



## Summary chart of recommendations on medical management of abortion

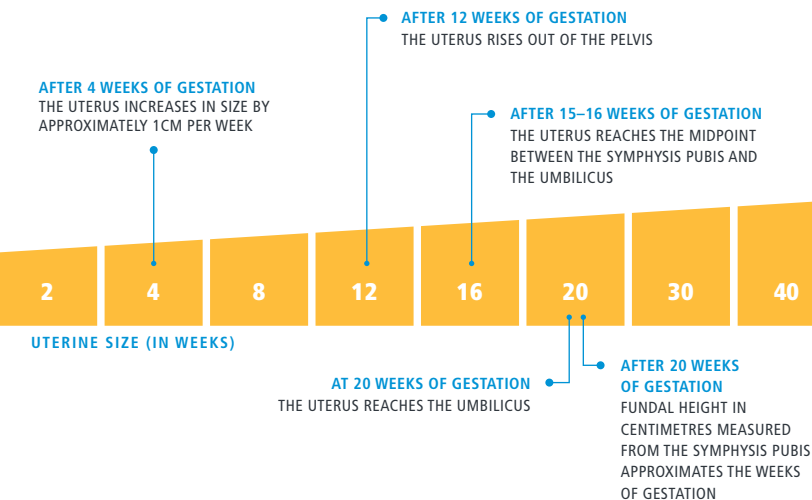
RECOMMENDATIONS	COMBINATION REGIMEN (RECOMMENDED <sup>a</sup> )		MISOPROSTOL-ONLY (ALTERNATE)
	MIFEPRISTONE	» 1–2 DAYS » MISOPROSTOL	MISOPROSTOL
<b>1A. INCOMPLETE ABORTION</b> < 13 WEEKS	None	Use misoprostol-only regimen	600 µg PO <sup>b</sup> or 400 µg SL <sup>b</sup>
<b>1B. INCOMPLETE ABORTION</b>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

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

<sup>a</sup> Combination regimen is recommended because it is more effective.

<sup>b</sup> 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/](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>).