 - iv. Buccal

13. Which contraceptive methods can be started on the day of taking Misoprostol?
- a) Oral pills
 - b) Tubectomy
 - c) IUCDs
 - d) Vasectomy
14. Only way to manage an incomplete abortion during the process of MMA is:
- Vacuum aspiration
 - Repeat dose of Misoprostol
 - Either of the two depending on the severity of bleeding
15. If pregnancy continues after MMA, it should be terminated by a repeat dose of MMA drugs:
- True
 - False

Medical Methods of Abortion (MMA) Reorientation

Post-training Assessment

Please encircle the correct answer in the following questions:

1. What are the preferred methods for uterine evacuation in the first trimester of pregnancy according to the World Health Organization (WHO)?
 - a) Medical abortion only
 - b) Sharp curettage
 - c) Vacuum Aspiration and Medical Abortion
 - d) Uterotonic instillation
2. Effectiveness of Medical Methods of Abortion for pregnancy upto seven weeks is:
 - a. 95-99%
 - b. 80%
 - c. 82-83%
3. In India, it is legal to buy tablets of Mifepristone and Misoprostol over-the-counter from a chemist shop:
 - a. True
 - b. False
4. Which of the following are contraindications to MMA?
 - a) Suspected ectopic pregnancy
 - b) HIV/AIDS
 - c) Breastfeeding
 - d) Multiple pregnancy
5. Information to women on MMA should include:
 - a) The range of expected bleeding
 - b) Possible side effects after taking Misoprostol
 - c) Warning signs for which the woman should contact her provider
 - d) All of the above

6. Government of India's standard MMA drug protocol (for gestation upto 49 days) is:
 - a) 600 mg Misoprostol followed 2 days later by 400 mcg Mifepristone vaginal/sublingual
 - b) 200 mg Mifepristone orally followed 2 days later by 400 mcg Misoprostol sublingual/buccal/vaginal/oral
 - c) 600 mg Mifepristone orally followed 2 days later by 400 mcg Misoprostol oral/vaginal
 - d) 200 mg Misoprostol orally followed 2 days later by 800 mcg Mifepristone vaginal/buccal
7. Which of the following is the LEAST effective route for Misoprostol administration during the MMA process:
 - i. Sublingual
 - ii. Vaginal
 - iii. Oral
 - iv. Buccal
8. Which of the following is recommended for pain management during MMA?
 - a. Tablet Paracetamol
 - b. Tablet Ibuprofen
 - c. Injection Diazepam
 - d. Paracervical block
9. After Misoprostol administration, most women abort within:
 - a. 4 hours
 - b. ½ hour
 - c. 1 hour
 - d. one day
10. After giving Misoprostol, the woman should be called for follow-up on which day:
 - a. 5th
 - b. 15th
 - c. 7th
 - d. 10th

11. Which contraceptive methods can be started on the day of taking Misoprostol?
 - a. Oral pills
 - b. Tubectomy
 - c. IUCDs
 - d. Vasectomy

12. What are the symptoms suggestive of complications during MMA process?
 - a) Excessive bleeding, soaking more than two thick pads per hour for two consecutive hours
 - b) Fever any day after the day Misoprostol is used
 - c) Unusual or foul-smelling vaginal discharge
 - d) All of the above

13. Possible complications with MMA include:
 - a) Mild cramping
 - b) Uterine perforation
 - c) Continuation of pregnancy
 - d) Injury to cervix and uterus

14. MMA drugs have been designated by the Drug Controller General of India as:
 - a. Schedule K
 - b. Schedule H
 - c. Schedule X
 - d. Schedule G

15. Documentation of the MMA procedure is done in the following formats:
 - a. Form C
 - b. RMP Opinion Form
 - c. Admission register
 - d. All of the above

The handbook is disseminated by Ipas Development Foundation as part of our efforts to improve quality of comprehensive abortion care services in India.

