

Key Talking Points

These talking points are meant to inform public outreach on medical abortion and Medabon[®], including presentations and media interviews. They may also serve as a starting point for strategizing to build support for Medabon[®] introduction or for responding to active opposition or misinformation regarding medical abortion or Medabon[®] specifically.

Talking points may require local adaptation and testing. Spokespersons are encouraged to limit their main message points to three and should practice using these points to respond to difficult questions. It is also helpful to have two or three key pieces of data ready to highlight during interviews with media, such as estimates on the numbers of unsafe abortions which occur locally each year, or any data on acceptability of medical abortion in your context.

The points below are meant to serve as a basis for expansion, and all points do not need to be covered in every situation. For example, these talking points include information that might be helpful in response to safety-related questions, including specific questions on risk of infection or ectopic pregnancy. Answers to such questions should always be direct and evidence-based, but it might not be helpful or necessary to raise such issues unless your audience asks about them.

Access to safe abortion services reduces maternal deaths, injuries, and related costs.

This year, tens of thousands of women—mainly in developing countries—will die, more than 5 million will be admitted to a hospital, and a substantial number will become infertile as a result of unsafe abortion.¹ Preliminary estimates suggest that anywhere from 500 million to 1 billion US dollars are needed yearly to treat associated complications.²

Reducing deaths due to unsafe abortion will be a key means of achieving Millennium Development Goal 5, improving maternal health. The World Health Organization (WHO) estimates that unsafe abortion accounts for 13 percent of maternal deaths worldwide.³

Improving access to safe abortion services is a public health imperative and is one of the most cost-effective ways of improving maternal health.⁴ Women in poor countries have the right to the same safe services for early abortion as their counterparts in wealthy countries. Even in legally restricted environments, governments have a responsibility to provide safe abortion services to the full extent of the law.

Medical abortion can improve access to safe and early abortion services by increasing the options available to women, especially in developing countries.

Medabon[®] is a combination therapy for medical abortion, which refers to the process of taking medication to end a pregnancy. Medabon[®] has the potential to increase access to safe abortion services because it can be offered by health care providers—including mid-level providers such as nurse midwives—in settings where surgical abortion may not be widely available. Medical abortion can also be offered very early in pregnancy. In

addition, it may be desirable to women who wish to end a pregnancy but do not want to undergo vacuum aspiration or dilation and curettage. Research has shown that women who are able to choose a method of abortion are more likely to be satisfied with their experience.^{5,6}

The introduction of Medabon® can also serve as a catalyst for decision-makers to strengthen safe abortion services and make them a part of primary health services.

Medabon® is not a new medication.

Medabon® consists of two medications called mifepristone and misoprostol, which have been widely used for medical abortion and for other medical indications. Medabon® is an innovation because it is the first time that these two medications have been packaged together and licensed specifically for the termination of early pregnancies.

Millions of women have used mifepristone and misoprostol for medical abortion worldwide. A recent study shows that use of these medications for abortion in the United States, for example, is increasing.⁷

The Medabon® regimen is consistent with WHO recommendations on medical abortion.

WHO recommendations for medical abortion state that efficacy should be comparable to other well-established methods of abortion.⁸ In practice, this means that of every 100 women who take Medabon®, no more than 5 should require additional intervention (e.g., vacuum aspiration) to end pregnancy. In the case of Medabon®, studies have shown that only 2 out of every 100 women will require additional intervention.^{9,10}

WHO also requires that medical abortion be safe, with acceptable side effects, and easy to administer. Finally, it specifically recommends the combination drug regimen of mifepristone and misoprostol. All these standards are met by Medabon®.

There is overwhelming evidence that medical abortion is safe for virtually all women.

There is less risk associated with properly used modern methods of abortion, including medical abortion, than with continuation of pregnancy.¹¹

Complications, including excessive bleeding and infection, are rare.⁸ For example, the risk of excessive bleeding that requires transfusion and/or follow-up vacuum aspiration ranges from 0.02 to 1.8 percent.¹²⁻¹⁴

Ectopic pregnancies are pregnancies that occur outside the uterus and can be life-threatening to women. Medabon® is not effective at ending such pregnancies. However, availability of early medical abortion services increases the possibility that an ectopic pregnancy will be detected early and can be treated safely.

Medabon® has no long-term health effects and will not affect any future pregnancies or the ability to get pregnant again.^{15,16}

There is no evidence that there are any health risks of repeated medical abortions. Meeting women's family planning needs can help prevent unintended pregnancies in the first place.

Medical abortion has been shown to be acceptable to most women who choose the method.

Women throughout the world have reported that Medabon®'s mifepristone-misoprostol regimen is an acceptable method of medical abortion. Studies in China, Cuba, India, Vietnam, South Africa, and Tunisia found that over 90 percent of women were either satisfied or very satisfied with their experience of medical abortion.¹⁷⁻¹⁹ Many women who have used this regimen of medical abortion report that it feels very similar to spontaneous miscarriage, or a long, crampy period.

A supportive health system is required to provide Medabon® safely and effectively.

Medabon® should be introduced where trained health providers and referral services for emergency back-up care exist, as in rare cases vacuum aspiration and blood transfusions may be necessary. This does not mean that facilities that provide Medabon® must be able to provide these services. It does mean that facilities, and the woman's home, should be located reasonably close to a referral center that can provide this care.

Public health funding makes abortion services, including medical abortion, affordable for all women who need them.

Failing to provide safe public services for abortion will not reduce the occurrence of abortion. Rather, the poorest women who use public services will be more likely to resort to unskilled and untrained providers, and experience complications and even death as a result of unsafe services. Public funding of safe abortion services improves outcomes in terms of both health and equity.

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Related resources

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