Safe Medical Abortion Care

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Dr. McNeil is a graduate of Dartmouth College’s Geisel School of Medicine in Hanover, New Hampshire. She completed her family medicine residency at Contra Costa Regional Medical Center in Martinez, California, where she served as chief resident. She also completed the UCSF Faculty Development Fellowship. At the Contra Costa Family Medicine Residency, Dr. McNeil leads the reproductive health curriculum, staffs labor and delivery, precepts residents in the family medicine clinic, and attends at the urgent care clinic. She is active in reproductive health advocacy work and serves on the Committee on Continuing Professional Development for the California Academy of Family Physicians.
Catherine Romanos, MD, FAAFP

Physician, Women’s Med Center, Dayton, Ohio; Community Preceptor, Grant Family Medicine Residency Program, Columbus, Ohio

Dr. Romanos earned her undergraduate degree in Spanish literature from New York University and her medical degree from the University of Connecticut School of Medicine. She completed a residency in family medicine at the Lawrence Family Medicine Residency Program in Massachusetts, where she then served as a faculty member until moving to Columbus, Ohio, six years ago. Since then, she has practiced abortion care throughout the state of Ohio, including surgical termination and medication abortion. As a preceptor for family medicine residents, she enjoys bringing her reproductive health interests to the primary care setting. Dr. Romanos is a graduate of the Physicians for Reproductive Health Leadership Training Academy and is an advocate for abortion rights.

Learning Objectives

1. Characterize the safety and efficacy of medical abortion care in the family medicine setting.

2. Identify patients who need additional evaluation with ultrasound prior to medical abortion care.

3. Identify the rare complications of medical abortion and appropriate management of those complications.
Ground rules

- Our common understanding is: abortion is a safe and legal medical procedure.
- We support our patients’ decisions to continue or terminate pregnancies without judgement or shame.
- We will not use this session to discuss options counseling prior to pregnancy termination.
Case #1: Linda

- 30yo G3P2 who has a sure LMP that puts her at 7w4d gestation.
- “We talked it over and decided that we can’t have another baby, that adoption is not an option for us, and we really need to be referred for an abortion.”

Medication & aspiration abortion: both safe and effective
<table>
<thead>
<tr>
<th>Medication abortion</th>
<th>Vacuum aspiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>High success rate (96-99%)</td>
<td>High success rate (99%)</td>
</tr>
<tr>
<td>Usually avoids instrumentation</td>
<td>Instruments inserted into the uterus</td>
</tr>
<tr>
<td>Requires at least two visits</td>
<td>Can be done in one visit</td>
</tr>
<tr>
<td>Abortion usually within 24hrs of second med</td>
<td>Procedure completed in 5-10 minutes</td>
</tr>
<tr>
<td>May be used in early pregnancy</td>
<td>May be used in early pregnancy</td>
</tr>
<tr>
<td>Oral pain medication</td>
<td>Anesthesia/Sedation can be used</td>
</tr>
<tr>
<td>Happens at home</td>
<td>Done in a medical office or clinic</td>
</tr>
<tr>
<td>Medications cause a process similar to miscarriage</td>
<td>Clinician performs the procedure</td>
</tr>
</tbody>
</table>

### Different medication regimes

<table>
<thead>
<tr>
<th>Medication Regime</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mifepristone + Misoprostol</td>
<td>96-99%</td>
</tr>
<tr>
<td>Methotrexate + Misoprostol</td>
<td>88-96%</td>
</tr>
<tr>
<td>Misoprostol alone</td>
<td>75-90%</td>
</tr>
</tbody>
</table>

Medical Management of First Trimester Abortion, Society of Family Planning Clinical Guideline, 2014
Case #1: Linda

- 30yo G3P2 who has a sure LMP that puts her at 7w4d gestation.
- “We talked it over and decided that we can’t have another baby, that adoption is not an option for us, and we really need to be referred for an abortion.”

