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TRAINING MANUAL

For Medical Methods of Abortion (MMA) in Early Gestation

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

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JULY 2022

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY **WELFARE**
NIRMAN BHAVAN, MAULANA AZAD **ROAD**
NEW DELHI - **110011**

DR. SUMITA GHOSH
Additional Commissioner
Telefax : 011-23063178
E-mail : sumita.ghosh@nic.in

29th *July, 2022*

Preface

The Medical Termination of Pregnancy Act, 1971 has recently been amended and the Medical Termination of Pregnancy (Amendment) Act, 2021 and the Medical Termination of Pregnancy (Amendment) Rules, 2021 as prescribed under the Act have come into force. These amendments intend to increase the ambit and access of women seeking legal abortion services for different reasons or indications. This will necessitate a large pool of legal service providers and an increased number of facilities especially for providing safe and quality abortion services through Medical Methods in early gestation age upto 9 weeks using globally proven technology.

For capacity building of medical officer in Medical Methods of Abortion (MMA) in peripheral facilities, this training manual has been developed in consultation with the expert group with representatives from the State Governments, Comprehensive Abortion Care Training centres, and Professional/Non-profit organizations. The manual will be useful to the facilitators/trainers as well as the trainees who undergo this training. It covers all aspects of Medical Methods of Abortion including details about its legal aspect, documentation of services, proper protocol of usage of drugs, counseling, complication management and post abortion contraception following MMA. Along with this, a guidance note has been prepared regarding requirement of the training centres who will be implementing this training.

States and UTs need to ensure availability of trained Registered Medical Practitioners at CHCs and PHCs along with availability of drugs, so that women needing abortion care are served at the peripheral facilities with safety, quality, respect and dignity.

I am thankful to Dr P. Ashok Babu, Joint Secretary (RCH), MoHFW, for his guidance and keen engagement in taking forward the operationalization of MMA trainings. I am also thankful to all the experts contributing towards the development of this manual especially Ipas Development Foundation for taking a leading role in compilation.

I look forward to effective implementation of amendments and initiation of Medical Methods of Abortion training and thereby significantly address the issue of unsafe abortions in the country.

(Dr. Sumita Ghosh)

List of Expert Group Members

S. No.	Name	Designation
1.	Dr. P. Ashok Babu	Joint Secretary (RCH) Ministry of Health & Family Welfare, Government of India.
2.	Dr. Sumita Ghosh	Additional Commissioner Incharge (CH, RBSK, AH, CAC & AD), Ministry of Health & Family Welfare, Government of India.
3.	Dr. Alok Banerjee	Technical Advisor, Parivar Seva Sanstha, New Delhi.
4.	Dr. Aparna Sharma	Additional Professor, Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, New Delhi.
5.	Dr. Basab Mukherjee	Vice President FOGSI & Consultant Gynaecologist, Woodlands Multispecialty Hospital, Kolkata, West Bengal.
6.	Dr. Indra Bhati	Senior Professor & Ex-Head, Department of Obstetrics & Gynaecology, Dr. S N Medical College & Hospital, Jodhpur, Rajasthan.
7.	Dr. Jyotsna Suri	Professor & Unit Head, Department of Obstetrics & Gynaecology, VMMC & Safdarjung Hospital, New Delhi.
8.	Dr. Ojaswini Patel	Associate Professor, Department of Obstetrics & Gynaecology, VSS Institute of Medical Sciences & Research, Burla, Sambalpur, Odisha.
9.	Dr. Pratima Mittal	Consultant & Ex-Professor, Department of Obstetrics & Gynaecology, VMMC and Safdarjung Hospital, New Delhi.
10.	Dr. Pushpa Chaudhary	Team Lead, RMNCAH, World Health Organization.
11.	Dr. Pushpa Nagar	Senior Professor & Unit Head, Department of Obstetrics and Gynaecology, SMS Medical College & Zanana Hospital, Jaipur, Rajasthan.
12.	Dr. Rathnamala M. Desai	President FPA India.
13.	Dr. Sangeeta Batra	Chief Technical Officer - Health Systems, Ipas Development Foundation, New Delhi.
14.	Dr. Saswati Das	Sexual & Reproductive Health and Rights Specialist, United Nations Population Fund, New Delhi.
15.	Dr. Savitha C.	Professor & Head, Department of Obstetrics & Gynaecology, Bangalore Medical College & Vani Vilas Hospital, Bangalore, Karnataka.
16.	Dr. Vanita Suri	Professor and Head, Department of Obstetrics and Gynaecology, Post Graduate Institute of Medical Education & Research, Chandigarh.
17.	Ms. Nidhi Verma	Consultant, Comprehensive Abortion Care, Ministry of Health & Family Welfare, Government of India.

List of Acronyms

BP	Blood Pressure
CAC	Comprehensive Abortion Care
COC	Combined Oral Contraceptive
DLC	District Level Committee
gm	gram
Hb	Haemoglobin
MPA	Medroxy Progesterone Acetate
IUCD	Intrauterine Contraceptive Device
IV	Intravenous
LMP	Last Menstrual Period
MBBS	Bachelor of Medicine and Bachelor of Surgery
mcg	microgram
mg	milligram
MMA	Medical Methods of Abortion
MTP	Medical Termination of Pregnancy
NHM	National Health Mission
P/S	Per Speculum
P/V	Per Vaginum
POC	Products of Conception
Rh	Rhesus (Blood group)
RMP	Registered Medical Practitioner
SRS	Sample Registration Survey
USG	Ultra Sonography
VA	Vacuum Aspiration
WHO	World Health Organization

Contents

Introduction to Medical Methods of Abortion

Unsafe abortions make a significant contribution to maternal morbidity and mortality. As per SRS 2001 - 03, abortion-related deaths account for nearly 8% of all maternal deaths in India. Numerous barriers limit access to safe abortion services including shortage and uneven distribution of trained providers; lack of infrastructure at the facilities; and lack of information about legality and availability of services among women and the community.

Medical Methods of Abortion (MMA) is one of the safe technologies for abortion care which offers an opportunity to increase accessibility and availability to abortion care services in early pregnancy. It can be offered at all levels of health care, including primary levels. It can also be provided on an outpatient basis.

MMA is a non-invasive technology and simplifies the requirements of place and equipment as required for Vacuum Aspiration procedures.

This manual explains use of MMA in early pregnancy up to nine weeks, as approved under the Medical Termination of Pregnancy (Amendment) Rules, 2021.

Medical Methods of Abortion Training
Pre-test Questionnaire

Name: .....

Name of training centre: .....

Dates of training: from .....(dd/mm/yy) to .....(dd/mm/yy)

Please put a tick under `True' or `False' for the following statements:

S.No.	Statement	True	False
1.	MMA is a safe and effective method to terminate early pregnancy upto 63 days.		
2.	MMA may adversely affect the woman's future fertility.		
3.	A physical examination of the woman is not required to provide MMA services.		
4.	A written consent of the woman seeking medical methods of abortion is mandatory on the prescribed format.		
5.	A minimum of four visits are recommended to complete the standard MMA drug protocol.		
6.	Only a Registered Medical Practitioner, as under the MTP Act can prescribe MMA drugs.		
7.	Fertility can return within 10 days of an abortion.		
8.	Most of the contraceptive methods can be started during the process of MMA after confirming their eligibility.		
9.	MMA drugs can cause congenital anomalies if pregnancy continues after their intake.		
10.	A woman should be within accessible limits of a health facility during the MMA process.		

Please encircle the correct answer in the following questions:

11. Which of the following is recommended for pain management during MMA?

    a. Tablet Paracetamol
    b. Tablet Ibuprofen
    c. Injection Diazepam
    d. Paracervical block

12. Which of the following is the LEAST effective route for Misoprostol administration during the MMA process?

    a. Sublingual
    b. Vaginal
    c. Oral
    d. Buccal

13. Which contraceptive methods CANNOT be started on the day of taking Misoprostol?

    a. Combined Oral Contraceptive pills
    b. Centchroman
    c. IUCD
    d. Injectables

14. Way to manage an incomplete abortion during the process of MMA is:

    a. Vacuum Aspiration
    b. Repeat dose of Misoprostol
    c. Either of the above two depending on the severity of bleeding

15. If pregnancy continues after MMA, it should be terminated by a repeat dose of MMA drugs:

    a. Yes, additional dose can be tried
    b. No, woman should be referred to higher centre for pregnancy termination with Vacuum Aspiration
    c. Pregnancy should be continued

1 Medical Methods of Abortion – An Overview

MMA is a non-surgical, non-invasive method for termination of pregnancy by using a combination of drugs. It provides women with another option for termination of pregnancy besides surgical methods and should be offered in addition to other available safe abortion methods, whenever possible.

