Patient-reported asthma outcomes following early medical abortion:

A retrospective study of patients with asthma undergoing Mifepristone-based abortion care

Stephanie Green[1], Sarah Baynham[1], Melissa Palmer[2], Sarah Salkeld[1]

MSI UNITED KINGDOM REPRODUCTIVE CHOICES

Background

Mifepristone is a glucocorticoid receptor antagonist, creating theoretical concerns that it may reduce the efficacy of inhaled corticosteroids.

This has led to:

- Additional asthma assessments
- Referral to hospital services
- Delays in abortion care
- Reduced access to EMA

No previous published studies have evaluated asthma outcomes following EMA.

Aim

To investigate patient-reported asthma outcomes in the week following early medical abortion.

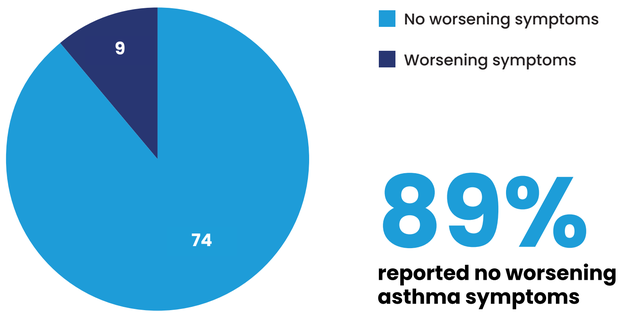
Methods

Retrospective study of adults with asthma who underwent EMA in the preceding 12 months, recruited through MSI UK medical referral pathway. Primary outcome measure: self-reported worsening of asthma symptoms within 1 week of EMA.

Key results

- 89% (74/83) reported no worsening of asthma symptoms
- Shortness of breath was the most common symptom reported
- 4 clients increased their inhaler use and 3 sought medical advice
- No severe asthma-related outcomes were reported
- No significant impact of inhaled steroid use on likelihood of worsening symptoms

Figure 1: Asthma symptoms following EMA



89%

reported no worsening asthma symptoms

Figure 2: Symptoms reported among the 9 clients with worsening symptoms

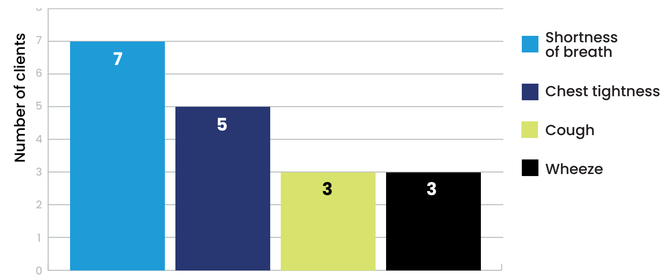
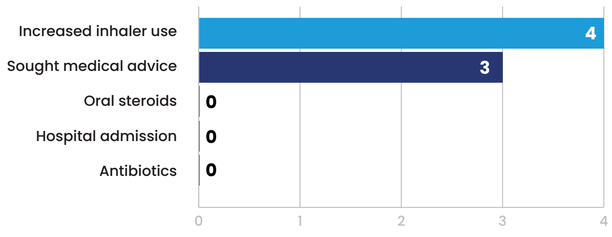
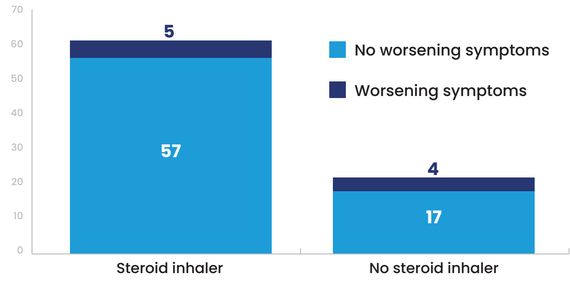


Figure 3: Outcomes for the 9 clients reporting asthma symptom deterioration



No severe asthma-related outcomes were reported

Figure 4: Impact of steroid inhaler use on symptom worsening



Conclusions

- Only 10.8% of participants reported worsening asthma symptoms and no severe asthma-related outcomes were identified
- Findings support the safety of EMA for patients with asthma and may inform future abortion service pathways by reducing unnecessary barriers and delays to EMA care

Practice implications

- These finding suggest that symptomatic asthma alone should not routinely require additional medical assessment before EMA
- Following this study, MSI UK streamlined its asthma pathway, reserving doctor review for patients with:
  - Oral corticosteroid use or hospital attendance within the previous 6 weeks
  - Severe asthma managed by a specialist team or requiring theophylline or biologic therapy
- No adverse asthma outcomes have been reported following pathway implementation

[1] MSI Reproductive Choices UK, 1 Conway Street, Fitzroy Square, London W1T 6LP, UK
[2] Independent Consultant, London, UK

Copyright MSI Reproductive Choices 2026