



College Statement

Title	Mifepristone (RU486)
Statement No.	C-Gyn 14
Date of this document	November 2007
First endorsed by Council	November 2001
Next review due:	November 2010

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. It has limited availability in Australia through authorised prescribers under section 19(5) of the Therapeutic Goods Act. However, medical evidence supports that mifepristone with misoprostol should be available as an option for Australian and New Zealand women.

The safety and efficacy of mifepristone used in conjunction with a prostaglandin analogue usually misoprostol, is well established, 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.

For at least 95% of women up to 9 weeks gestation, mifepristone with misoprostol results 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 also good evidence for effective regimens for medical abortion beyond 9 weeks and in the second trimester and it has a place in management following fetal death in utero.

Medical abortion is the method preferred by many women when it is available and medically suitable for them.

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.

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

Mifepristone can also be used for emergency contraception, with comparable efficacy to levonorgestrel. There is also potential for its use for other indications including meningiomas and other malignancies; its use in these situations is still largely experimental.

References

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3. Royal College of Obstetricians and Gynaecologists. *The care of women requesting induced abortion*. London; 2004. Report No.: 7.
4. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. *Termination of pregnancy: a resource for health professionals*; 2005. <http://www.ranzcog.edu.au/womenshealth/pdfs/Termination-of-pregnancy.pdf>

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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.

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