1.1: Advantages and Limitations of MMA

Share with the participants the advantages and limitations of Medical Methods of Abortion.

MMA is one of the safe technologies available for pregnancy termination. It is a non-surgical method for early abortions and has both advantages as well as limitations over other methods of pregnancy termination.

Advantages of MMA

1. Abortion can be offered at an early stage of pregnancy upto 9 weeks of gestation, as approved under MTP (Amendment) Rules, 2021.
2. Potentially more private, being similar to a natural miscarriage.
3. Non-surgical method of abortion, and hence non-invasive.
4. No anaesthesia required.
5. Limited infrastructure needed, can be offered in settings where vacuum aspiration may not be possible.

Limitations of MMA

1. Multiple mandatory clinic/facility visits required during the MMA process.
2. Bleeding may occur for 8-13 days.
3. There may be side effects of the MMA drugs like nausea, vomiting, chills, and dizziness.
4. Once MMA drugs are taken, pregnancy should be terminated in case of continuation of that pregnancy, since there exists a risk of foetal malformation.

2 Law (MTP Act) and MMA

2.1: Eligibility of the Provider

In case of termination of pregnancy using Mifepristone and Misoprostol, only a Registered Medical Practitioner, as defined by the Medical Termination of Pregnancy (MTP) Act, can prescribe the drugs.

'Registered Medical Practitioner (RMP)' means a medical practitioner who possesses any recognized medical qualification (MBBS) as defined in the Indian Medical Council Act, 1956 (102 of 1956); whose name has been entered in a State Medical Register; and who has such experience or training in Gynaecology and Obstetrics as may be prescribed by Rules under this Act.

The MTP (Amendment) Rules, 2021 require that an RMP should have one or more of the following experience or training in Gynaecology and Obstetrics to be able to provide MMA:

1. Independently performed ten cases of MMA under the supervision of an RMP in a hospital established or maintained, or a training institute approved for this purpose, by the Government.
2. At least three months experience at any hospital in the practice of Obstetrics and Gynaecology.
3. Post–graduate degree or diploma in Obstetrics and Gynaecology.
4. Completed six months as House Surgeon in Obstetrics and Gynaecology.
5. Assisted an RMP in 25 cases of medical termination of pregnancy of which at least five have been performed independently in a hospital established or maintained by the Government or a training institute approved for this purpose by the Government.

2.2: Eligibility of the Place

Share with the participants the places from where MMA can be provided, as under the MTP Act.

In accordance with the MTP Act, termination of pregnancy with MMA shall be done at the following places:

a. A hospital established or maintained by the Government, or
b. A place for the time being approved for the purpose of this Act by the Government or a District Level Committee (DLC) constituted by the Government, with the Chief Medical Officer or District Health Officer as the Chairperson of the said Committee, or
c. In case of termination of early pregnancy up to nine weeks using Mifepristone and Misoprostol, an RMP as under the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancy under the MTP Act.

The clinic should display a certificate to this effect from the owner of the approved place.

2.3: Consent for MMA Procedure

Form C
(See rule 9)

I, ... daughter/wife of .....
aged about ..... years of .....
(here state the permanent address) at present residing at .....
do hereby give my consent to the termination of my pregnancy at .....
.....(state the name of place where the pregnancy is to be terminated)

Place:
Date: Signature

(To be filled in by guardian where the woman is a mentally ill person or minor)

I, ... son/ daughter/ wife of .....
aged about ..... years of ..... (permanent address)
at present residing at ..... do
hereby give my consent to the termination of the pregnancy of my ward .....
..... who is a minor/ mentally ill person at .....
.....(place of termination of pregnancy)

Place:
Date: Signature

Any woman 18 years and above can give her own consent for the MMA procedure.

For minors and mentally ill women, consent of the guardian should be taken. Guardian means a person having the care of them.

2.4: Documentation/Reporting of MMA Procedure

Share with the participants the documentation formats to be completed for MMA procedure, as under the MTP Act.

Since MMA comes under the purview of the MTP Act, the documentation is similar to that required for vacuum aspiration procedure. It is mandatory to fill and record information for abortion cases performed by MMA in the following forms:

1. Form C – Consent Form – this form is completed before initiating the abortion procedure. This is signed by the woman herself or guardian (in case of minor or mentally ill woman).
2. Form I – RMP Opinion Form – this form is used for providing opinion by the RMP for providing induced abortion services.
3. Form II – Monthly Reporting Form – this form is completed by the hospital incharge/owner to report the total monthly cases to the district authorities.
4. Form III – Admission Register– this register is used for recording all the induced abortion cases, done by surgical as well as medical methods.

Consent Form (Form C)

Form C

(See rule 9)

I……daughter/wife of……..

aged about……years of ……..

(here state the permanent address) at present residing at……..

do hereby give my consent to the termination of my pregnancy at ……..

……(state the name of place where the pregnancy is to be terminated)

Place:

Date: Signature

(To be filled in by guardian where the woman is a mentally ill person or minor)

I……son/ daughter/ wife of ……

aged about……years of……
(permanent address)

at present residing at …… do

hereby give my consent to the termination of the pregnancy of my ward ……

…… who is a minor/ mentally ill person at ……

……(place of termination of pregnancy)

Place:

Date: Signature

RMP Opinion Form (Form I)

FORM I

RMP Opinion Form

(For gestation age upto twenty weeks)

[See Regulation 3]

I _____

(Name and qualifications of the Registered Medical Practitioner in block letters)

_____

(Full address of the Registered Medical Practitioner)

hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of _____

(Full name of pregnant woman in block letters)

resident of_____

(Full address of pregnant woman in block letters)

for the reasons given below*.

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital/approved place.

Place:

Date:

Signature of the Registered Medical Practitioner

*of the reasons specified items (a) to (e) write the one which is appropriate:

a. in order to save the life of the pregnant women,
b. in order to prevent grave injury to the physical and mental health of the pregnant woman,
c. in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,
d. as the pregnancy is alleged by pregnant woman to have been caused by rape,
e. as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place:

Date: Signature of the Registered Medical Practitioner

Monthly Reporting Form (Form II)

FORM II

[Refer Regulation 4(5)]

Month & Year: .....

1. Name of the State:

2. Name of Hospital/approved place:

3. Duration of pregnancy: *(Give total number only under each sub-head)*
(a) Upto 9 weeks (Medical Methods of Abortion Only):
(b) Upto 12 weeks (Surgical Methods of Abortion Only):
(c) Between 12-20 weeks:
(d) Between 20 -24 weeks:
(e) Beyond 24 weeks:

4. Religion of woman: *(Give total number under each sub-head)*
(a) Hindu:
(b) Muslim:
(c) Christian:
(d) Others:

5. Termination with acceptance of contraception: *(Give total number under each sub-head)*
(a) Sterilization:
(b) IUCD:
(c) OCP/Injectable Contraceptive:
(d) Others:

6. Reasons for termination: *(Give total number under each sub-head)*
A. Up to 20 weeks of gestation
(a) Danger to the life of the pregnant woman:
(b) Grave injury to the physical and mental health of the pregnant woman:
(c) Pregnancy caused by rape:
(d) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped:
(e) Failure of any contraceptive device or method:

B. Between 20-24 weeks of gestation
(a) Survivors of Sexual Assault/Rape/Incest:
(b) Minors:
(c) Change of marital status during the ongoing pregnancy (widowhood and divorce):
(d) Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)]:
(e) Mentally ill women including mental retardation:
(f) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped:
(g) Women with pregnancy in humanitarian settings or disasters or emergency situations as declared by Government:

C. Beyond 24 weeks of gestation
(a) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped:

Signature of the Officer In-charge with Date

FORM III

[Refer Regulation 5]

Admission Register

(To be destroyed on the expiry of five years from the date of the last entry in the Register)

Name of Facility: _____ Month _____ Year _____

S. No.	Date of Admission	Name of the Patient	Wife / Daughter of	Age	Religion	Address	Duration of Pregnancy	Reasons on which Pregnancy is terminated	Date of termination of Pregnancy	Date of discharge of patient	Result & Remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed *(For pregnancy beyond 24 weeks mention the names of Medical Board members)*	Name of Registered Medical Practitioner(s) by whom Pregnancy is terminated	Method of MTP (MVA/ EVA/ MMA/ D&C/ Others)	Post Abortion Contraception (Tubal Ligation (TL)/IUCD/ OCP/ Injectables/ Others/ None)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Following are the **key conditions/requirements** for MTP using medical methods, as under the MTP Act:

- It can be performed only by eligible RMPs as under the MTP (Amendment) Rules, 2021.
- It can be performed for gestation age up to nine weeks, at approved sites as well as outdoor clinic of an RMP with referral linkages, provided a certificate of access to an approved site is displayed at the clinic.
- Documentation formats (Form C, I, II, III) are mandatory to be completed for MMA.

