Medication abortion

A ‘how-to’ for the primary care setting

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Agenda

1. Epidemiology
2. Patient preparation
3. Logistics
4. Post abortion care
5. Complications

Disclosures

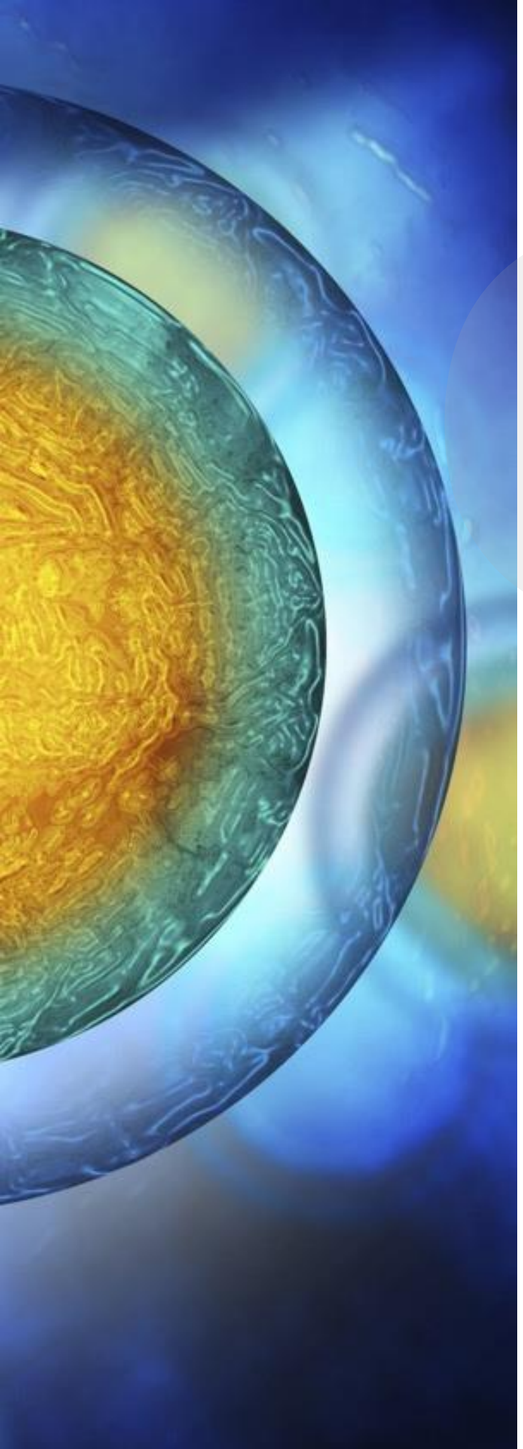
None

Positionality

Cisgender, racialized white, woman

Former Catholic

OBGYN



Professionalism and abortion care

- Abortion is an aspect of reproductive health care and is legal in the state of Oregon
- The goal of today is to understand facts related to abortion care
- Many patients may make choices we do not agree with or cannot understand, but as professionals charged with their care, we all can cultivate compassion and empathy for difficult situations, acceptance of their choices, and provide high quality care in a variety of circumstances

Section 1:

