

# 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, uterine perforation, hemorrhage, incomplete evacuation, pain
- Large consensus: *RCOG 1997, ANAES 2001*

# EFFECTIVE METHODS OF CERVICAL PRIMING

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

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



# EVOLUTION OF CERVICAL PREPARATION

**Misoprostol 400 µg:** from vaginal route to sublingual (*Tang OS. 2002*), quickest onset of action and more convenient for women. Further studies *Saxena P.2003,2004*, *Hamoda H.2004*, *Aronsson A.2004*, review article *O.S.Tang,2007*

**Since 2002, sublingual route only.**

# EVOLUTION OF CERVICAL PREPARATION

- **MIFEPRISTONE 200mg**, gradually replace misoprostol(*WHO, 1990, 1994, Henshaw 1991, Carbonne 1995, Ngai 1996*)
- First, for nulliparous women or those who had only cesareans(cost)
- **2003: MIFEPRISTONE 200mg systematically** given 48 h prior to VA from 7 to 12wa. (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.**