Confidentiality of the woman is to be fully ensured and her particulars should not be shared with anyone except the person authorised by the law.

3 Indications/Contraindications for MMA

3.1: Indications for MMA

Share with the participants the indications, contraindications, and situations for special precautions for prescribing MMA.

Option for MMA should be given to all women coming to a health facility seeking termination of pregnancy up to nine weeks of gestation (63 days from the first day of the last menstrual period in women with regular cycles of approximately 28 days).

3.2: Contraindications for MMA

Medical methods of abortion is contraindicated in women with:

- Confirmed or suspected ectopic pregnancy[1] or undiagnosed adnexal mass, as Mifepristone or Misoprostol cannot treat ectopic pregnancy
- Anaemia (haemoglobin <8gm %)
- Uncontrolled hypertension with BP >160/100mm Hg
- Chronic adrenal failure
- Severe renal, liver, or respiratory diseases
- Uncontrolled seizure disorder
- Inherited porphyria
- Glaucoma
- Allergy or intolerance to Mifepristone/Misoprostol or other prostaglandins

Women with co-morbidities should be referred to higher centres.

[1]*Signs/symptoms during ectopic pregnancy could include:*

- *Lower abdominal pain, usually one-sided, that may be sudden and intense, persistent, or cramping*
- *Irregular vaginal bleeding or spotting*
- *Fainting or dizziness that persists for more than a few seconds, possibly indicative of internal bleeding. Internal bleeding is not necessarily accompanied by vaginal bleeding*
- *Uterine size that is smaller than expected*
- *Palpable adnexal mass*
- *Tender cervical movements*
- *No POC after a vacuum aspiration procedure*

When ectopic pregnancy is suspected, transfer the woman as soon as possible to a facility that can confirm diagnosis and begin treatment. Ectopic pregnancy can be diagnosed with a careful history, examination, and USG

3.3: Special Precautions for MMA

Besides absolute contraindications, MMA drugs are to be used with caution in the following situations, as given below:

- Current long-term use of systemic corticosteroids (including those with severe uncontrolled asthma).
- Coagulopathy or on anticoagulant therapy.
- Pre-existing heart disease or cardiovascular risk factors.
- Pregnancy with in-situ intrauterine contraceptive device (IUCD): IUCD must be removed before giving drugs for abortion.
- Pregnancy with fibroid: Women with symptomatic large fibroids encroaching on endometrial cavity can have heavy bleeding and fibroids may interfere with the uterine contractility.
- Pregnancy with uterine scar: Caution should be exercised when MMA is offered to women with a previous history of caesarean section, hysterotomy or myomectomy.
- Bronchial asthma: Misoprostol is a weak bronchodilator and therefore, could be used in women with bronchial asthma. However, prostaglandins other than Misoprostol should not be used.
- Use of anti-tubercular drugs: These may decrease the efficacy of MMA drugs.

3.4: Eligibility Checklist for MMA

Given below is a quick checklist to assess the eligibility of the woman for MMA. Only if all the answers from 1 to 8 are "NO", proceed with the procedure:

Table 1: Eligibility Checklist

Eligibility Checklist		Yes	No
1	Gestation period or uterine size more than 9 weeks		
2	Suspected or diagnosed ectopic pregnancy or undiagnosed adnexal mass		
3	History of bleeding disorders or inherited porphyrias		
4	History of uncontrolled seizure disorder/respiratory/hepatic/renal disease		
5	History of allergic reaction to Mifepristone/Misoprostol		
6	History of uncontrolled hypertension with BP >160/100mm Hg		
7	History of chronic adrenal failure or glaucoma		
8	Woman looks anaemic/pale		

4 About MMA Drugs

4.1: Drugs Used for MMA

Recommended drugs for MMA are Mifepristone and Misoprostol.

Share with the participants the mechanism of action of the drugs used for MMA.

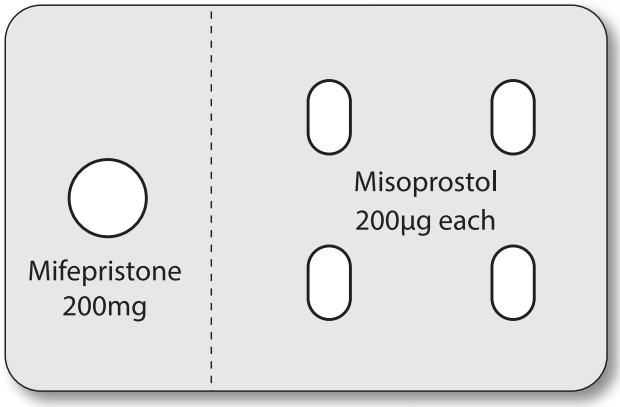


Figure 1: MMA Combipack (Mifepristone and Misoprostol)

MMA drugs are Schedule H drugs and are to be sold by retail on the prescription of a Registered Medical Practitioner only.

Mifepristone is an antiprogestin, which blocks the progesterone receptors in the endometrium, causing the necrosis of uterine lining and detachment of implanted embryo. It causes cervical softening, increases sensitivity of the cervix and uterus to the action of prostaglandins and may initiate uterine contractions too. A small percentage of women (3%) may expel products of conception (POC) with Mifepristone alone.

Misoprostol is a synthetic prostaglandin E1 analogue. It binds to the myometrial cells and leads to cervical softening and dilatation and uterine contractions. This leads to the expulsion of POC from the uterus. Misoprostol has an advantage over other prostaglandins as it is well absorbed from different routes of administration, is economical, stable at room temperature, and does not cause bronchoconstriction in comparison to PGF2alpha derivatives.

It was earlier used for prevention and treatment of gastric ulcer.

Different Routes of Misoprostol Administration:

1. Sublingual (below the tongue)

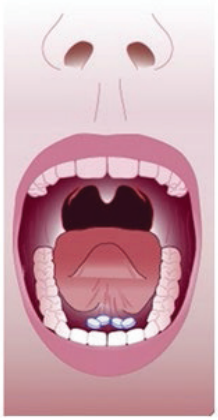


Figure 2: Sublingual administration of Misoprostol

2. Buccal (in the cheeks)

Figure 3: Buccal administration of Misoprostol

3. Vaginal

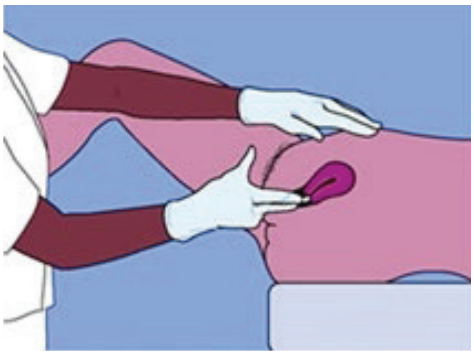


Figure 4: Vaginal administration of Misoprostol

4. Oral

Figure 5: Oral administration of Misoprostol

Below is the graph with pharmacokinetics of Misoprostol by different routes:

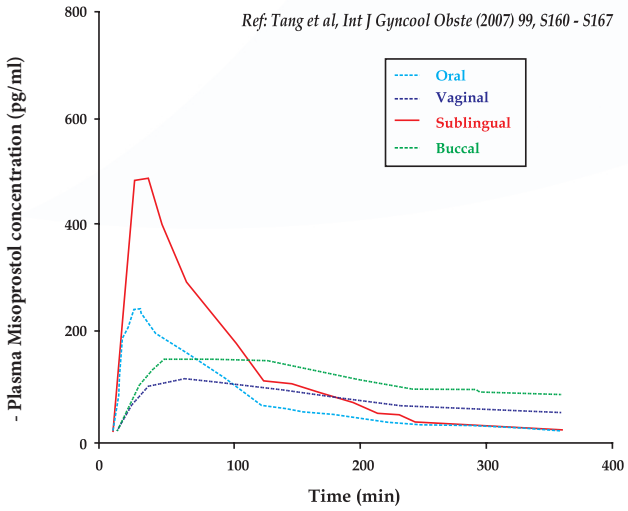


Figure 6: Graph comparing pharmacokinetics of Misoprostol administered by different routes

The table below indicates the effectiveness of Misoprostol when administered by different routes:

Table 2: Effectiveness of Misoprostol administered by different routes[2]

Route of Administration	Peak Levels Attained	Bioavailability
Sublingual	Rapidly (30 minutes)	Long duration (6 hours)
Vaginal[3]	Gradually (70-80 minutes)	Longest duration (>6 hours)
Buccal	Gradually (70-80 minutes)	Moderate duration (3 hours)
Oral (only if gestation age is upto 7 weeks)	Rapidly (30 minutes)	Short duration (2 hours)

[2]*Tang et al, Int J Gynecol Obste (2007), 99 S160 – S167*

[3]*Moistening the tablet before vaginal administration does not improve efficacy (ACOG, 2009)*

5 MMA Protocol and Process

The steps of the MMA procedure are divided based on the day of visit. Typically, it requires three visits (Day 1, 3 and 15). 2nd visit on Day 3 is optional when the woman takes Misoprostol at home, in consultation with the provider.

