

Chapter 13: Medical or drug-induced abortion: how safe?

Medical (chemically-induced) abortion has become more widely practiced in recent years as an alternative to surgical abortion. Medical abortion takes longer, involves artificial labour, and ends in the delivery of a dead fetus.¹ The failure rate of medical abortion ranges from 4 to 16 per cent.² Currently, the most common drug regimens are: mifepristone (RU486) combined with misoprostol, methotrexate combined with misoprostol, and misoprostol alone.

A successful medical abortion is defined as a complete expulsion of the fetus without surgical intervention. Failure can result from: 1) an incomplete abortion; 2) severe bleeding; 3) ongoing pregnancy; or 4) the patient's request for surgical abortion. Researchers have found higher failure rates in developing countries.³ They also note that the failure rate increases with gestational age.⁴

Medical abortion can have various negative effects. One study found a 29 per cent rate of adverse effects (compared to four per cent for surgical abortions), including nausea, vomiting, severe stomach pain and bleeding, infection, uterine perforation and uterine rupture.⁵ In addition, complications such as ectopic pregnancy can occur after medical abortion. One major study found that nine per cent of women who undergo medical abortion suffer emergency complications.⁶ Given the many complications associated with medical abortion, women clearly deserve to be informed of these risks.

¹ Grossman D, Blachard K, Blumenthal P. Complications after Second Trimester Surgical and Medical Abortion. *Reproductive Health Matters* 2008; 16(31): p. 179.

² Jensen J, Astley S, Morgan E, Nichols M. Outcomes of Suction Curettage and Mifepristone Abortion in the United States. *Contraception* 1999; 59(3): pp. 153-9. See *Complications: Abortion's Impact on Women* for full reference.

³ Winikoff B, Sivin I, Coyaji K, et al. Safety, efficacy and acceptability of medical abortion in China, Cuba, and India: A comparative trial of mifepristone-misoprostol versus surgical abortion. *AJOG* 1996; 176(2): pp. 431-7.

⁴ Ibid.

⁵ Grossman et al.

⁶ Child TJ, Thomas J, Rees M, MacKenzie IZ. A comparative study of surgical and medical procedures: 932 pregnancy terminations up to 63 days gestation. *Human Reproduction* 2001; 16(1): pp. 67-71.