Epidemiology of abortion

1

Abortion is safe

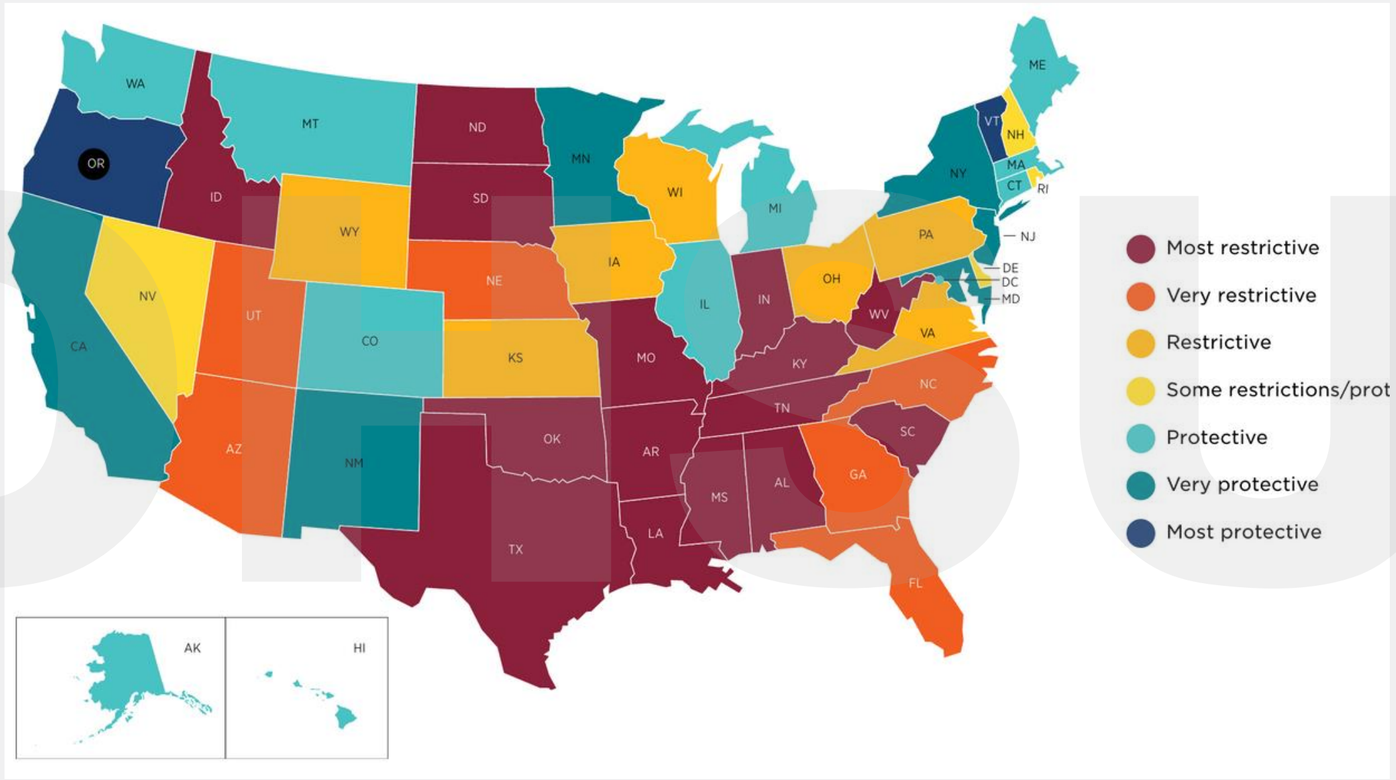
2

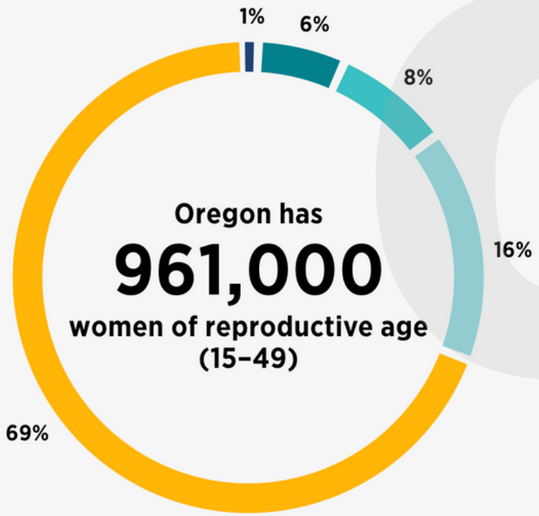
Abortion is common

3

Abortion is essential

Mifepristone safety analysis
Turnaway study
SisterSong





10.3 ABORTIONS PER 1,000 WOMEN
aged 15-44 in Oregon in 2020

8,560
abortions were obtained in Oregon in 2020

Source: Guttmacher.org

Section 2:

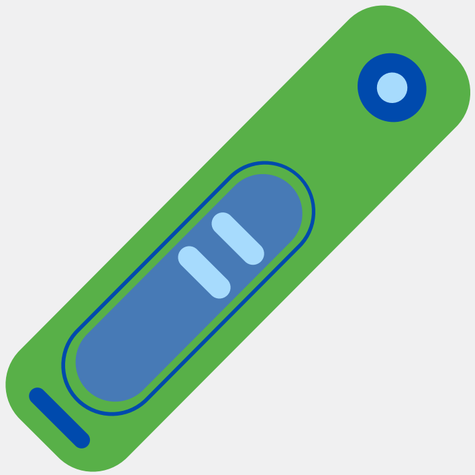
Patient preparation for medication abortion

Diagnosis of pregnancy

Pregnancy options counseling

MedAB eligibility and counseling

Diagnosis of pregnancy



- Viable intrauterine pregnancy
- Nonviable intrauterine pregnancy
- Pregnancy of unknown location
- Ectopic pregnancy

Pregnancy options counseling

***Affirm** the complexity in reproductive decision-making*

***Create** an open, inclusive, non-judgmental environment*

***Clarify** the facts of the pregnancy*

*Actively **listen** to the patient*

***Validate** and **normalize** multiple, complex, and varied feelings around pregnancy*

***Reassure** the patient that you will support them no matter what decision they make.*

Source: Reproductive Health Access Project

Pregnancy options counseling

Continuation

- Parenting
- Adoption

Terminatinon

- Medication
- Procedure

"Some people feel the pills are natural, like a miscarriage, which can happen on your schedule at home.