5.1: Drug Protocol

Share with the participants the drug protocol to be used for MMA and the whole process of abortion when performed by MMA.

Table 3: MMA Drug Protocol

Visit	Day	Drugs used
First	**1** One	• 200 mg Mifepristone oral; • Anti D 50 mcg, if Rh negative.
Second	**3** Three	• 800 mcg Misoprostol (four tablets of 200 mcg) sublingual/ buccal/vaginal/oral only if < 7 weeks; • Analgesic (Ibuprofen); • Antiemetic; • Offer contraception.
Third	**15** Fifteen	• Confirm and ensure completion of abortion; • Offer contraception, if not already done so.

5.2: Process of MMA

A. First Visit/Day 1/Day of Mifepristone Administration

First visit starts with assessing the suitability of the woman to undergo medical methods of abortion. Suitability is judged by taking a detailed history, conducting a clinical examination, necessary investigations and excluding the contraindications.

First visit sometimes may not be the day of Mifepristone administration.

It is the day of Mifepristone administration which is taken as Day 1. It is important to ensure that women are already well evaluated and counselled, including contraceptive counselling, on Day 1 before administering Mifepristone.

1. Detailed History

a. Demographic profile: age, religion, address etc.
b. Menstrual history: length and duration of cycle, flow (excess or normal), and LMP

c. Obstetric history: parity, live births, abortion (induced and spontaneous and if any complications), previous caesarean section (if any), last childbirth/abortion, and presently lactating or not
d. History of pre-existing medical/surgical conditions:

- Hypertension
- Heart disease
- Diabetes mellitus
- Epilepsy
- Asthma (not a contraindication with PGE1)
- Renal disease
- Drug allergies including to Mifepristone / Misoprostol
- Bleeding disorders
- Current medication
- Previous uterine/tubal/abdominal surgery/ectopic pregnancy
- Treatment for infertility/Tuberculosis/pelvic inflammatory disease

e. History of any interference/drugs taken in this pregnancy to attempt termination/bleeding per vaginum
f. Contraceptive history: type and duration of contraceptive used
g. Status of tetanus immunization: last dose received
h. Psychosocial assessment: to assess family support
i. History of sexual assault and domestic violence

Eligibility of the woman may be assessed using the `Eligibility Checklist' given in the Chapter 3: Indications/Contraindications for MMA, section 3.4.

2. Counselling: General and Method-specific Counselling

Share with the participants the general and MMA specific counselling points to be conveyed to the woman while counselling for MMA procedure.

General Counselling

While counselling the woman, attention must be paid to the following points:

The counsellor needs to understand with empathy and sensitivity, why abortion is being sought.

- Ask about her existing knowledge and beliefs about abortion options.
- Tell her about all the methods available for abortion and how each method differs from the other.
- Discuss her contraceptive needs and counsel her accordingly for contraception after abortion. Inform her about return of fertility within 10 days of an abortion process/procedure.
- Discuss infection prevention aspects like local hygiene, handwashing, and use of clean sanitary napkins, etc.

Figure 7: Counselling on MMA procedure

Method-specific Counselling

If the woman chooses MMA, she should be provided the following information:

a. It is a non-invasive and non-surgical method.
b. However, failure of the method or excessive bleeding (soaking two or more thick pads per hour for two consecutive hours) may necessitate further management at a higher centre for vacuum aspiration.
c. The process is similar to a natural miscarriage.
d. She needs to make a minimum of three visits to the facility (Day 1, 3, and 15). Home administration of Misoprostol is allowed on provider's discretion. In such cases, the number of facility visits will reduce to two (Day 1, and 15).
e. She must follow a definite drug protocol.
f. She has option of different routes of Misoprostol administration and would be helped to choose one.
g. She should stay within the accessible limits of the appropriate health care facility.
h. There could be teratogenic (harmful) effect on the foetus if the method fails and pregnancy continues.
i. A small percentage of women (3%) may expel products with Mifepristone alone, but total drug schedule with Misoprostol must be completed.
j. During the abortion process, it is ideal to avoid intercourse to prevent infection, or hence use barrier methods.
k. Explain the symptoms that would be experienced by her.

Expected Symptoms during MMA

Share with the participants the expected symptoms during the process of MMA.

- *Bleeding per vaginum* is an essential part of the MMA process since it is similar to miscarriage. Bleeding is usually heavier than what is experienced during a menstrual period. Bleeding often lasts for 8 to 13 days. Soaking of two thick pads within one to two hours after taking Misoprostol, is considered normal, but this should decrease over time. If it happens beyond 4 – 6 hours of taking Misoprostol, the provider/facility should be contacted.
- *Abdominal pain* is experienced as a part of the MMA process. Refrain from describing cramping pain like labour pains. Instead, it can be compared with severe menstrual cramps. Sometimes the pain begins following ingestion of tablet Mifepristone, but most often it starts after Misoprostol

administration and is heaviest during the actual abortion process, often lasting up to four hours. If the pain is persistent even after taking an analgesic, the possibility of ectopic pregnancy should always be ruled out.

- *Nausea, vomiting, and diarrhoea*, etc. are normal side effects of drugs.

For covering all the important points during the counselling of the woman before MMA, `Counselling Skills Checklist' may be referred to, which is given as`*Annexure – 1.*

3. Clinical Assessment and Eligibility Screening

Clinical assessment includes General Physical, Systemic, Abdominal and Pelvic Examination:

a. Check for pallor: if pallor exists, heavy bleeding during the procedure may worsen the condition and increase the risk of shock and ill health.
b. Check Blood pressure; cardiovascular; and respiratory system for any pre-existing disease.
c. Look for any mass, rigidity, tenderness in abdominal examination.
d. Carry out Pelvic examination (P/S and P/V).

Figure 8: Performing bimanual examination

- P/S examination: look for infection, discharge (type), cervical erosion, polyp
- P/V examination: check the size, direction, shape and regularity, and consistency of uterus to confirm the period of gestation and rule out adnexal mass
- Rule out ectopic pregnancy, in case of adnexal mass/fullness or tenderness in adnexa or cervix

Uterine size estimation through bimanual examination is the most critical skill required for MMA.

4. Investigations (Recommended)

i. Haemoglobin
ii. Routine urine examination
iii. Blood Group: ABO Rh especially in primigravida
iv. Pregnancy test

Investigations as per the need:
Ultrasonography (USG): USG may be done at sites where these facilities are available. However, it is not mandatory for all women undergoing pregnancy termination with medical methods. USG needs to be performed when:

- Women are unsure of LMP or have conceived during lactational amenorrhea.
- Women with discrepancy between history and clinical findings.
- Women with suspicion of ectopic pregnancy.
- Provider is uncertain after bimanual examination, or inability to measure uterine size due to obesity, and/or pelvic discomfort.
- Provider is uncertain about the completion of the process during the follow-up visit.

5. Contraceptive Options

Woman's acceptance for contraceptive method should not be a pre-condition for providing abortion services. However, all post abortion contraceptive options should be discussed with her, and she should be helped to choose the appropriate contraception for herself, based on her eligibility.

6. Informed Consent

Get the consent of the woman/guardian in Form C. Also fill in the RMP Opinion Form (Form I), before prescribing MMA drugs.

7. Tablet Mifepristone (200mg) is administered orally

Anti-D (50 mcg) given to Rh negative woman.

8. Iron and Folic Acid Tablets

90 tablets (to be taken for next three months) should be given to all women undergoing MMA procedure.

9. Sanitary Napkins

Use of sanitary napkins is recommended for prevention of infection.

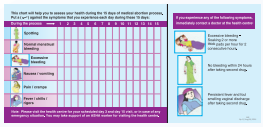
10. Antibiotics

Routine use of prophylactic antibiotics is not indicated.

