

Effectiveness of self-managed medication abortion between 13 and 24 weeks gestation: a retrospective review of case records from accompaniment groups in Argentina, Chile, and Ecuador

INTRODUCTION

In some settings where abortion services are not available in hospital institutions, feminist networks have emerged to support individuals seeking an abortion. Trained volunteers or "accompaniers" provide telephone or in-person support to those who self-manage an abortion through evidence-based protocols. This analysis evaluates the effectiveness of self-managed abortion with accompanying support in the second trimester of pregnancy.

Ibis Reproductive Health, La Revuelta in Argentina, Con Amigas y en La Casa in Chile and Las Comadres in Ecuador, together conducted a retrospective analysis of anonymized case records for accompanied medication abortions in Argentina, Chile and Ecuador between 2016 and 2018. This study focuses on individuals who had abortions between 13 and 24 weeks gestation.

ACCCOMPANIMENT MODEL

In general, the accompaniers advise individuals to take 200 mg mifepristone orally 24-48 hours before the first dose of misoprostol; with misoprostol usually dosed at 800 mcg initially (sublingual), followed by 400 mcg misoprostol (sublingual) every three hours until fetal expulsion, or 400 mcg misoprostol (sublingual) every three hours until five doses of misoprostol are used. If the fetus is expelled before the fourth or fifth dose, symptoms are evaluated to determine whether or not the final doses are used.

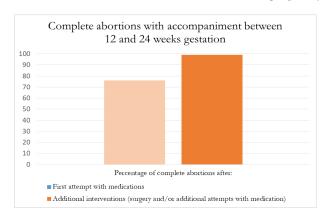
Individuals are instructed to contact the accompanier after taking the first dose of mifepristone. For abortions that are accompanied in-person, approximately 24 hours after the first dose of mifepristone, 2-3 accompaniers will join the person in a secure location, and be with them throughout the abortion process to provide informational, emotional, and physical support, following standard protocols and systematically documenting the abortion in an individual case record form that is then securely stored. Those who are accompanied virtually are in regular contact with the accompanier (hourly or with greater frequency when needed/wanted) by phone, text, or secure chat. The entire process, from first dose of mifepristone through expulsion of the pregnancy and completion of the accompaniment support generally lasts between 1-3 days.

RESULTS

For this research, case records were analyzed for 316 individuals who received accompaniment support for medication abortions between 13-24 weeks gestation. There are detailed records for 316 accompaniments between 2016 and 2018 in the three collectives. Other accompaniments performed at the time were not recorded.

The following is a brief summary of the results:

- The combination of mifepristone and misoprostol (n.297.93%) was most commonly used, with sublingual administration of misoprostol (n.288.88%).
- With the use of medication, and without further intervention, 241 abortions were complete (76%); 37 (12%) people accessed a manual intrauterine aspiration or a curettage within the formal health system to complete and 16 people (5%) required an additional attempt with medication, another intervention, or decided to move forward with the pregnancy.



- A little over one-third of the accompanied abortions (n = 111, 35%) resulted in interactions with the formal health system within 72 hours of taking mifepristone and misoprostol.
- In 61 (55%) of the 111 abortions, for which people sought
 medical care, the pregnancy had been completely expelled
 before reaching the facility. In such cases, medical care was
 sought to reassure or confirm that abortion was complete; not
 for showing signs of alarm.
- There was only complete information on potential complications in Chile. The sample from Chile was 78 people (n . 78); of these, 12 (15%) experienced potential complications, including late placental expulsion and/or heavy bleeding (n.5.6%), high fever (n.3.4%) and hypotension, panic attack or vomiting (n.3.4%). No abortion resulted in transfusion or hysterectomy.
- In Chile, the duration of the abortion process was also measured in more detail: the pregnancy was expelled within 12 hours of taking the first dose of misoprostol in 70% of cases.
- Except for 2 individuals who chose to continue the pregnancy, 314 out of 316 (99%) people had a successful abortion.

CONCLUSION

Self-managed medication abortion, with accompaniment group support and linkages to the formal health system in the event that complications arise, may be an effective and safe option for abortion beyond the first 12 weeks of pregnancy – particularly in legally restrictive settings.