It is important to know everyone who takes pills will have heavy bleeding and cramping and will need some sort of follow up to make sure they worked."

"Both options are very safe, very effective, and both have low risk of complications in future pregnancies.

You should choose which best fits your life and preferences."

"The procedure lets you pick the timing of the process and there is usually no follow up required.

However, it does require a pelvic exam and a brief but intense procedure. You can have as much anesthesia as you need to be comfortable"

MedAB eligibility

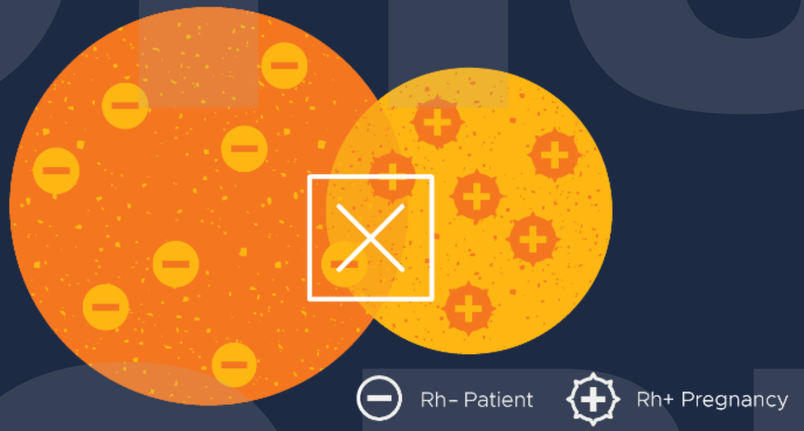
Inclusion criteria	Exclusion criteria

• Able to give consent and comply with treatment guidelines, including follow up
• < 11 weeks pregnant (77 days gestation)
• Undesired intrauterine pregnancy or pregnnacy of unknown location
• Patient is willing to have a procedure if the medication termination is unsuccessful.
	• Hemorrhagic disorder or concurrent anticoagulant therapy
	• Allergy to misoprostol or mifepristone
	• IUD in situ (must be removed before treatment)
	• Chronic systemic corticosteroid use (i.e. prednisone)
	• History of inherited prophyrias, or adrenal disease
	• Any other condition, which in the opinion of the clinician would contraindicate an MA. Examples:
	  ◦ Cardiac disease (AHA Class 3 or worse when not pregnant)
	  ◦ Severe anemia (hematocrit <25%)
	  ◦ Uncontrolled seizure disorder (>1 seizure/week)
	  ◦ Sickle cell disease (frequent/recent crises)
	  ◦ Renal failure
	  ◦ Severe liver disease
	  ◦ Glaucoma

Rh testing and administration is no longer recommended prior to 12 weeks gestation for patients undergoing spontaneous, medication, or procedural abortion.

Society of Family Planning

<12 weeks



There is **no direct benefit** to the patient receiving Rh immunoglobulin.

Forgoing administration is **highly unlikely** to increase the risk of Rh sensitization or lead to Rh antibody development.

Individuals can still request testing. Care should be decided **in partnership with the patient**.