Antibiotics should be given to women with suspected/evident reproductive tract infections. Recommended antibiotics are Doxycycline 100 mg, twice a day for five days for non-lactating women, and Azithromycin 500 mg, once a day for three days for lactating women.

11. Give contact address and phone number of the service provider/facility where woman can go in case of an emergency.

12. Complete the MMA card



Explain the MMA card *(Annexure - 3)* to the woman and instruct her to note down her symptoms on it.

At the sole discretion of the service provider, a woman can be given Misoprostol to be taken at home. In such cases, a thorough counselling on what is expected after taking Misoprostol, should be done. She should be called back on 15th day for follow up.

The table below summarizes the tasks for Day 1 of the MMA protocol:

Table 4: Tasks for Day 1/Day of Mifepristone administration

Provider's Task 	**Instructions to the Woman** 
Detailed history, rule out contraindications and note special precautions	Take tablet Mifepristone 200 mg orally
General and MMA specific counselling	What to expect after taking tablet Mifepristone
General physical and pelvic examination Estimation of gestation age by bimanual examination is the most important skill required for MMA	She may have pain/bleeding in the next 2 days Take analgesic, if required
Fill in Form I, Form C Record investigations	Return for Misoprostol on Day 3 (unless decided by provider to give her for home administration)
Discuss contraceptive options	Avoid intercourse or use barrier methods
Complete MMA card with complete contact information for emergency	Keep filling the symptoms on MMA card
Medication to be given: Mifepristone, Analgesic (Ibuprofen), Iron & Folic Acid (90 tablets), Sanitary napkins	Report to the provider/facility if there is: Excessive bleeding Severe pain abdomen
Complete the records in Form III (Admission Register)	

B. Second Visit/Day 3/Day of Misoprostol Administration

1. **Note any history of bleeding/pain or any other side effects after tablet Mifepristone:** Some women will start bleeding after the administration of tablet Mifepristone.
2. **Administer Misoprostol:** Ask the woman to empty her bladder. Give/insert four tablets of 200 mcg Misoprostol (total 800 mcg) by sublingual/buccal/vaginal route. Oral route may be used if pregnancy < 7 weeks.
3. **Ask her to lie in bed for half an hour after vaginal insertion.**

   If she vomits tablet Misoprostol within half an hour of its intake, the same dosage (800 mcg Misoprostol) should be repeated, after giving an anti-emetic.
4. **Observe the woman for four hours after Misoprostol administration in the clinic/hospital and monitor:**

   i. Pulse and blood pressure
   ii. Time of start of bleeding and expulsion of products (if it occurs)
   iii. Side effects of the drugs (e.g. chills)
5. **Medication for pain relief:** Usually the pain starts after taking Misoprostol, so analgesic can be taken well in time before pain becomes intolerable. *Tablet Ibuprofen 400 mg is recommended*. Paracetamol is not recommended for pain relief during the process of MMA. If pain does not subside on taking drugs, the possibility of ectopic pregnancy should be ruled out. Receiving complete information during counselling and reassurance during the process helps the woman to tolerate pain better.
6. **Perform pelvic examination** before the woman leaves the clinic/facility and if cervical os is open and products are partially expelled, remove them digitally. She should be observed for another few hours or till the expulsion of the POC is complete.
7. **In case the woman does not abort at the health centre or takes Misoprostol at home, inform her about:**

   - Reporting back to the centre/service provider in case of excessive bleeding/acute abdominal pain
   - Warning signs and symptoms
   - Using clean sanitary napkins
   - Avoiding tampons and douche
   - Reporting back if there is no bleeding even 24 hours after taking Misoprostol
8. **Side effects of the drugs such as nausea, vomiting, diarrhoea (usually mild), headache, fever, and dizziness**
9. **Return for follow-up on the Day 15**
10. **Keep filling the MMA card**

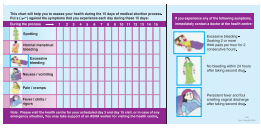
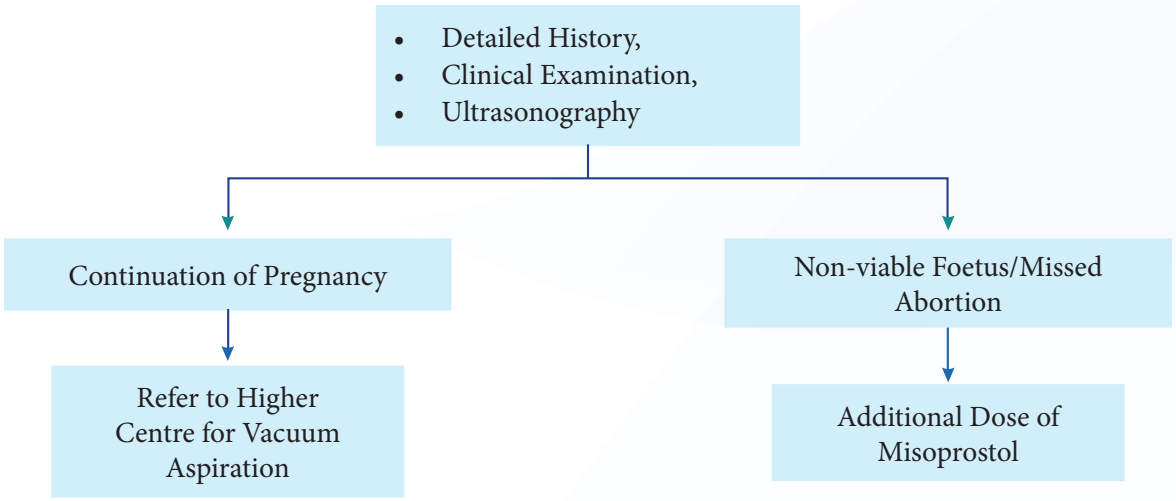


Chart 1: Plan of action if there is no bleeding even 24 hours after administration of Misoprostol



The table below summarizes the tasks for Day 3 of the MMA protocol:

Table 5: Tasks for Day 3/Day of Misoprostol administration

Provider's Task	Instructions to the Woman
Note history of bleeding/pain in abdomen/other side effects of tablet Mifepristone	Lie in bed for 30 minutes if Misoprostol is inserted vaginally
Give four tablets of Misoprostol (total 800 mcg) sublingual/vaginal/buccal	Possible side effects – nausea, vomiting, diarrhoea, headache, chills, and dizziness
Observe for 4 – 6 hours in the facility	Avoid intercourse till bleeding stops
Prescribe tablet Ibuprofen for pain relief	Use clean sanitary napkins. Avoid tampons and douche
Bimanual examination just before discharge from the facility	Avoid going out of station till the third visit
Antiemetics or antidiarrhoeal may be prescribed	Report back if: No bleeding for even 24 hours after Misoprostol Excessive bleeding – soaking 2 or more thick pads for 2 hours continuously Fever >24 hours after Misoprostol
Explain what to expect after Misoprostol administration	Return for follow up on Day 15 or earlier, if required
OCP/Injectables/Centchroman can be started if chosen	Keep filling the MMA card

C. Third Visit/Day 15/Follow-up Visit

1. Note relevant history/check MMA card
2. Carry out pelvic examination to ensure completion of abortion process/continuation of pregnancy
3. Reiterate contraceptive counselling and services
4. Advise USG if:
   - complete expulsion of POC not confirmed
   - continuation of pregnancy suspected
   - bleeding continues
5. Ask the woman to report back if there are no periods within six weeks

The table below summarizes the tasks for Day 15 of the MMA protocol:

Table 6: Tasks for Day 15/Follow up visit

Provider's Task 	Instructions to the Woman 
Note history of bleeding/pain in abdomen/ expulsion of POC	Contraceptive advice as per the method chosen
Pelvic examination to confirm completion of the process. USG, if indicated	Report back if no periods within six weeks of completion of abortion process
IUCD, if chosen by the woman and all contraindications are ruled out	
Reiterate contraceptive counselling and services	

