



Summary chart of recommendations on medical management of abortion

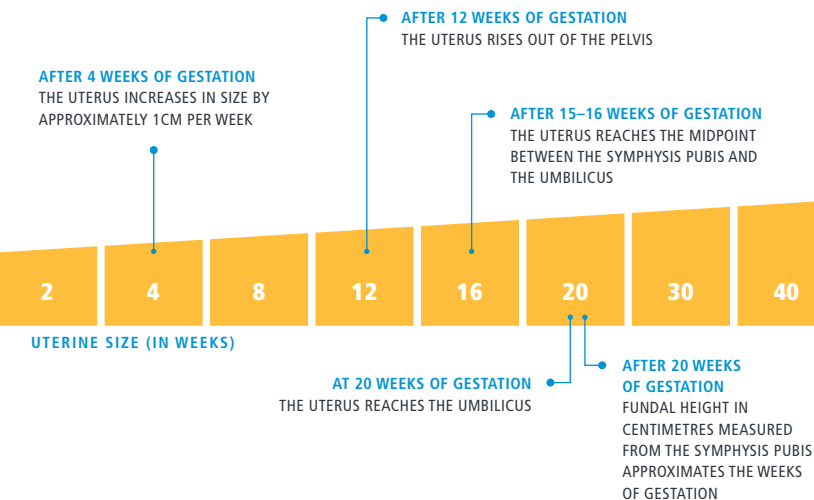
RECOMMENDATIONS	COMBINATION REGIMEN (RECOMMENDED ^a)		MISOPROSTOL-ONLY (ALTERNATE)
	MIFEPRISTONE	1–2 DAYS MISOPROSTOL	MISOPROSTOL
1A. INCOMPLETE ABORTION < 13 WEEKS	None	Use misoprostol-only regimen	600 µg PO ^b or 400 µg SL ^b
1B. INCOMPLETE ABORTION ≥ 13 WEEKS	None	Use misoprostol-only regimen	400 µg B, PV or SL every 3 hours ^b
2. INTRAUTERINE FETAL DEMISE ≥ 14–28 WEEKS	200 mg PO once	400 µg PV or SL every 4–6 hours ^b	400 µg SL (preferred) or PV every 4–6 hours ^b
3A. INDUCED ABORTION < 12 WEEKS	200 mg PO once	800 µg B, PV or SL ^b	800 µg B, PV or SL ^b
3B. INDUCED ABORTION ≥ 12 WEEKS	200 mg PO once	400 µg B, PV or SL every 3 hours ^b	400 µg B, PV or SL every 3 hours ^b
TIMING OF POST-ABORTION CONTRACEPTION			
IMMEDIATE INITIATION			
4A. HORMONAL CONTRACEPTION	Immediately after the first pill of the medical abortion		
4B. IUD	With assessment of successful abortion		

B: buccal; **PO:** oral; **PV:** vaginal; **SL:** sublingual

^a Combination regimen is recommended because it is more effective.

^b Repeat doses of misoprostol can be considered when needed to achieve success of the abortion process. The *Medical management of abortion* guideline does not include a recommendation for a maximum number of doses of misoprostol. Health-care providers should use caution and clinical judgement to decide the maximum number of doses of misoprostol in pregnant individuals with prior uterine incision. Uterine rupture is a rare complication; clinical judgement and health system preparedness for emergency management of uterine rupture must be considered with advanced gestational age.

Pregnancy dating by physical examination (bimanual pelvic and abdominal examination)



LIMITATIONS TO DATING BY UTERINE SIZE ON PHYSICAL EXAMINATION

- uterine malformations/fibroids
- multiple gestation
- marked uterine retroversion
- obesity
- molar pregnancy

KEY CONSIDERATIONS

A UTERUS THAT IS SMALLER THAN EXPECTED MAY INDICATE:

- the woman is not pregnant
- inaccurate menstrual dating
- ectopic pregnancy or abnormal intrauterine pregnancy, e.g. spontaneous or missed abortion

A UTERUS THAT IS LARGER THAN EXPECTED MAY INDICATE:

- inaccurate menstrual dating
- multiple gestation
- uterine abnormalities, such as fibroids
- molar pregnancy

Source: Clinical practice handbook for safe abortion. Geneva: World Health Organization; 2014, p. 17 (http://www.who.int/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/); adapted from Goodman S, Wolfe M; TEACH Trainers Collaborative Working Group. Early abortion training workbook, third edition. San Francisco (CA): UCSF Bixby Center for Reproductive Health Research and Policy; 2007 (<http://www.teachtraining.org/trainingworkbook/earlyabortiontrainingworkbook.pdf>).