Read more: **SocietyFP.org/Clinical-Guidance**

MedAB counseling

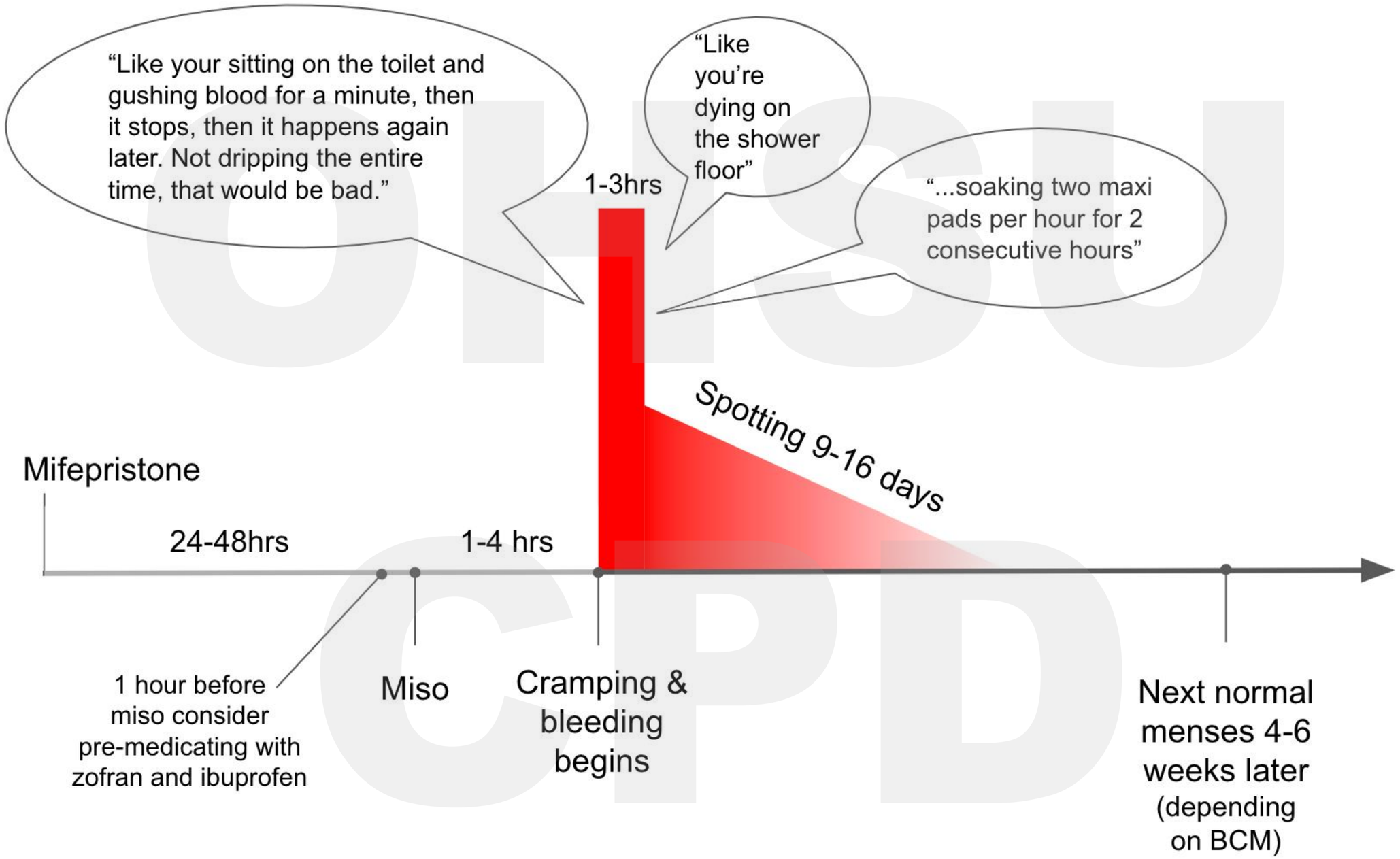
"It usually makes sense to find a time to have the bulk of the bleeding and cramping symptoms. It usually needs to be 8-12 hours where you will be at home, with hygiene and comfort supplies, and a way to call or come in for care if you encounter any unexpected issues.

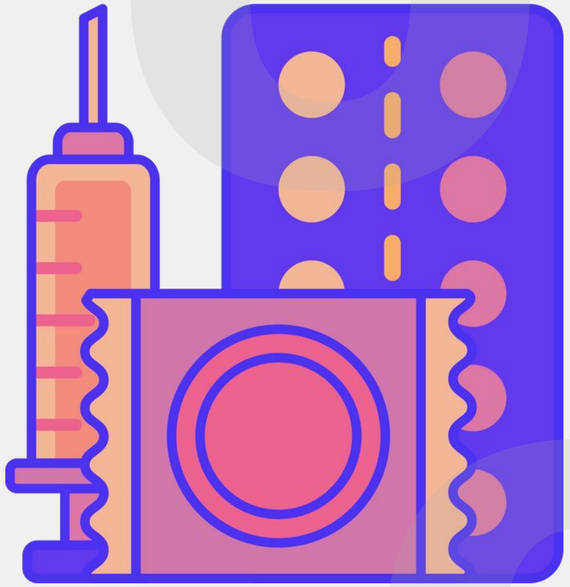
Have you thought about when that might be?"

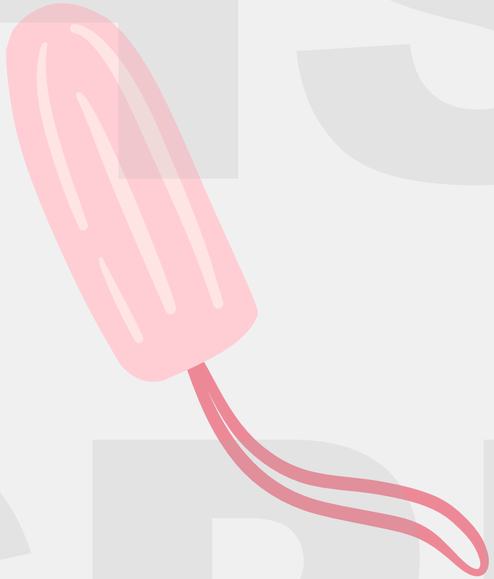
"24 hours prior to that time, you are going to take the first medication…"

"...then, you're going to place the second set of pills inside your cheek, 24 hours later..."