5.3: Post MMA Contraception

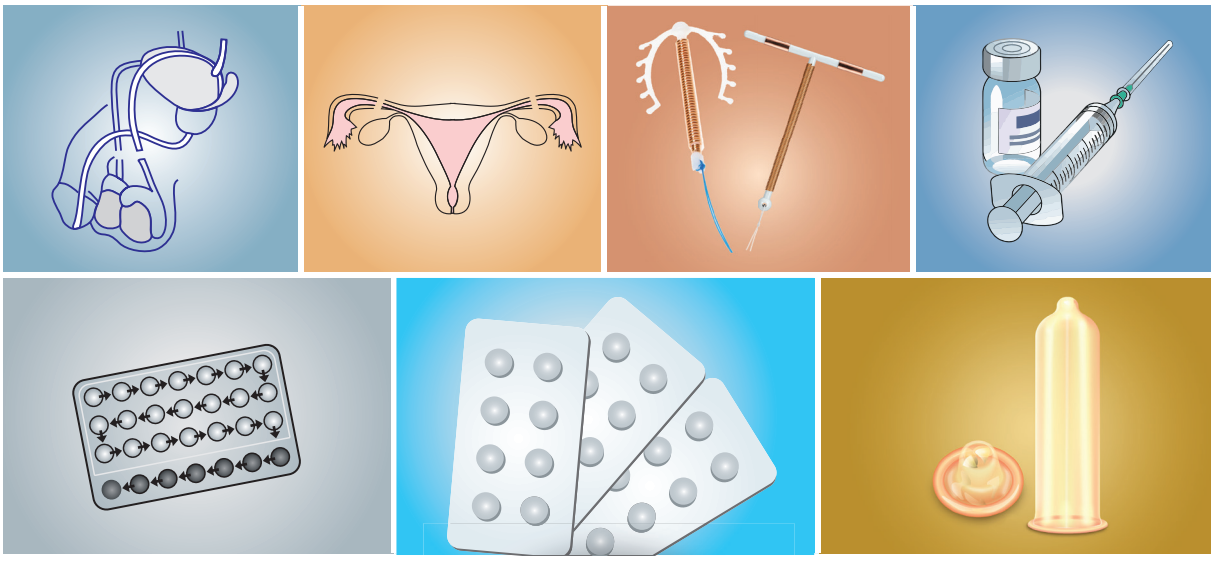


Figure 9: Contraceptive Methods

- Oral hormonal contraceptive methods, whether combined (estrogen and progestogen) or progestin-only, can be started on the day of the Misoprostol administration (Day 3) or Day 15 of the MMA protocol.
- Injectable hormonal method (Injection-MPA/Antara Programme) can be started on Day 3 of the MMA protocol.
- Centchroman can be started on Day 3 of the MMA protocol.
- IUCD can be inserted after confirming complete abortion and ruling out contraindications, on Day 15 of MMA protocol.
- Condoms can be used even on Day 1 of MMA administration.
- Tubal ligation can be done after the next menstrual cycle. However, if desirous of concurrent tubal ligation, woman maybe referred to the higher centre for vacuum aspiration with concurrent tubal ligation.
- Vasectomy, if chosen, can be done independent of the MMA procedure.

Table 7: Table below summarizes the day of initiation of contraceptive methods during the process of MMA

Day of MMA Process	Day 1	Day 3	Day 15	After Next Menstrual Cycle
Contraceptive Methods that maybe Initiated	• Condoms	• COCs • Injectables • Centchroman • Condoms	• IUCD • COCs • Condoms	• Tubal ligation • IUCD • COCs • Injectables • Centchroman • Condoms

6 Side Effects and Complications with MMA and their Management

6.1: Side Effects with MMA

Share with the participants the side effects and potential complications during the process of MMA and their management.

Figure 10: Side effects with MMA drugs – headache, vomiting

Common side effects experienced with MMA are:

a. Gastrointestinal side effects
b. Fever, warmth, and chills
c. Headache and dizziness

- **Gastrointestinal Side Effects:** Diarrhoea, nausea and vomiting are commonly reported by women following the use of Misoprostol. These side effects are mild and self-limiting and pass off without any treatment. Antiemetic and anti-diarrhoeal medicines may be prescribed when needed. ORS can be given if vomiting or diarrhoea is severe.

- **Fever, Warmth, and Chills:** Fever, feeling of warmth, and chills are short-lived and self-limiting side effects. Treatment is generally not required but the woman should know that she may experience these symptoms. Persistent fever (> 38° C for two readings four hours apart) may indicate infection and must be evaluated and treated accordingly, though post-abortion infection is rare during MMA.

- **Headache and Dizziness:** Some women during the process of MMA report headache and dizziness. Headache is treated with non-narcotic analgesics and mild dizziness of short duration is managed by hydration. Advise the woman to take plenty of fluids, rest and exercise caution while changing position.

6.2: Safety and Effectiveness

Before proceeding with the complications associated with MMA, share with the participants the safety and effectiveness of MMA drugs.

Safety

Mifepristone and Misoprostol are safe drugs for terminating pregnancy if the woman does not have any contraindications for their use.

Effectiveness

A combination of Mifepristone and Misoprostol has an effectiveness of 95 – 99% for termination of early pregnancy up to nine weeks.

Failed Abortion: Women with continued signs of pregnancy or clinical signs of failed abortion should be referred to higher centre as expeditiously as possible for further management.

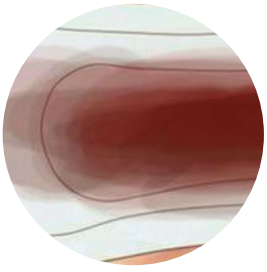
Referral to higher centre for further appropriate management is needed in cases of:

- Continuation of pregnancy after administration of MMA drugs
- Excessive bleeding anytime during the MMA process
- If abortion process is incomplete at the time of follow up visit

6.3: Complications and their Management

Potential complications associated with MMA are:

A. Excessive vaginal bleeding
B. Incomplete abortion
C. Continuation of pregnancy
D. Infection



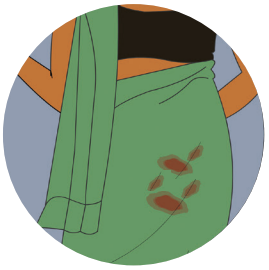
A. Excessive Vaginal Bleeding

Soaking two or more thick pads per hour for two consecutive hours need close monitoring of the woman.

In this condition, she should report to the facility.
Conduct examination, including bimanual examination, to rule out incomplete abortion and assess for hypovolemia. Following should be done in such cases:

- Fluid replacement: IV infusion with Ringers Lactate solution 30 drops per minute should be started and simultaneous preparation for referral to the higher centre.

B. Incomplete Abortion



Generally, these women present with excessive/continued bleeding.

Rapid initial assessment of the woman's vital parameters, haemodynamic stability should be done and proceeded accordingly:

1. If her condition is unstable, resuscitate and stabilize her. Stabilization should be followed by examination and further management accordingly, including referral to the higher centre.
2. If her condition is stable, proceed with the examination:
    a. If POC is felt at the os, manage with digital evacuation. Further treatment will be based on the severity of bleeding and status of her general condition.
        i. She may be offered an additional dose of Misoprostol (dosage given below) provided bleeding is not heavy:

        Misoprostol 600 mcg oral or 400 mcg sublingual can be repeated in such cases of incomplete abortion.

        ii. If bleeding continues even after an additional dose of Misoprostol, she should be referred to higher centre for further management.

        iii. If bleeding is controlled and general condition improves, she may be treated conservatively at the same facility and discharged when appropriate.

    b. If no products are felt at the os, decide the line of management based on the clinical symptoms, pelvic examination, and USG findings:

        i. If the gestation sac is visible but is non-viable, then an additional dose of Misoprostol (dosage given above) may be offered to the woman. Wait for the products of conception to be expelled with time. The woman should be counselled to return to the clinic after one week to ensure that the abortion is complete.

