



Misoprostol and mifepristone effective for mid-trimester termination of pregnancy

Clinical question

What is the most effective method of mid-trimester (second trimester) termination of pregnancy (TOP)?

Bottom line

Medical TOP in the second trimester using the combination of mifepristone and misoprostol appeared to have the highest efficacy and shortest abortion time interval. Where mifepristone was not available, misoprostol alone was a reasonable alternative. Vaginal administration was the most efficient route of administration, and 3-hourly intervals of administration were more effective than 6-hourly intervals. Women who had previously given birth could take misoprostol sublingually. Pain resulting from uterine contractions and diarrhoea were the most common side-effects.

Caveat

Conclusions from this review were limited by the gestational age ranges and variable medical regimens (including dosing, administrative routes and intervals of medication) in the included trials. Irrespective of the medication used for second trimester TOP, there is a considerable risk of surgical intervention because of vaginal bleeding or incomplete abortion.

Context

Second-trimester medical TOP regimens have evolved greatly over the past 20 years with increasing availability of prostaglandin analogues, such as misoprostol and gemeprost, and anti-progesterone agents such as mifepristone, this is in addition to older regimens, such as instillation of hypertonic saline or dinoprostone.

Cochrane Systematic Review

Wildschut H et al. Medical methods for mid-trimester termination of pregnancy. Cochrane Reviews, 2011, Issue 1. Article No. CD005216. DOI: 10.1002/14651858.CD005216.pub2. This review contains 40 studies involving 5893 participants.

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