Mifepristone-Misoprostol Regimen	Overall efficacy	Ongoing pregnancy
Up to 63 days gestation		
Mifepristone 200mg PO followed by: • PV misoprostol 800mcg 6-72 hours later (administered at home) **or** • Buccal/SL misoprostol 800mcg 24-48 hours later (administered at home)	94.7-99.7%	3.1%
64-70 days gestation		
Mifepristone 200mg PO followed by: • Buccal misoprostol 800mcg 24-48 hours later (administered at home) **or** • Buccal misoprostol 800mcg 24-48 hours later q4 hours x2 (administered at home)	92.3% 99.6%	3.6% 0.4%
71-77 days gestation		
Mifepristone 200mg PO followed by: • Buccal misoprostol 800mcg 24-48 hours later q4 hours x2 (administered at home)	97.6%	1.6%


"Like your sitting on the toilet and gushing blood for a minute, then it stops, then it happens again later. Not dripping the entire time, that would be bad."
"Like you're dying on the shower floor"
"...soaking two maxi pads per hour for 2 consecutive hours"
1-3hrs
Spotting 9-16 days
Mifepristone
24-48hrs
1-4 hrs
1 hour before miso consider pre-medicating with zofran and ibuprofen
Miso
Cramping & bleeding begins
Next normal menses 4-6 weeks later (depending on BCM)



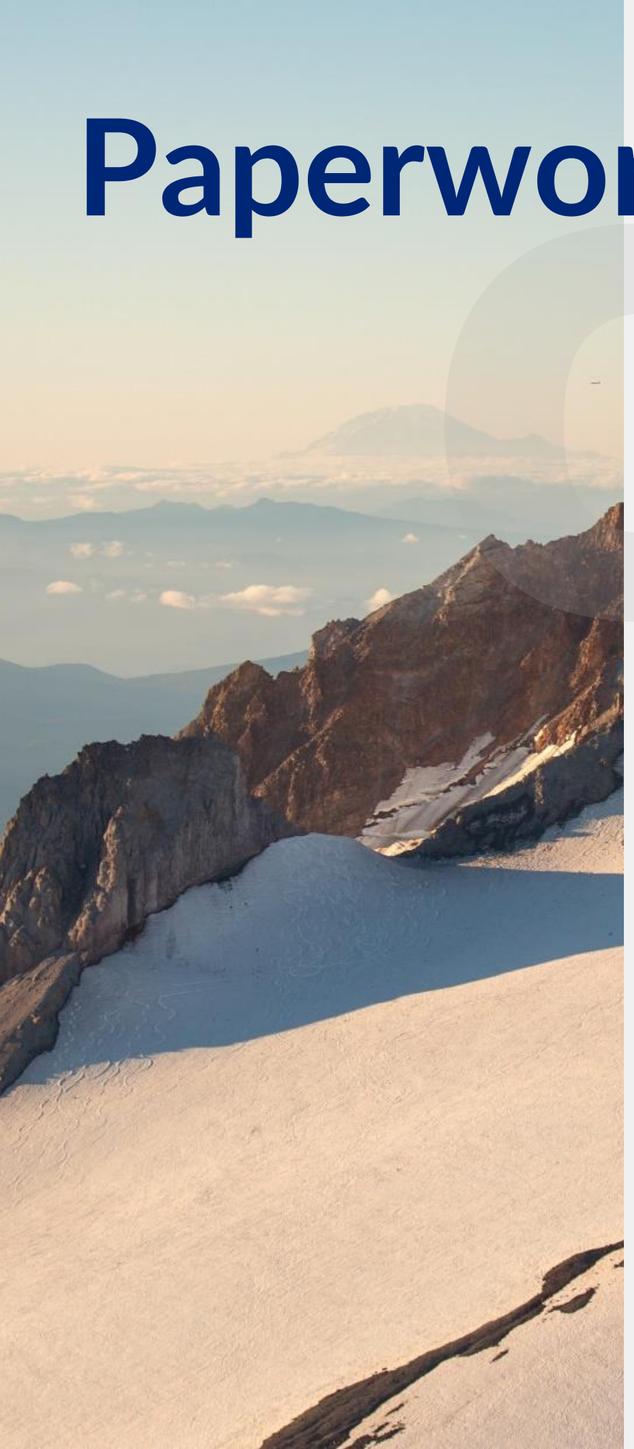


Section 3:

Medication abortion logistics


Billing
Prescription
Paperwork

Paperwork



1

Medication abortion consent
&
Care location agreement

The physician or practitioner has explained to me, in a way that I understand, the planned procedure or treatment, anticipated benefits, material risks or potential problems that might occur during the procedure or treatment or during recuperation as well as the likelihood of achieving our goals. The physician or practitioner has also discussed alternative therapies, including no treatment, as well as the anticipated benefits and risks associated with those alternative treatments. The following marked and listed risks are among the material risks or concerns of the planned procedure or treatment discussed with the patient:

☑ **Bleeding**	☑ **Infection**	☐ **Damage to adjacent organs**
☑ **Pain**	☐ **Fire and/or burns**	☑ **Death**

Additional material risks specific to the planned procedure or treatment:

I understand that this procedure is used to end my pregnancy. I have made this decision on my own. I am aware of my alternatives, including surgical abortion and continuing the pregnancy (parenting/adoption).
Risks include but are not limited to:
- Incomplete abortion or ongoing pregnancy (2-8%)
- Heavy or prolonged bleeding
- Birth defects if ongoing pregnancy
- Unrecognized pregnancy outside of the uterus (ectopic pregnancy)
- Death (0.6/100,000 versus 8.8/100,000 with childbirth).
- There is a possible need for uterine aspiration (<5%) or additional procedures. I understand the need for follow-up to make sure that my pregnancy has ended and I am doing well.
- Pain
- Infection

By signing below, I acknowledge and agree that I have been instructed and advised by OHSU and my OHSU health care providers that:

- I need to be physically located in Oregon or Washington for all appointments and care I receive from OHSU and OHSU's health care providers; and

- If taking medications to terminate my pregnancy, I need to be physically located in Oregon or Washington when taking all doses of the medication and until my pregnancy is terminated (generally up to 24 hours after last medication).

By signing below, I agree and certify that:

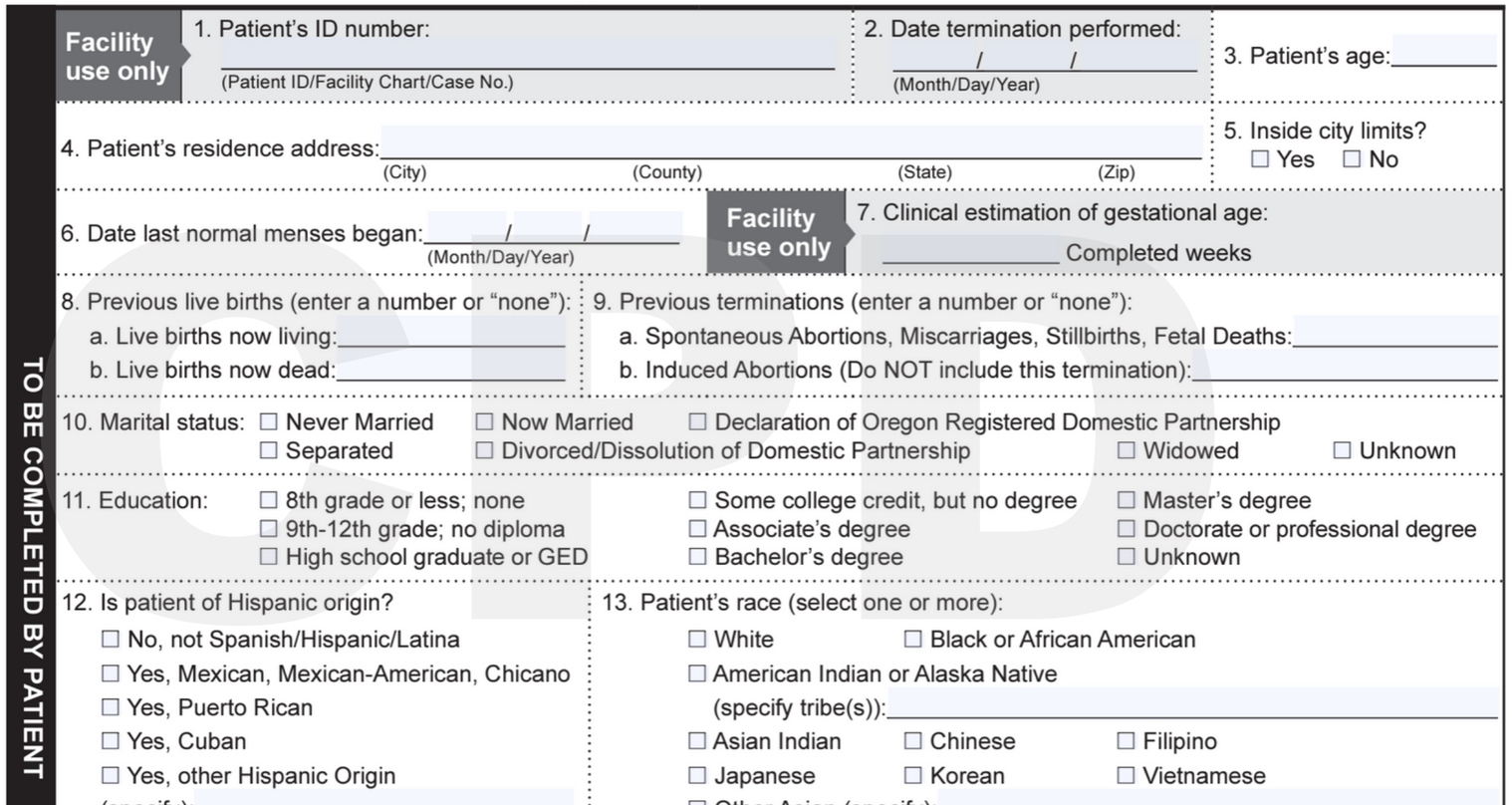
- I will be physically located in Oregon or Washington for all appointments and care I receive from OHSU and OHSU's health care providers; and

- If taking medications to terminate my pregnancy, I will be physically located in Oregon or Washington when taking all doses of the medications and until my pregnancy is terminated (generally up to 24 hours after last medication).