Steps of medication abortion

1. Pre medAB checklist
2. Mifepristone 200mg PO in office then Missoprostol 800mcg buccal 24-48 hours later at home
3. Follow-up to confirm completion
## Pre-medAB checklist

- Options counseling
- Consent
- Dating: LMP < 70d
- No contraindications
- Hgb & Rh if indicated
- Access to a telephone and ER
- Ability to confirm completion of med AB

## Contraindications to medication AB

- Hemorrhagic disorder or anticoagulant therapy
- Chronic adrenal failure
- Long-term systemic corticosteroids
- Suspected or confirmed ectopic
- Inherited porphyrias
- IUD in place (must be removed before med AB)
- Allergy to mifepristone, misoprostol, or other prostaglandin.
- No access to follow-up
Linda’s eligibility

- LMP < 70 days ago ✔️ (7wk by sure LMP c/w exam)
- Hgb > 8-10, Rh ✔️ (hgb 9.8; Rh positive)
- Access to a telephone and an ER ✔
- Ability to confirm completion of med AB ✔

She signs the consents, including all clinic/state requirements

To-go bag

- 24hr phone number
- After-care instructions
- **Misoprostol 800mcg buccal** to be taken at home 24-48hrs after mife
- NSAID (Ibuprofen 800mg)
- Antiemetic
- +/- narcotic
Follow-up

• Linda returns in two weeks; her urine HCG is negative
• She’s so grateful that she didn’t have to be referred out of your clinic
AES Polling Question 1
The failure rate of a medication abortion is:

1. 1%
2. 1-4%
3. 4%
4. 4-6%
5. 6%

The failure rate of a medication abortion is:

1. 1%
2. 1-4%
3. 4%
4. 4-6%
5. 6%
Case #2: Linda

- 30yo G3P2 who doesn’t know her last LMP because she’s still breastfeeding.

Pre-medAB checklist

- Options counseling
- Consent
- **Dating: LMP < 70d**
- No contraindications
- Hgb & Rh if indicated
- Access to a telephone and an ER
- Ability to confirm completion of med AB
Dating

Abdominal US shows CRL 11mm = 7w3d

Linda’s eligibility

- LMP < 70 days ago ✔ (ultrasound confirmed)
- Hgb > 8-10, Rh ✔ (hgb 9.8; Rh positive)
- Access to a telephone and transportation to an emergency room ✔
- Ability to confirm completion of med AB ✔

She signs the Danco consent, as well as all clinic/state requirements
Mifepristone dispensing

• Office must register with Danco and pre-order pills
• Pills come with “Medication Guides” and “Patient Agreement Form”
• Provider administers Mifepristone 200mg PO in the office

Mifepristone
Causes progesterone blockade

Decidual necrosis
Cervical ripening
Detachment

Misoprostol
Causes uterine cramping and expulsion
Side Effects

**Mifepristone**
- Mild nausea
- Rare bleeding

**Misoprostol**
- Bleeding (intended)
- Cramping (intended)
- Nausea/Vomiting
- Diarrhea
- Low grade fever
- Chills

AES Polling Question 2
The correct dose of mife/miso is:

1. Mife 800mcg - miso 200mg po
2. Mife 200mg - miso 800mcg buccal
3. Mife 200mcg - miso 800mcg buccal
4. Mife 200mg - miso 800mg po
The correct dose of mife/miso is:

1. Mife 800mcg - miso 200mg po
2. Mife 200mg - miso 800mcg buccal
3. Mife 200mcg - miso 800mcg buccal
4. Mife 200mg - miso 800mg po

Follow-up

- Linda returns in two weeks; she is no longer bleeding; POCUS shows an endometrial stripe.
- She’s so grateful that she didn’t have to be referred out of your clinic
Case #3: Linda

• 30yo G3P2.
• Her pregnancy test at home was positive.
• Thinksher last period was about 4 weeks ago.