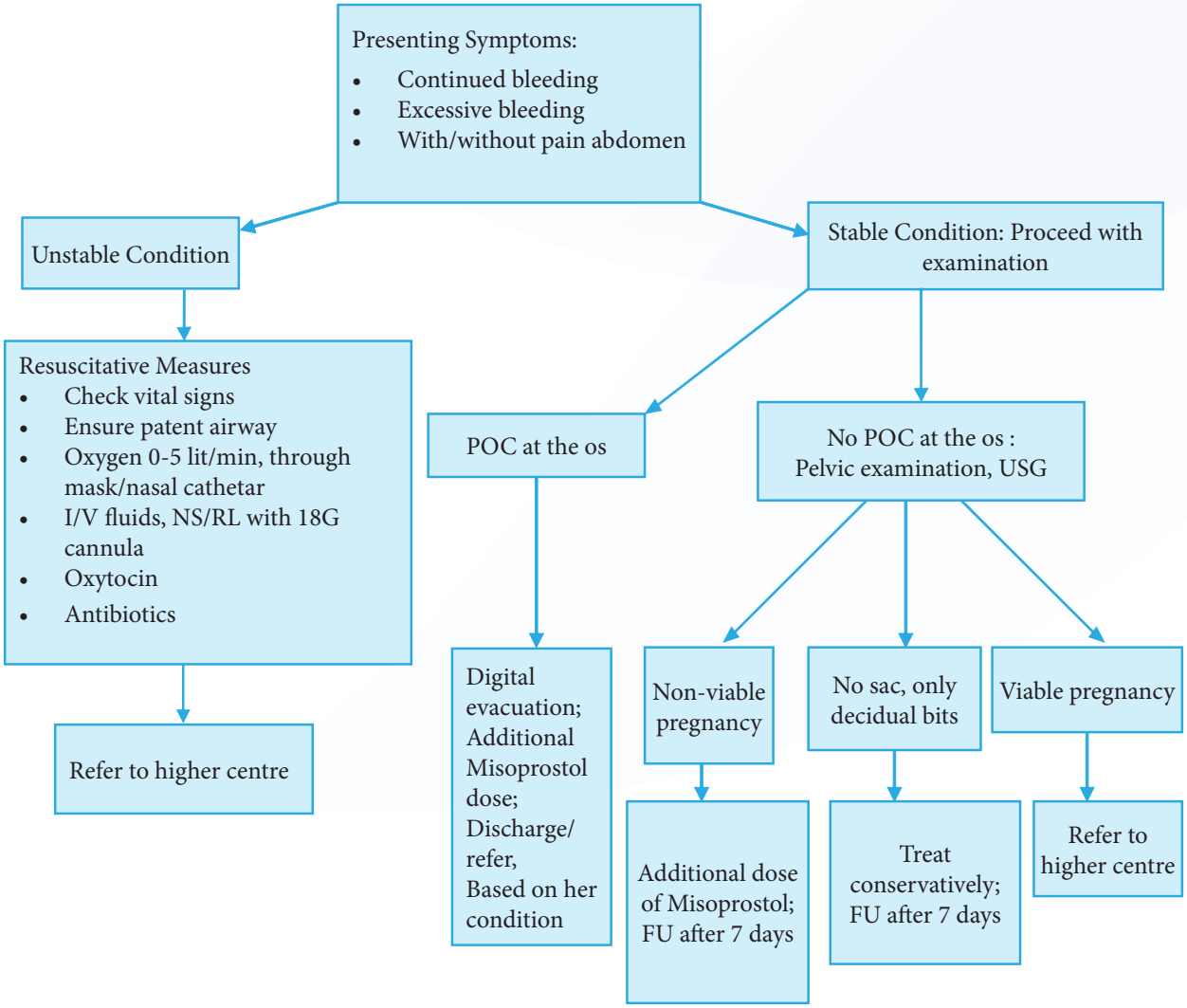
        If bleeding continues even after an additional dose of Misoprostol, she should be referred to higher centre for further management.

        ii. If no gestation sac is visible on USG but bleeding continues due to decidual bits in the uterine cavity, manage conservatively, without any medication or intervention as these are expelled spontaneously in most cases. An additional visit after seven days will have to be planned to ensure completion of the process.

        If bleeding is profuse at any time during this process, she should be referred to higher centre for further management.

        iii. If USG shows viable gestation sac, refer the woman to higher centre for vacuum aspiration.

Chart 2: Flow chart for Treatment of Incomplete Abortion



C. Continuation of Pregnancy

If the pregnancy continues despite taking drugs for MMA, it indicates that the drugs were ineffective. In such cases, refer the woman to higher centre for pregnancy termination by Vacuum Aspiration in view of the teratogenic effect of the drugs[4].

[4]*Data on continuing pregnancy after Mifepristone exposure without Misoprostol are limited. The association between Misoprostol and congenital anomalies is better established. The most typical malformations associated with Misoprostol use are Möbius syndrome, a rare disorder of cranial nerve palsies associated with limb anomalies and craniofacial defects, and terminal transverse limb defects. Although not clearly established, the proposed mechanism is vascular disruption due to uterine contractions leading to disordered fetal development*

D. Infection

Infection of uterus is uncommon if all precautions are followed. If the woman has symptoms such as fever, chills, foul-smelling discharge, or bleeding and pain in lower abdomen, uterine infection may be suspected. Start broad spectrum antibiotics as soon as possible and refer her to the higher centre for further management, if required. The recommended antibiotics are Doxycycline 100 mg, twice a day for five days for non-lactating women, and Azithromycin 500 mg, once a day for three days for lactating women.

6.4: Warning Symptoms and Signs

The warning symptoms and signs during the MMA process, for which she should immediately contact the service provider or facility should be explained to the woman.

Signs and symptoms are as below:

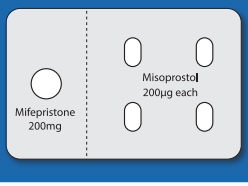
- Excessive bleeding, soaking two thick pads in an hour for two consecutive hours
- Persistent severe pain abdomen, not relieved by analgesics
- Fever
- Foul smelling discharge
- Fainting attacks
- No/minimal bleeding even 24 hours after the administration of Misoprostol
- No periods after six weeks of the completion of MMA process

7 Comparison: VA and MMA Procedure

Share with the participants the comparative features of the medical and surgical methods of abortion.

Though, both vacuum aspiration as well as medical methods are safe technologies, both have their distinct features. Key features are enumerated below:

Table 8: Comparison of VA and MMA

Feature	Vacuum Aspiration	Medical Methods
		
Technique used	Uterine contents evacuated through a cannula attached to electric/manual vacuum source	Expulsion of uterine contents with drugs – Mifepristone and Misoprostol
Gestation limit for the technology	Can be used upto 12 weeks	Can be used upto 9 weeks
Effectiveness	More than 98%	95-99%
Time taken for the procedure completion	5-15 minutes	May take 8 – 13 days
POC check	Possible and helpful in ensuring completion	May not be possible since passed at home
Mandatory number of visits for the procedure	One	Three (two visits in case of home administration of Misoprostol on provider's discretion)
Post procedure pain	Moderate but remains for a short time	Intense for few hours during the actual expulsion of the POCs
Risk of cervical and uterine injury	Exists, not very common	Does not exist
Risk of foetal malformation if the pregnancy continues	No	Yes
Procedure done by	RMP, as under the MTP Act	RMP, as under the MTP Act
Acceptability to woman	Done as a day care procedure Awake during the procedure	Non-invasive process; More private; Close to natural miscarriage; No hospitalization

8 Schedule for MMA Trainings

This training is provided to the MBBS doctors to make them eligible to provide abortion services upto 9 weeks gestation period by MMA only.

Agenda for MMA Trainings

Day 1:

Time	Session
9.30 am - 10.00 am	Registration & Pre-test
10.00 am - 10.30 am	Introduction Goal & Objectives
10.30 am - 11.30 am	Overview of Medical Methods of Abortion
11.30 am - 12.30 pm	Clinical Assessment and Eligibility Screening for MMA
12.30 pm - 1.30 pm	Lunch
1.30 pm - 3.00 pm	Counselling Skills for MMA & Practice
3.00 pm - 3.15 pm	Tea
3.15 pm - 4.30 pm	MTP Act & Rules related to MMA Documentation Formats
4.30 pm	Evaluation and Planning for next day

Day 2:

Time	Session
9.00 am - 12.00 pm	Hands on Practice on Live Cases: Eligibility Screening; Counselling; Documentation
12.00 pm - 12.15 pm	Tea
12.15 pm - 1.00 pm	Dealing with Expected Side-effects of MMA Drugs
1.00 pm - 2.00 pm	Lunch
2.00 pm - 3.00 pm	Potential Complications with MMA and their Management
3.00 pm - 3.15 pm	Tea
3.15 pm - 4.00 pm	Operationalization of MMA Services at Facilities

Day 3:

Time	Session
9.00 am - 12.00 pm	Hands on Practice on Live Cases: Eligibility Screening; Counselling; Documentation
12.00 pm - 12.15 pm	Tea
12.15 pm - 1.30 pm	Post-abortion Contraception with MMA
1.30 pm - 2.30 pm	Lunch
2.30 pm - 3.00 pm	Post - test Training Evaluation
3.00 pm - 4.00 pm	Next Steps & Valedictory

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Annexure – 1 Medical Methods of Abortion: Counselling Skills Checklist