2

Complete and submit state ITOP form

(link to download)



TO BE COMPLETED BY PATIENT

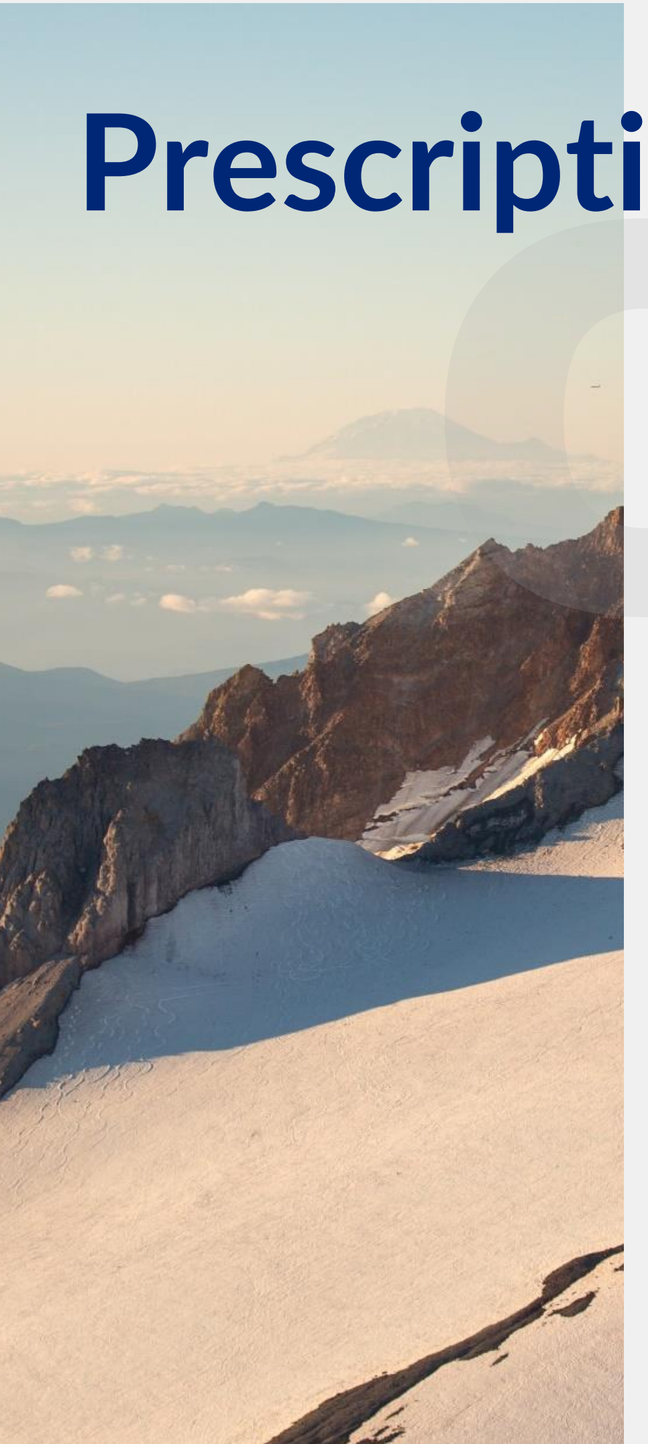
Facility use only

1. Patient's ID number: _____ (Patient ID/Facility Chart/Case No.)
2. Date termination performed: ___/___/___ (Month/Day/Year)
3. Patient's age: _____
4. Patient's residence address: _____ (City) (County) (State) (Zip)
5. Inside city limits? ☐ Yes ☐ No
6. Date last normal menses began: ___/___/___ (Month/Day/Year)

