



**Abortion Rights
Coalition of Canada**

**Coalition pour le droit à
l'avortement au Canada**

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Position Paper # 28

Medication Abortion

Medication abortion offers an alternative to surgical abortion for women in the early stages of pregnancy. In Canada, a woman can have a medication abortion up to 7 weeks from her last menstrual period (LMP), using a combination of methotrexate and misoprostol. In countries where mifepristone (RU-486) is available, a woman can have a medication abortion up to 9 weeks gestation.

Before any abortion can be done, a medical professional must confirm by ultrasound how advanced is the pregnancy. Based upon this assessment, options are presented to the woman and she can choose which method she thinks is best for her, a medication or surgical abortion. The shorter a time that a woman has been pregnant, the better these medications will work. After seven weeks from her LMP, surgical abortion is the recommended option.

Millions of women around the world have chosen to have a medication abortion where it is available; acceptability is notably high among patients who have used this method. In many countries where mifepristone is available, approximately 50% of women choose this option.¹

Methotrexate

Methotrexate has been used to treat certain types of cancer, arthritis, and other chronic diseases since 1993. It is a folic acid antagonist, and inhibits DNA synthesis in actively dividing cells, including trophoblasts.² Clinicians may prescribe methotrexate for early medication abortions. Methotrexate is known to cause fetal abnormalities. Once taken for a medication abortion, it is strongly recommended that the abortion be followed until completion. A woman may change her mind at any time and switch to a surgical abortion, but the pregnancy should be terminated. Approximately 85-90% of women will have a complete abortion using this regime.

While methotrexate and misoprostol are available throughout Canada, it is only in British Columbia where there is a billing code for medication abortion. The lack of a billing code in the other provinces/territories is a major reason why medication abortions is not as widespread as it is in BC.

Mifepristone

Mifepristone, often called “the abortion pill” or RU-486, was developed in France and became available in 1988. The French Minister of Health at the time called it “the moral property of women” and it is now available in 29 countries, including the USA. This year, the World Health Organization added the mifepristone/misoprostol regimen to its list of “essential drugs.”

Mifepristone blocks the action of the hormone progesterone, which is required to sustain a pregnancy. The prostaglandin misoprostol, which is taken a few days after mifepristone, causes the uterus to contract, helping to expel the pregnancy tissue. Approximately 95-98% of women will have a complete abortion when using this regimen.

ARCC’s Position

The evidence clearly shows that medication abortion is a safe alternative to surgical abortion. Intense lobbying must be undertaken in Canada to pressure politicians to ensure that this method is available to Canadian women. In addition, it is critically important that pressure be applied to politicians to ensure that mifepristone is available in Canada because it can be used to a later gestational age and works faster than the methotrexate/misoprostol regime. The effectiveness is also higher with mifepristone/misoprostol.³ Having mifepristone available in Canada would result in fewer surgical abortions and thus the accompanying waiting time to have a surgical abortion. As well, medication abortions would reduce the costs to the health care system.

¹ Newhall, EP, and Winikoff, B. Abortion with mifepristone and misoprostol: regimens, efficacy, acceptability and future directions. *Am J Obstet Gynecol* 2000. Aug, 183 (2 Suppl): S44-53.

² Murray H, Baakdah H, Bardell T, Tulandi T. Diagnosis and treatment of ectopic pregnancy. *CMAJ*. October 11, 2005, Vol. 173, No. 8. 905-912.

³ Wiebe E, Dunn S, Guilbert E, Jacot F, Lutig L. Comparison of abortions induced by methotrexate or mifepristone followed by misoprostol. *Obstet & Gynecol*. 2002 May;99(5 Pt 1):813-9.