Day 1: Skills required during first visit to clinic/facility (Mifepristone administration)	Yes	No
Greets the woman in a friendly, respectful manner; ensures privacy		
Confirms with her that she wants to terminate her pregnancy		
Explains what to expect during the visit		
Asks if she came with someone and if she would like that person to join her in the counselling		
Asks about her general health, reproductive and medical history		
Explains various abortion methods available, including their characteristics, effectiveness and the visits required		
Explores her views on abortion options and which abortion method is the best for her		
If the woman chooses medical methods of abortion provides more information on the method in simple terms		
Confirms that she is eligible for medical methods of abortion (pregnancy upto nine weeks)		
Clarifies the woman's feelings on the possibility of having the abortion at home and asks what support she has at home		
Ensures that she understands: • Common side effects and symptoms during the process • Importance of attending required clinic visits • Warning signs indicating the need to return to the clinic		
Explains how Mifepristone and Misoprostol will be administered and what to expect after taking them		
Explains that if the medical method of abortion fails, vacuum aspiration will be necessary to terminate the pregnancy at the higher centre		
Discusses various contraceptive methods and helps her to choose one		
Asks the woman whether she has additional questions		
Obtains written informed consent		
Provides Mifepristone 1 tablet 200 mg orally		
Explains how to take pain management medication (analgesics)		
Explains how to record the side effects experienced, if any, on the MMA card		
Explains what to do in case of problems/emergency		
Gives the woman the address and telephone number of the clinic where she may go in case of an emergency		
Asks her to return to the clinic for the second dose after two days		

Day 3: Skills required during second visit to clinic/facility (Misoprostol administration)	**Yes**	**No**
Greets the woman in a friendly, respectful manner; ensures privacy		
Enquires about her experience after taking Mifepristone (bleeding, passage of POC, discomfort, side effects)		
Checks the MMA card		
Explains what to expect during this visit		
Administers Misoprostol in clinic (per protocol) four tablets: sublingual/buccal/vaginal. *Oral route may be used if pregnancy < 7 weeks*		
Asks the woman to rest in the clinic for four hours		
Observes the woman in the clinic for bleeding, cramping, expulsion of POC		
If the woman leaves the clinic before she aborts, give her instructions and supplies (pain medication, written instructions) for process at home		
Explains how to record her experience of any side effect on the MMA card and reminds her of the address and contact number of the clinic to visit in case of an emergency		
Records the date of Misoprostol administration and counsels the woman to come for a follow-up visit on Day 15		
Reviews after-care instructions and provides information on warning signs which indicate the need to return to the clinic or seek medical assistance		
Asks the woman if she has any additional questions and clarifies them		
Day 15: Skills required during third visit to clinic/facility (follow up)	**Yes**	**No**
Greets the woman in a friendly, respectful manner; ensures privacy		
Enquires about her experience of the abortion process, expulsion of POC and if she feels that the abortion is complete		
Asks whether she is still having symptoms of pregnancy		
Explains what to expect during this follow-up visit		
Assesses the completeness of the abortion by: • Taking a history of the abortion process (amount and duration of bleeding, side effects, cramping, any POC expelled) • Conducting a physical examination (pelvic examination to assess the size and consistency of the uterus and opening of the cervical os) • Advising/performing an ultrasound for the presence of gestation sac, if it is still unclear whether the abortion is complete		
If the abortion is not complete, discusses treatment options: expectant management, additional Misoprostol administration or referral to higher centre		
If the pregnancy is continuing: • Discusses need for vacuum aspiration to terminate it at the higher centre		
If the abortion is complete: • Provides information about return to fertility • Explains risks of repeated induced abortions • Counsels regarding contraceptive methods if not already chosen by her		
Asks the woman if she has any additional questions and clarifies them		
Tells her that she can come back to the clinic/facility whenever she has any problem		

Annexure – 2 Essential Equipment, Instruments, Drugs and Consumables Required for MMA

S. No.	Item	PHC/non FRU CHC	FRU/SDH	DH/MCH	Remarks (5, 10, 20 cases)
1.	**Equipment**				
1.1	Examination table	1	1	2	
1.2	Screen for privacy	1	1	2	
1.3	Footstep	1	1	2	
2.	**Instruments**				
2.1	Cusco's speculum (large, medium)	4	6	10	
3.	**Drugs**				
3.1	Tab Mifepristone	10	20	30	
3.2	Tab Misoprostol	44	90	140	
3.3	Tab Ibuprofen	30	60	120	
3.4	Tab Doxycycline	20	40	80	
3.5	Cap Azithromycin	12	24	48	
3.6	Inj Oxytocin	10	20	30	
4.	**I/V Fluids**				
4.1	Ringer Lactate	4	8	12	
4.2	Normal Saline	2	4	6	
5.	**Consumables**				
5.1	Examination gloves	25	50	100	
5.2	Utility gloves	1	1	2	
5.3	Gauze (packets)	2	3	4	
5.4	I/V set	2	3	4	
5.5	I/V cannula	2	3	4	
5.6	2 ml and 5 ml syringes	10	20	40	
5.7	Povidone Iodine Solution	2	3	4	
6.	**Sterilization equipment**				
6.1	Autoclave	1	1	1	
6.2	Boiler	1	1	1	

Annexure – 3 MMA Card

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

M.M.A CARD

Name of Health Centre: .....

.....

Name of Doctor : .....

Mobile Number : .....Ph. No.: .....

	Day 1	Day 3	Day 15
Date			

In case of emergency, immediately contact

Name of Health Centre: .....

Phone Number: .....

Expected Symptoms:

During medical methods of abortion, you may experience one or more of the following symptoms which are self-limiting:

- **More than normal menstrual bleeding**
- **Pain/cramps in the abdomen**
- **Fever/chills/ rigors**
- **Nausea or vomiting**
- **Diarrhoea**
- **Headache**
- **Dizziness**

This chart will help you to assess your health during the 15 days of medical abortion process. Put a (✓) against the symptoms that you experience each day during these 15 days:

During the process ⟶	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Spotting															
Normal menstrual bleeding															
Excessive bleeding															
Nausea / vomiting															
Pain / cramps															
Fever / chills / rigors															

Note: Please visit the health centre for your scheduled day 3 and day 15 visit, or in case of any emergency situation. You may take support of an ASHA worker for visiting the health centre.

If you experience any of the following symptoms, immediately contact a doctor at the health centre:

Excessive bleeding – Soaking 2 or more thick pads per hour for 2 consecutive hours.

No bleeding within 24 hours after taking second drug.

Persistent fever and foul smelling vaginal discharge after taking second drug.

Medical Methods of Abortion Training
Post-test Questionnaire

Name: .....

Name of training centre: .....

Dates of training: from .....(dd/mm/yy) to .....(dd/mm/yy)

Please put a tick under `True' or `False' for the following statements:

S.No.	Statement	True	False
1.	MMA is a safe and effective method to terminate early pregnancy upto 63 days.		
2.	MMA may adversely affect the woman's future fertility.		
3.	A physical examination of the woman is not required to provide MMA services.		
4.	A written consent of the woman seeking medical methods of abortion is mandatory on the prescribed format.		
5.	A minimum of four visits are recommended to complete the standard MMA drug protocol.		
6.	Only a Registered Medical Practitioner, as under the MTP Act can prescribe MMA drugs.		
7.	Fertility can return within 10 days of an abortion.		
8.	Most of the contraceptive methods can be started during the process of MMA after confirming their eligibility.		
9.	MMA drugs can cause congenital anomalies if pregnancy continues after their intake.		
10.	A woman should be within accessible limits of a health facility during the MMA process.		

Please encircle the correct answer in the following questions:

11. Which of the following is recommended for pain management during MMA?

    a. Tablet Paracetamol
    b. Tablet Ibuprofen
    c. Injection Diazepam
    d. Paracervical block

12. Which of the following is the LEAST effective route for Misoprostol administration during the MMA process?

    a. Sublingual
    b. Vaginal
    c. Oral
    d. Buccal

13. Which contraceptive methods CANNOT be started on the day of taking Misoprostol?

    a. Combined Oral Contraceptive pills
    b. Centchroman
    c. IUCD
    d. Injectables

14. Way to manage an incomplete abortion during the process of MMA is:

    a. Vacuum Aspiration
    b. Repeat dose of Misoprostol
    c. Either of the above two depending on the severity of bleeding

15. If pregnancy continues after MMA, it should be terminated by a repeat dose of MMA drugs:

    a. Yes, additional dose can be tried
    b. No, woman should be referred to higher centre for pregnancy termination with Vacuum Aspiration
    c. Pregnancy should be continued

Notes

The Ministry of Health and Family Welfare acknowledges the support of Ipas Development Foundation in circulation of the manual on Medical Methods of Abortion as part of its ongoing efforts to improve the quality of comprehensive abortion care services for women in India.