

## Position Statement

### Mifepristone

***As a pro-choice organisation, FPWA supports Australian women having access to mifepristone, which, when available, presents a safe alternative to a surgical termination for women choosing to have an abortion.***

Mifepristone (formerly known as RU-486) is an anti-progesterone drug which prevents, or interferes with, the implantation of a fertilised egg in the uterus and can disrupt the attachment of the embryo to the wall of the uterus. Mifepristone can be used either as emergency contraception (but works differently to the type of emergency contraception currently available in Australia) or a form of abortion. Around two million women worldwide have used mifepristone for medical abortion, which has been approved for use in countries including the United Kingdom, much of Western Europe and North America.

The safety of mifepristone is high<sup>1</sup>, and efficacy rates are around 98% when used in the first nine weeks of pregnancy.<sup>2</sup> The Royal College of Obstetrics and Gynaecologists UK recommend mifepristone as the most effective and safest method for terminating pregnancies earlier than 7 weeks gestation.<sup>3</sup> Surgical termination is considered a very safe procedure in Australia, but it is associated with a small increased risk of uterine infection compared to medical abortion.<sup>4</sup> Mifepristone can also be administered as soon as a woman decides to terminate, whereas a surgical termination can only be performed from around the sixth week of pregnancy. Medical abortions also allow for greater privacy given the abortion process can occur at home. The safety of abortion has been shown to directly relate to how early in pregnancy it is performed, and while pregnancy is never without risk for any woman, both surgical and medical abortion carry less than 10% of the risk of mortality compared with continuing the pregnancy.<sup>5</sup>

All women facing an unintended pregnancy should have access to non-directive counselling and support services about all options available to them. For women who choose to have an abortion, mifepristone presents an alternative to a surgical termination where it is available. Mifepristone is very easy to use, with around 90% of women satisfied with this method of abortion<sup>5</sup> and many preferring it to surgical termination.<sup>6</sup> Anecdotal evidence suggests women who have a choice of methods have greater satisfaction with their abortion care.

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<sup>1</sup> Henderson, J., Hwang, A. & Harper, C. et al. (2005). 'Safety of mifepristone in clinical use', *Contraception* 72: 175-178

<sup>2</sup> World Health Organisation (2003). Safe abortion: technical and policy guideline for health systems. Geneva: WHO

<sup>3</sup> Royal College of Obstetricians and Gynaecologists (2004). National evidence-based clinical guidelines: the care of women requesting induced abortion, RCOG: London, UK

<sup>4</sup> Rorbye, C., Norgaard, M. & Nilas, L. (2004). 'Medical versus surgical abortion efficacy, complications and leave of absence compared in a partly randomised study', *Contraception* 70(5): 393-399

<sup>5</sup> De Costa, C.M. (2005). 'Medical abortion for Australian women: it's time', *The Medical Journal of Australia* 183(7): 378-380

<sup>6</sup> Cabezas, E. (1998). 'Medical versus surgical abortion', *International Journal of Gynaecological and Obstetrics* 63: 141-146

FPWA believes that mifepristone should only be administered under properly supervised clinical conditions by a practitioner with appropriate training, and that women who are contemplating using mifepristone should be fully informed of its potentials and risks. A follow-up to ensure all products of conception have been removed is also essential. Few serious complications occur in routine clinical use of mifepristone<sup>1</sup>, which can also be used in second trimester abortions (which constitute a very small number of total abortions performed).

With similar efficacy rates to levonorgestrel emergency contraception (which is between 97-99.5%<sup>7</sup>), FPWA believes that mifepristone presents an appropriate addition to current emergency contraception options for women, and supports the move to allow the Therapeutic Goods Administration to approve the use of mifepristone in Australia for this purpose (using mifepristone results in the body aborting a pregnancy, while emergency contraception prevents pregnancy occurring in the first place). However, as no drug company has taken up the option to import mifepristone into Australia, it has been left up to individual doctors to apply for importation. This in effect means mifepristone is still not readily available to Australian women. Studies show that in European countries where mifepristone has been available for some time, there has been no increase in the number or rate of abortions overall.<sup>5</sup>

As a pro-choice organisation, FPWA supports Australian women having access to safe and legal abortion, including medical abortion using mifepristone. Early medical abortion using mifepristone would make abortion services more accessible to women living in rural and remote areas. Currently many women are required to travel long distances to urban areas to access services. While recognising that the prevention of unintended pregnancy is more desirable than termination of any kind, and a decrease in rates can be facilitated by increased access, knowledge and research, FPWA believes that women should be able to access safe and legal abortions if the need arises.

FPWA believes that decisions about the availability of treatment methods in Australia should be made according to the *Therapeutic Goods Act, Cth (1989)* on the basis of medical evidence around efficacy, acceptability and safety, rather than moral or political grounds.

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<sup>7</sup> Guillebaud, J. & Swarewski, A. (2002). *Contraception: a user's guide* - revised third edition, Oxford University Press: Oxford, UK p169