



Medical abortion- a pharmacist's perspective

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CODE OF CONDUCT FOR PHARMACISTS



‘maintaining and improving the health, wellbeing, care and safety of the patient.’

‘For the purposes of this Code of Conduct, a patient includes a person or persons who stand in such a degree of relationship to a pharmacist that the pharmacist ought to reasonably apprehend that such a person or person’s health, wellbeing and care are likely to be affected by the acts or omissions of that pharmacist.’



- *Two patients in pregnancy*
- *Woman's health and life protected*
- *Medications through pregnancy*
- *Both foetus and mother cared for under 8th Amendment*



The United Nations declared in 1959:

“The child, because of its physical and mental immaturity, needs special care and safeguards, including legal safe-gaurds, before as well as after birth”.



HPRA: “New measures to avoid valproate (Epilim) exposure in pregnancy endorsed by national medicines agencies”

“News Category: Regulatory news

Date: 23/03/2018

The HPRA welcomes the endorsement by the CMDh* of the strengthened regulatory position on valproate (Epilim) medicines. The HPRA has been a significant contributor to the Europe-wide review that has resulted in a series of new safety measures that are being introduced to avoid exposure of babies to valproate medicines in the womb, due to risks of birth defects and developmental problems.

In the interests of patient safety, we have already commenced work to implement these measures in Ireland and are engaging directly with national stakeholders including patient representatives and healthcare professionals. The priority for all parties involved is on ensuring that women and girls are aware of the very real risks of taking valproate during pregnancy.

We do wish to emphasise, however, that women should not stop taking valproate without first

- **Valproate:** *'data have shown that exposure to valproate in utero can have adverse effects on mental and physical development of the exposed children.'*
- **Isotretinoin:** *'use can result in a likely risk of severe and serious malformation of the foetus'*
- **Thalidomide:** *the mother must understand 'the teratogenic risk to the unborn child'*
- **Mifepristone/ Misoprostol:** *'pregnancy tissue' 'products of conception' 'uterine remains', 'uterine contents'*



Medical abortion *is the use of medication to end a pregnancy*

Most commonly used medicines are:

Mifepristone/misoprostol regimen-
*sequential use of mifepristone, followed 36-48 hours by
misoprostol*

Interactions

Contra-indications

**Risks/ Adverse
events**



Risks/ Adverse events

- **Haemorrhage**
- **Infection**
- **Ruptured ectopic pregnancy**
- **Incomplete abortion**
- **Continuing pregnancy**





Medical abortion vs surgical abortion

Finnish study-Oct 2009- Journal Obstetrics/Gynaecology

All women from 2000-2006- induced abortion, <63days gestation, n=42,619 followed up for 42days post abortion

Incidence of adverse events measured and compared-

Concluded overall incidence of adverse events fourfold higher for medical abortion than surgical abortion (20% vs 5%)

Haemorrhage- 15% vs 2.1%

Incomplete abortion- 6.7% vs 1.6%

Surgical (re)evacuation- 5.9% vs 1.8%



Mifepristone FDA restrictions

Attached to its licence is a **Risk Evaluation and Mitigation strategy (REMS)** which is used for drugs where *the potential risks outweigh the benefits unless stringent controls are in place.*

Conditions attached to its use include:

1. Ability to date pregnancies accurately and to diagnose ectopic pregnancies.
2. Ability to provide any necessary surgical intervention, or have made arrangements for others to provide for such care.
3. ensure that women have access to medical facilities for emergency care
4. other responsibilities

Conscientious objection

- *If all legal protection is removed from unborn child, where does that leave my duty of care to him/her?*
- *Pharmacist not mentioned in proposed legislation*



CODE OF CONDUCT FOR PHARMACISTS



- *Encourage the rational and proper use of medicines*
- *Ensure discriminatory practices are not demonstrated towards any class of patient or sector of the community.*
- *Ensure the patient is at all times acknowledged as a person.*

Irreconcilable Roles



Choice and bodily autonomy

CODE OF CONDUCT FOR PHARMACISTS



'Endeavour to ensure the safety of the patient in all circumstances by decision-making, which may at times conflict with the stated requirements of the patient.'

'Safeguard society as a whole by ensuring that the protection of vulnerable individuals is given due significance'



PUTTING ABORTION PILLS INTO WOMEN'S HANDS: REALIZING THE FULL POTENTIAL OF MEDICAL ABORTION
Jelinska, K., Yanow, S. (2018) Journal 'Contraception'

..... “Even in countries where medical abortion is provided by health systems, legal restrictions and regulations on abortion provision pose obstacles that prevent the technology from realizing its full potential.... These barriers include lack of available providers, the perceived need for a clinical setting, supply of medicines restricted to clinics and hospitals, use of out-of-date or non-evidence-based regimens, requirements for ultrasound and follow-up visits and criminalization of self-induced abortions outside healthcare systems. In countries such as the United Kingdom, additional barriers such as onerous facility requirements burden access to medical abortion, while in the United States waiting periods, parental consent laws and facility requirements are barriers to access.”



Conclusion





Thank you!

