



Annex 4: Information for women who request pharmacological VIP

Information on Pharmacological VIP

Dear madam,

Read these notes carefully before signing the informed consent form and do not hesitate to ask for clarifications if you have any doubts. Make sure you understand well how pharmacological abortion is performed as it requires your active and conscious participation. These notes are no substitute for a face-to-face dialogue with the doctor.

SURGICAL ABORTION AND MEDICAL ABORTION: Abortion can be carried out through a surgical or a pharmacological method. The surgical method envisages admission to day-hospital to perform aspiration of the gestational chamber (hystero-suction), under local anaesthesia, with or without sedation, or under general anaesthesia. For pharmacological abortion, use is made of mifepristone (RU486) and a prostaglandin, misoprostol. In 95-98% of cases, no further medical or surgical treatments will be necessary.

RIGHT TO CONFIDENTIALITY: Whatever procedure you might choose, your privacy is protected; all the healthcare workers you will come into contact with are bound by professional secret.

WHEN THE PHARMACOLOGICAL PROCEDURE IS RESORTED TO: In Italy, a pregnancy may be interrupted through the pharmacological method up to 63 days (9 weeks) from date of last menstruation. The outpatient clinic regime without hospitalisation is allowed for pregnancies up to 49 days (7 weeks).

1. HOW IT WORKS: The first day you will take mifepristone (RU486), which acts by blocking the effects of progesterone, the hormone that allows a pregnancy to proceed. In approximately 5% of cases, miscarriage already occurs after taking this drug; in any event, after two days you will take the second drug, misoprostol, which will cause the abortion.

2. THE SYMPTOMS: You will generally have pain, similar to cramps, which might be severer than menstrual ones and decrease with expulsion. To counter them, you can use the painkillers prescribed by the doctor. You will experience bleeding, for 9 days on average, although they could last for a shorter period or persist up to 15-20 days and sometimes even longer. You could get headache, nausea, vomit, weakness and diarrhoea. A slight fever is normal, but you should go to hospital if it exceeds 38°C and does not subside through the use of antipyretics (paracetamol). In some instances, even severe infections can occur without fever, producing vague and blurred symptoms that are hard to describe. If you experience general malaise worsening over time, you must always consult the doctor.

3. THE BLEEDING: Blood losses, generally more abundant than a normal menstruation, are usually associated with pain and loss of clots for some hours.

It seldom happens that blood losses are scanty. Blood losses will last for some days; you must approach the reference hospital if you do not bleed at all or you believe that the losses are excessively abundant (if in two consecutive hours you have changed at least four "maxi" or "large-size" sanitary pads, of the "abundant flows" or "for the night" type). In approximately 2-3 women out of 100, a surgical treatment will be necessary (hystero-suction) to complete the abortion or block excessive bleeding. The obstetrician-gynaecological acceptance service of the reference hospital operates 24 hours a day. Even if the doctor on duty is a conscientious objector, and is thus exempted from taking part in procedures that cause abortion, he is nevertheless bound by law to provide you with the necessary medical care prior to and consequential on the procedure. Do not hesitate to report any misunderstanding. The risk of having to undergo transfusions is estimated at about 0.1%.

4. CHANGE OF MIND: You can decide to interrupt the procedure at any time; even if you decide not to take the second drug, prostaglandin, in a great many cases the pregnancy will nevertheless terminate in the next few days. As the use of progesterone to cancel the effects of mifepristone is ineffective, public health system gynaecologists do not prescribe it.

5. IF THE PREGNANCY PROCEEDS: It seldom happens that pregnancy continues even after administering misoprostol. Since misoprostol can cause malformations in the foetus, if you decide to go ahead with the pregnancy, you should know that there is an increased risk of foetal malformations due to the drug.

6. CHECK-UP AFTER ABORTION: Around 60% of women miscarry within the three-four hours after the administration of misoprostol. The remaining 30% experience expulsion within 24 hours, and only 10% at a later period. In any event, 15 days after the intake of misoprostol, whether at home or in hospital, you must have your betaHCG checked. The result must be communicated to the doctor, who will tell you how to proceed. Should a clinical check-up prove necessary, the doctor will book an appointment with you to perform a visit and a possible transvaginal ultrasound.

7. THE RISK OF A NEW PREGNANCY: After abortion, you can fall pregnant already in the first few weeks, while some blood loss is still being experienced. To avoid a new pregnancy, adopt at once the contraceptive system discussed and chosen with the doctor, at the outpatient or family clinic. Hormonal contraception (pill, loop, or patch) can be started at the time of administering misoprostol. The subcutaneous implant can be inserted on the day of the intake of mifepristone or even misoprostol. A condom can always be used. It is advisable to avoid penetration during intercourse for at least seven days after abortion.