CERVICAL PRIMING BEFORE FIRST TRIMESTER SURGICAL ABORTION

A FRENCH LONG TERM EXPERIENCE
WORLDWIDE CONSENSUS

- First trimester surgical abortion is a common and safe procedure (complication rate<1%)
- CP prior to surgical termination makes the cervix softer and easier to dilate
- CP reduces complications: cervical injury, u. perforation, hemorrhage, incomplete evacuation, pain
- Large consensus: RCOG 1997, ANAES 2001
EFFECTIVE METHODS OF CERVICAL PRIMING

- Osmotic Dilators: natural or synthetic laminaria (Dilapan-S*, Lamicel*)

- Prostaglandins: gemeprost, misoprostol (PG E analogs)

- Mifepristone: antiprogestrone
ANAES
RECOMMENDATIONS (2001)

- Mifepristone 200 mg per os, 36 to 48 h before aspiration (AMM: 11/1998)

- Misoprostol, 400 µg per os or vagina, 3 to 4 h before aspiration
MISOPROSTOL

advantages/inconvenients

- **Advantages**: cheap
  worldwide used
  room temperature

- **Inconvenients**: pain
  diarrhea
  vomiting
MIFEPRISTONE

Advantages/Inconvenients

+ : less pain

  more effective dilatation (nulliparous women and ceasarians)

- : expensive

  not available everywhere

  48 to 36 h prior to VA
LONG TERM EXPERIENCE IN 3 PLACES (west part of France)

- CIVG Simone Veil (University Hospital) Nantes

- CIVG Clotilde Vautier (Clinique J. Verne) Nantes

- CIVG (General Hospital) Cholet
TOTAL ABORTIONS IN THE 3 PLACES IN 2009

<table>
<thead>
<tr>
<th>En France</th>
<th>Total</th>
<th>RU 859</th>
<th>VA/LA 1474</th>
<th>VA/GA 594</th>
<th>12-14sa</th>
</tr>
</thead>
<tbody>
<tr>
<td>≈ 220 000 IVG par an</td>
<td>2932</td>
<td>25,18%</td>
<td>43,2%</td>
<td>17,41%</td>
<td></td>
</tr>
<tr>
<td>Nantes U.H</td>
<td>1859</td>
<td>616</td>
<td>923 49.6%</td>
<td>320 17.21%</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33.13%</td>
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<tr>
<td>J.Vern e C</td>
<td>670</td>
<td>106</td>
<td>334 49.85%</td>
<td>230 34.32%</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.8%</td>
<td></td>
<td></td>
<td>8,05 %</td>
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<tr>
<td>Cholet H</td>
<td>403</td>
<td>137</td>
<td>222 55.08%</td>
<td>44 10.91%</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33.99%</td>
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<td>6,20 %</td>
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05/20/2010 R. Moullier
EVOLUTION OF CERVICAL PREPARATION


Since 2002, sublingual route only.
EVOLUTION OF CERVICAL PREPARATION


- First, for nulliparous women or those who had only cesareans (cost)

- 2003: MIFEPRISTONE 200mg systematically given 48 h prior to VA from 7 to 12 wa. (better dilatation, less side effects (Gupta 1992)
CERVICAL PRIMING FROM 12 TO 14 WA

- 07/04/2001 law allows abortion up to 14WA.
- Protocol used in many abortion centers in France: MIFEPRISTONE 200mg 48h prior to VA + MISOPROSTOL 400µg 2h prior VA (given in hospital)
- Misoprostol would induce a better contraction at the end of the procedure, avoiding too much bleeding. (EBM)
I am fully aware that using mifepristone is a privilege. I would like to specify that I have no relevant financial relationship with any pharmaceutical company.