Abortion Rights Coalition of Canada

Your Voice for Choice

Canada's only national political pro-choice advocacy group

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Position Paper #28

Medication Abortion

Medication abortion offers an alternative to surgical abortion for women and transgender people in the early stages of pregnancy. In January 2017, Mifegymiso was made available nationwide. The drug is a combination of mifepristone (which stops the production of the hormone progesterone that is necessary for pregnancy) and misoprostol (which causes uterine contractions, essentially inducing a miscarriage). It is more than 95% effective during the first 50 days of pregnancy. It can be taken up to 9 weeks gestation and can be dispensed directly to patients by a pharmacist or a prescribing health professional.

Currently, all provinces and territories offer universal cost coverage for the drug, except for Nunavut, which provides coverage for at least 90 percent of its residents.

The History of Medication Abortion in Canada

Previously, medication abortion consisted of a combination of methotrexate and misoprostol and could be prescribed only up to 7 weeks after the last menstrual period. Methotrexate has also been used since 1993 to treat certain types of cancer, arthritis, and other chronic diseases.

Mifepristone was developed in 1980 and was used in France beginning in 1987 and the United States in 2000. It is one of the World Health Organization's Essential Medicines.

Dr. Ellen Wiebe was the pioneer behind the use of both methotrexate and mifepristone in Canada. She has been fighting for choice for over 40 years. She began providing medical abortions with methotrexate and misoprostol in 1993. She also spearheaded the trials for mifepristone in Canada in 2001 during a time when abortion providers were being attacked and threatened.

Mifegymiso has been available in 50 other countries since 1988, but it was a long process to get the drug approved in Canada. The main barriers were stringent and probable over-scrutiny by Health Canada. The manufacturer's initial application to bring the drug to Canada was made in December 2011, but it took another two and a half years for the drug to be approved, due to delays surrounding benefit-risk analysis assessments, drug stability data, and other

"uncertainties". Finally, a notice of compliance was issued on July 29, 2015[1]. It took a further almost two years for the drug to get to market, due to issues such as "a change in the manufacturing site", lack of distribution rules, and questions over drug coverage.

How Does Mifegymiso Work?

Mifegymiso is two different medications that are taken at different times. Mifepristone is taken first to block the effect of progesterone (the hormone that prepares the endometrium for egg implantation) which causes the endometrium to bleed (as it would during a menstrual cycle) and detach any implanted egg. Misoprostol causes the uterus to contract, expelling the tissue.

The woman or transgender person would take mifepristone first, then 24-48 hours later, take 4 tablets of misoprostol orally. As with all medications, there are some side effects (such as fatigue, vomiting, nausea, chills). Depending how far along gestationally the person is, heavy cramps and bleeding can occur. It is common to have bleeding and spotting for up to two weeks after.[2] The expelled tissue will resemble a heavy period (possibly with lots of blood clots).

For more information on how medical abortion works and what it entails for the patient, please see the website of Willow Women's Clinic[3] or the Celopharma fact sheet.[2]

Progress and Easing of Restrictions

Mifegymiso significantly improves access to abortion in Canada, especially for people in rural and remote areas who are forced to travel hundreds of kilometers to find an abortion provider.

However, Health Canada had initially imposed some onerous restrictions, such as requiring pharmacists to dispense to doctors instead of directly to patients, mandating registration and training of providers and pharmacists, limiting use of the drug to 7 weeks gestation, and requiring an ultrasound to confirm gestational length and to rule out ectopic pregnancy.[4]

Many restrictions have since been eased in response to an outcry and a campaign to ease the restrictions.[5] The distributor Celopharma submitted a new application to extend the gestational limit to 9 weeks (63 days), which was granted by Health Canada. The extra two weeks gives more time to arrange appointments, considering that most people don't know they are pregnant until close to that cut-off time. The longer time limit also reduces the need to go to a hospital or clinic for a surgical abortion. For example, Quebec began dispensing Mifegymiso in December 2017 (fully covered for all patients) and the government anticipates a reduction in the number of surgical abortions.

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1 https://hpr-rps.hres.ca/reg-content/summary-basis-decision-detailTwo.php?lang=en&linkID=SBD00239

2 http://celopharma.com/wp-content/files_mf/patient_information_brochure-en.pdf

3 https://willowclinic.ca/index.php/medication-abortion-frequently-asked-questions/

4 https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2017/65034a-eng.php

5 http://www.arcc-cdac.ca/newsletters/Activist-e_winter-hiver-2018.pdf

Women and transgender people can also now get Mifegymiso directly from their pharmacist.

Health care professionals no longer need to register with the manufacturer to prescribe or dispense Mifegymiso, or undergo training. This will enable all to access the drug. However, Health Canada recommends that professionals in the field acquire appropriate knowledge and training. Anyone new to prescribing or dispensing Mifegymiso will find all necessary tools and training available on the supplier's website: www.celopharma.com.

To obtain a prescription for Mifegymiso, patients no longer need to obtain an ultrasound to confirm the length of gestation, and to rule out ectopic pregnancy. In April 2016, the *Journal of Obstetrics and Gynaecology Canada*[6] recommended alternative means to confirm gestational age and rule out ectopic pregnancy when ultrasound is not available to the physician.

One possible barrier is so-called "conscientious objection" by providers. While Ontario has policies ensuring doctors provide their patients with abortion services even if the doctor is personally opposed, the rest of the country does not have such stipulations, meaning despite the availability of the drug, patients may not receive it.

Despite the great step towards choice that Mifegymiso provides, there is still a way to go before abortion is destigmatized in Canadian society.

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[6] Costescu et al. Vol 38:4;366-389, April 1, 2016. https://www.jogc.com/article/S1701-2163(16)00043-8/fulltext