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Original article

Misoprostol for induction of second trimester abortion in pregnancies resulting from sexual violence: effectiveness analysis of a protocol applied in the Brazilian public health service☆

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ABSTRACT

Objective: To evaluate the effectiveness of misoprostol protocol on abortion of pregnancies resulting from sexual violence.
Method: Retrospective study with a convenience sample of 253 patients with pregnancy between 13 and 22 weeks of pregnancy who underwent legal abortion in the Hospital Pérola Byington, São Paulo, Brazil, between January 2008 and December 2014. Doses of misoprostol 400 μg (13–17 weeks of gestation) and 200 μg (18–22 weeks of gestation) were administered vaginally every 12 h. The dose was doubled after two doses of no response and maintained for up to four days. In the absence of fetal expulsion, a second cycle of misoprostol was conducted after a 72-h pause. The failure of misoprostol was considered complete after two cycles without fetal elimination. The outcome was complete or incomplete fetal expulsion, evaluated in number of days and misoprostol dose required for abortion. Data were entered in Microsoft Excel 2010 program.
Results: The age ranged from 11 to 44 years of age, average 22.6 ± 8.2 years of age, with the mean gestational age of 16.8 ± 2.6 weeks. Abortion occurred in 248 cases (98.0%) with an average of 1468.8 μg of misoprostol. The analysis of the dispersion of the total dose of misoprostol indicates no significant change with increasing gestational age ($y = 0.9475x + 1453$) ($R^2 = 0.0001$). The average induction time was 2.3 days and in 81.8% of the cases abortion occurred in the first 72 h. Excessive and immediate uterine bleeding after fetal elimination was observed in 2.6% of the cases.
Conclusion: Misoprostol protocol used was effective and safe for second trimester abortion in pregnancy resulting from sexual violence.
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Misoprostol no aborto de segundo trimestre em gestações decorrentes de violência sexual: análise de efetividade de um protocolo aplicado em serviço público de saúde brasileiro

Palavras-chave:
Aborto legal
Violência sexual
Misoprostol
Aborto induzido
Segundo trimestre de gravidez

RESUMO

Objetivo: Avaliar a efetividade de um protocolo de administração de misoprostol no aborto de gestações decorrentes de violência sexual.

Método: Estudo retrospectivo com amostra de conveniência com 253 pacientes com gestação entre 13 e 22 semanas que fizeram aborto legal no Hospital Pérola Byington, São Paulo, Brasil, entre janeiro de 2008 e dezembro de 2014. Foram administradas doses de misoprostol de 400 microgramas (gestações de 13-17 semanas) e 200 microgramas (gestações de 18-22 semanas), via vaginal, a cada 12 horas. A dose foi duplicada após duas doses sem resposta e mantida por até quatro dias. Na ausência de expulsão fetal, um segundo ciclo de misoprostol foi feito após pausa de 72 horas. A falha do misoprostol foi considerada após dois ciclos completos sem eliminação fetal. O desfecho foi a expulsão fetal, completa ou incompleta, avaliada em número de dias e dose de misoprostol necessária para o aborto. Dados digitados em programa Microsoft Excel® 2010.

Resultados: A idade variou de 11-44 anos, média de 22,6 ± 8,2 anos, com idade gestacional média de 16,8 ± 2,6 semanas. O aborto ocorreu em 248 casos (98%) com média de 1.468,8 microgramas de misoprostol. A análise da dispersão da dose total de misoprostol indica que não houve variação significativa em função do aumento da idade gestacional ($y = 0{,}9475x + 1453$) ($R^2 = 0{,}0001$). O tempo médio de indução foi de 2,3 dias e em 81,8% dos casos o aborto ocorreu nas primeiras 72 horas. Sangramento uterino excessivo e imediato após a eliminação fetal foi observado em 2,6% dos casos.

Conclusão: O protocolo de misoprostol usado se mostrou eficaz e seguro para o aborto de segundo trimestre na gravidez decorrente de violência sexual.

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Introduction

Brazilian criminal law criminalizes the practice of abortion, except the situations covered by Article 128 establishing a woman's right to terminate the pregnancy resulting from sexual violence or when there is risk of death for pregnant women.[1] Although Brazilian legislation allows abortion in such circumstances since 1940, only in the late 1980 emerged the first public health services which began to offer legal abortion of first trimester pregnancies.[2]

Since then, there has been slow growth in Brazilian health services committed to human and reproductive rights of women in situations of sexual violence. But despite the improvements, most Brazilian women still lack access to safe and legal abortion in cases of sexual violence, particularly when they are in the second trimester of pregnancy.[2]

Since 1999, the United Nations General Assembly stipulates that in circumstances where abortion is not against the law, health services should be prepared to offer termination of pregnancy safely and at affordable conditions for women.[3] Accordingly, misoprostol is one of the methods of choice for legal interruption of pregnancies between 13 and 22 weeks.

Misoprostol is a methyl-analog synthetic of prostaglandin PGE1, stable at room temperature and effective to promote changes in cervical immature and induce uterine contractility.[4] Prostaglandins are derived from unsaturated monocarboxylic fatty acids of 20 carbons, formed by two chains and the five-carbon ring. The differentiation of the prostaglandins occurs by variations in methylation and oxidation of carbon chains with more or fewer double bonds in the aliphatic side chain.[5]

Misoprostol is known to be effective to induce abortion, although the time required to complete the interruption of pregnancy is greater than when the prostaglandin is associated with mifepristone.[6] Furthermore, abortion is often painful and with more frequent adverse effects than when combined with mifepristona.[7]

In the 1980s, misoprostol started to be used in gynecology and obstetrics after initial indication for treatment of dyspepsia. Compared with other prostaglandins, misoprostol has a lower rate of side effects, with pharmacological extended average life and easier administration by different routes.[8] These features make misoprostol the medication of choice for induction of abortion, cervical preparation and induction of labor.[9]

In Brazil, the Ministry of Health published in 1999, the first misoprostol use protocol for legally induced abortion in pregnancies resulting from sexual violence. A dose of 200 μg was recommended vaginally every 8 h, without defining the time of treatment or management in cases of failure. In 2005, the second edition of the protocol began to indicate doses of 400 μg of misoprostol vaginally every 12 h.[10]

This approach was maintained until 2011, when the Ministry of Health started to recommend different doses according

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