First trimester abortion in Japan

12 May 2022

There are signs that mifepristone may be coming to Japan – after it became available in China and France in 1988. Mifepristone is now approved for use in early medical abortion in 82 countries (https://gynuity.org/resources/list-of-mifepristone-approvals). Based on more than thirty years of clinical study, the safety, effectiveness and acceptability of mifepristone and misoprostol used for early medical abortion is beyond any doubt.[1-3]

Linepharma has applied for marketing approval for a combi-pack of mifepristone and misoprostol in Japan (https://exbulletin.com/world/1357452/). If approved, this would provide choice of a medical abortion for the more than 150,000 Japanese women who currently have surgical abortions each year. Acceptability and satisfaction with the abortion process is greatest when women can choose between methods and receive their preferred method.[4]

The Japan Association of Obstetrics & Gynaecology (JAOG) has stated that medical abortion should only be performed in a hospital setting, not in community health facilities (https://okumi.hatenadiary.com/entry/2022/05/05/124733). This is contrary to the World Health Organization (WHO) guideline recommendation 50 which encourages self-administration of abortion medicines outside of a healthcare facility and self-management of the abortion process.[5]

JAOG has also said that the fee for this service should be no different from that for a surgical abortion (about US$ 875). This seems to us unreasonable when the vast majority of women having a medical abortion do not need to occupy treatment room or operating theatre facilities.

Some doctors in Japan have said that use of vacuum aspiration is not practised much in Japan because of the risk of cross infection from the aspiration system and that the instruments are more difficult to clean. The fact is that the cannula/syringe used in manual vacuum aspiration and the cannula/tubing used in electric vacuum aspiration are all sterile and single-use in high-resource countries.

A survey in Japan of all abortion providers' practice during the year 2019 has shown that in hospitals only one quarter of abortions are being done by vacuum aspiration alone; three quarters are done by D&C alone or by vacuum aspiration combined with curettage.[6] In this study, complications were found to be higher in procedures using D&C than in those using electric vacuum aspiration. This use of D&C for surgical abortion in the first trimester is contrary to the WHO guideline recommendation 23 at paragraph 3.4.1[5] and is considered obsolete in modern practice.[7]

We welcome this move to approve mifepristone which potentially affects 25 million women of reproductive age in Japan. We call on the Japanese Ministry of Health, Labour & Welfare and the JAOG to pay attention to the extensive scientific evidence on the delivery of both medical and surgical abortion services. The introduction of early medical abortion should be done in such a way as to take into account the extensive worldwide experience and its proven safety track record. There should not be unnecessary restrictions to access such as excessive cost or overmedicalisation. Then the women of Japan will truly be able to benefit from the choices that now exist as a result of scientific progress.

Notes on the authors

Sam Rowlands MB BS, MD, LLM, FRCGP, FFSRH is a Visiting Professor in the Department of Medical Science & Public Health at Bournemouth University, UK. He was previously Secretary of FIAPAC, Secretary of BSACP, a Vice-President of FSRH and Chair of the FSRH Clinical Effectiveness Committee.

Emeka Oloto MB BS, FWACS, FRCOG, FFSRH is Consultant Gynaecologist and Specialist in Sexual and Reproductive Health, Leicester, UK. He has extensive clinical experience of both medical and surgical abortion in multiple healthcare settings.

References

1. de Costa C, Carrette M. Early medical abortion. In: Rowlands S, ed. Abortion care. Cambridge: Cambridge University Press 2014:62-70.
2. Aiken A, Lohr PA, Lord J, et al. Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study. *BJOG* 2021 doi: 10.1111/1471-0528.16668
3. Schummers L, Darling EK, Dunn S, et al. Abortion safety and use with normally prescribed mifepristone in Canada. *NEJM* 2022;386:57-67. doi: 10.1056/NEJMsa2109779
4. Kapp N, Lohr PA. Modern methods to induce abortion: safety, efficacy and choice. *Best Practice & Research Clin Obstet Gynaecol* 2020;63:37-44.
5. WHO. Abortion care guideline Geneva: World Health Organization; 2022 [Available from: https://apps.who.int/iris/handle/10665/349316
6. Nakamura E, Kobayashi K, Sekizawa A, et al. Survey on spontaneous miscarriage and induced abortion safety at less than 12 weeks of gestation in Japan. *J Obstet Gynaecol Res* 2021;47(12):4158-63.
7. Roblin P. Vacuum aspiration. In: Rowlands S, ed. Abortion care. Cambridge: Cambridge University Press 2014:71-79.