## Summary chart of recommendations on medical management of abortion

### RECOMMENDATIONS

<table>
<thead>
<tr>
<th>COMBINATION REGIMEN (RECOMMENDED&lt;sup&gt;a&lt;/sup&gt;)</th>
<th>MISOPROSTOL-ONLY (ALTERNATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIFEPRISTONE</strong></td>
<td><strong>MISOPROSTOL</strong></td>
</tr>
<tr>
<td><strong>1A. INCOMPLETE ABORTION</strong>&lt;br&gt;&lt; 13 WEEKS</td>
<td>None</td>
</tr>
<tr>
<td><strong>1B. INCOMPLETE ABORTION</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>≥ 13 WEEKS</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>2. INTRAUTERINE FETAL DEMISE</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>≥ 14–28 WEEKS</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>3A. INDUCED ABORTION</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>&lt; 12 WEEKS</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>3B. INDUCED ABORTION</strong></td>
<td>200 mg PO once</td>
</tr>
<tr>
<td><strong>≥ 12 WEEKS</strong></td>
<td>200 mg PO once</td>
</tr>
</tbody>
</table>

### TIMING OF POST-ABORTION CONTRACEPTION

**IMMEDIATE INITIATION**

4A. HORMONAL CONTRACEPTION

Immediately after the first pill of the medical abortion

4B. IUD

With assessment of successful abortion

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<sup>a</sup> Combination regimen is recommended because it is more effective.

<sup>b</sup> Repeat doses of misoprostol can be considered when needed to achieve success of the abortion process.

The *Medical management of abortion* guideline does not include a recommendation for a maximum number of doses of misoprostol. Health-care providers should use caution and clinical judgement to decide the maximum number of doses of misoprostol in pregnant individuals with prior uterine incision. Uterine rupture is a rare complication; clinical judgement and health system preparedness for emergency management of uterine rupture must be considered with advanced gestational age.
Pregnancy dating by physical examination (bimanual pelvic and abdominal examination)

**LIMITATIONS TO DATING BY UTERINE SIZE ON PHYSICAL EXAMINATION**

- uterine malformations/fibroids
- multiple gestation
- marked uterine retroversion
- obesity
- molar pregnancy

**KEY CONSIDERATIONS**

**A UTERUS THAT IS SMALLER THAN EXPECTED MAY INDICATE:**
- the woman is not pregnant
- inaccurate menstrual dating
- ectopic pregnancy or abnormal intrauterine pregnancy, e.g. spontaneous or missed abortion

**A UTERUS THAT IS LARGER THAN EXPECTED MAY INDICATE:**
- inaccurate menstrual dating
- multiple gestation
- uterine abnormalities, such as fibroids
- molar pregnancy


The *Medical management of abortion* guideline and supporting materials are available for download at https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/