Pre-medication checklist

• Options counseling
• Consent
• Dating: LMP < 70d
• No contraindications
• Hgb & Rh if indicated
• Access to a telephone and ER
• Ability to confirm completion of med AB
Ultrasound

Indications for ultrasound
- Unsure dates
- Unable to confirm dates by sizing
- Size not consistent with dates
- Any signs of symptoms of and ectopic pregnancy

No ectopic signs/symptoms Normal exam
LMP < 35 days
Positive pregnancy test

< 2000 → evaluate 48 to 72hrs after misoprostol

Administer mife 200mg, draw beta hcg that same day

> 2000 → evaluate or refer for ectopic immediately

> 50% drop → abortion complete

< 50% drop → evaluate or refer for ectopic immediately
Pregnancy of unknown location (PUL)

- If patient has no signs/symptoms of ectopic and LMP < 4.5 weeks, you can dispense mifepristone 200mg PO and draw a beta hcg that same day.
- If beta hcg > 2000 --> ectopic referral
- If beta hcg < 2000 --> repeat beta hcg 24-48 hours after miso; goal of > 50% drop

Linda

- Takes mifepristone 200mg PO.
- Beta hcg drawn that day: 1050.
- 24-48hrs after her mife, she takes misoprostol 800mcg buccally at home.
- Returns for repeat HCG 24-48 hours after miso
Follow-up

• Linda returns in 72hrs; beta hcg returns at 200.
• She’s so grateful that she didn’t have to be referred out of your clinic

AES Polling Question 3

At follow-up, Linda is worried that she should have gotten antibiotics. You should give her antibiotics now?

1. True
2. False
At follow-up, Linda is worried that she should have gotten antibiotics. You should give her antibiotics now?

1. True
2. False

Case #4: Linda

• 30yo G3P2
• 7w2d by bedside ultrasound.
AES Polling Question 4

Medication abortion has been shown to be safe and effective up to

1. 49 days from LMP
2. 70 days from LMP
3. 77 days from LMP

Medication abortion has been shown to be safe and effective up to

1. 49 days from LMP
2. 70 days from LMP
3. 77 days from LMP
Steps of medication abortion

1. Pre medication checklist complete
2. Mifepristone 200mg PO in office then Misoprostol 800mcg buccal 24-48 hours later at home
3. Follow-up to confirm completion

Call from the ER

• Three days later, Linda has been having heavy bleeding (2 pads already today) and went into her local ER. They call you for advice.
• Vital signs are stable, hgb is 9.2 (down from 9.8).
AES Polling Question 5

What do you advise?

1. Aspiration
2. Repeat miso 800 mcg buccal
3. Follow-up in clinic
4. Patient choice
What do you advise?
1. Aspiration
2. Repeat miso 800 mcg buccal
3. Follow-up in clinic
4. Patient choice

Safety of medication abortion

• Less than 5% of patients using mife/miso before 63 days, required surgical evacuation.

• Medication abortion is not associated with an increased risk of adverse outcomes in subsequent pregnancies

Implementation is the next step!

- Values clarification for staff and admin
- Danco
- Pregnancy dating
- On-call system
- Follow-up

CHAT AND CHEW is coming up!

Practice Recommendations

- Medication abortion is safe and effective
- A preMed AB checklist makes the steps easier
- Dating a pregnancy can be done by a good LMP and bimanual exam
- The meds are: Mifepristone 200mg PO in office then Misoprostol 800mcg buccal 24-48 hours later at home
- Confirmation of completion can be done with ultrasound OR symptoms and a urine pregnancy OR βhcg
- Having good telephone triage is important; bleeding through more than 2 pads/hr for 2 hrs in a row is too much
- It’s important to treat the patient’s symptoms and not the US
Questions?

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References and Resources

- Alan Guttmacher Institute [www.agi-usa.org](http://www.agi-usa.org)
- Planned Parenthood [www.plannedparenthood.org](http://www.plannedparenthood.org)
- Women Help Women [www.abortionpillinfo.org](http://www.abortionpillinfo.org)
- Reproductive Health Access Project [www.reproductiveaccess.org](http://www.reproductiveaccess.org)
Questions