



## College Statement

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Title	<b>Mifepristone (RU486)</b>
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### Statement

Mifepristone (formerly "RU 486") is a synthetic anti-progesterone which has a proven role in women's health care. It is available in North America, the United Kingdom, much of Western Europe, Russia, China, Israel, New Zealand and many other countries.

There is a substantial body of literature establishing the safety and efficacy of mifepristone when used in conjunction with a prostaglandin analogue, usually misoprostol, to induce abortion. For at least 95% of women up to 9 weeks gestation, the established regimens result in complete expulsion of the products of conception within a few hours, but up to 5% of women will need surgical evacuation of the uterus to complete abortion. Complication rates are comparable to surgical abortion. There is growing evidence for effective regimens for medical abortion beyond 9 weeks and in the second trimester.

Assessment, counselling and information prior to medical abortion must be as thorough as prior to surgical abortion.

Mifepristone must be used under medical supervision and several visits are usually required. It must be used in accordance with protocols established to ensure provision of clear information for women, arrangements for uterine evacuation when needed, access to 24 hour telephone advice and emergency care and arrangements for ensuring appropriate follow-up.

There is good evidence that medical abortion is the method preferred by many women when it is available to them and medically suitable.

Evidence strongly supports mifepristone with misoprostol as the best available regimen for medical termination of pregnancy. Alternative regimens for medical abortion are reported, using drugs which are available in Australia, but they are generally less effective and take longer to work.

Mifepristone can also be used for emergency contraception, with comparable efficacy to levonorgestrel.

Mifepristone should be assessed, like other drugs, on the basis of medical evidence about its safety and efficacy.

Medical evidence supports the availability of mifepristone with misoprostol as an option for Australian and New Zealand women.

## References

1. Cheng L, Gulmezoglu AM, Oel CJ, Piaggio G, Ezcurra E, Look PF. Interventions for emergency contraception.[see comment][update of Cochrane Database Syst Rev. 2000;(2):CD001324; PMID: 10796776]. [Review] [125 refs]. Cochrane Database of Systematic Reviews. (3):CD001324, 2004.
2. Shand C, Irvine H, Iyengar V. Guidelines for the use of mifepristone medical abortion in New Zealand: Abortion Supervisory Committee; 2004.
3. Royal College of Obstetricians and Gynaecologists. The care of women requesting induced abortion. London; 2004. Report No.: 7.

## Disclaimer:

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

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