Facility use only

7. Clinical estimation of gestational age: _____ Completed weeks
8. Previous live births (enter a number or "none"):
   a. Live births now living: _____
   b. Live births now dead: _____
9. Previous terminations (enter a number or "none"):
   a. Spontaneous Abortions, Miscarriages, Stillbirths, Fetal Deaths: _____
   b. Induced Abortions (Do NOT include this termination): _____
10. Marital status: ☐ Never Married ☐ Now Married ☐ Declaration of Oregon Registered Domestic Partnership ☐ Separated ☐ Divorced/Dissolution of Domestic Partnership ☐ Widowed ☐ Unknown
11. Education: ☐ 8th grade or less; none ☐ 9th-12th grade; no diploma ☐ High school graduate or GED ☐ Some college credit, but no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or professional degree ☐ Unknown
12. Is patient of Hispanic origin?
    ☐ No, not Spanish/Hispanic/Latina
    ☐ Yes, Mexican, Mexican-American, Chicano
    ☐ Yes, Puerto Rican
    ☐ Yes, Cuban
    ☐ Yes, other Hispanic Origin
13. Patient's race (select one or more):
    ☐ White ☐ Black or African American
    ☐ American Indian or Alaska Native (specify tribe(s)): _____
    ☐ Asian Indian ☐ Chinese ☐ Filipino
    ☐ Japanese ☐ Korean ☐ Vietnamese

Prescription



Mifepristone 200mg, Take orally once

[illegible] buccally* 24-48 hours after mifepristone.

Repeat in 12 hours if no bleeding. OR Repeat in 4 hours (if >9w)

Ondansetron 4mg #10, Take every 8 hours for nausea

Ibuprofen 800mg #10, Take every 8 hours for cramping

- Become a certified prescriber
- Manufacturers consent
- Local prescription log

Danco

Gen Bio Pro

Mifeprex® (Mifepristone)
Tablets, 200 mg

PRESCRIBER AGREEMENT FORM

TO *BECOME A CERTIFIED PRESCRIBER*, YOU MUST:

If you submit Mifeprex prescriptions for dispensing from certified pharmacies:

- Submit this form to each certified pharmacy to which you intend to submit Mifeprex prescriptions. The form must be received by the certified pharmacy before any prescriptions are dispensed by that pharmacy

If you order Mifeprex for dispensing by you or healthcare providers under your supervisio

- Submit this form to the distributor. This form must be received by the distributor
  be shipped to the healthcare setting.
- Healthcare settings, such as medical offices, clinics, and hospitals, where Mi
  the supervision of a certified prescriber in the Mifepristone REMS Program

Prescriber Agreement: By signing this form, you agree that you meet the quali
guidelines for use. You are responsible for overseeing implementation and compliar
Program. You also understand that if the guidelines below are not followed, the dis
mifepristone to the locations that you identify and certified pharmacies may stop accepti
prescriptions.

- Become a certified prescriber
- Manufacturers consent
- Local prescription log

PATIENT AGREEMENT FORM — Mifepristone Tablets, 200 mg

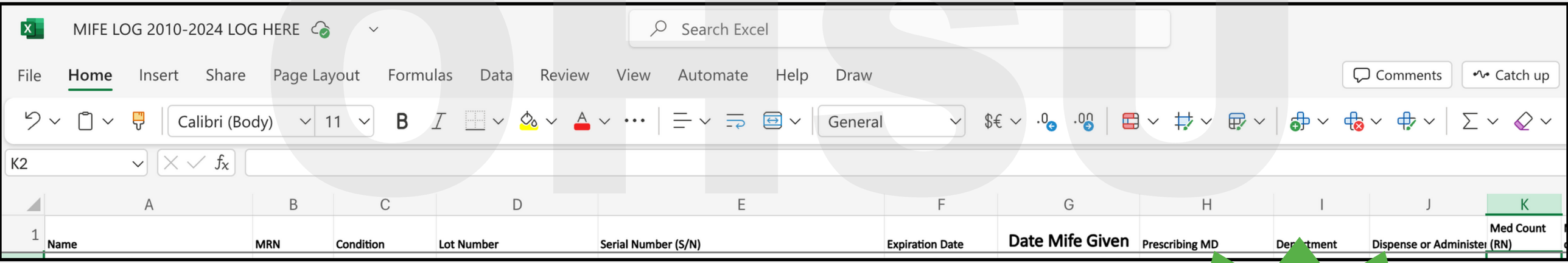
Healthcare Providers: *Counsel the patient on the risks of mifepristone. Both you and the patient must provide a written or electronic signature on this form.*

Patient Agreement:

1. I have decided to take mifepristone and misoprostol to end my pregnancy and will follow my healthcare provider's advice about when to take each drug and what to do in an emergency.
2. I understand:
   a. I will take mifepristone on Day 1.
   b. I will take the misoprostol tablets 24 to 48 hours after I take mifepristone.
3. My healthcare provider has talked with me about the risks, including:
   - heavy bleeding
   - infection
4. I will contact the clinic/office/provider right away if in the days after treatment I have:
   - a fever of 100.4°F or higher that lasts for more than four hours
   - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
   - severe stomach area (abdominal) pain or discomfort, or I am "feeling sick," including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol — these symptoms may be a sign of a serious infection or another problem (including an ectopic pregnancy, a pregnancy outside the womb).

   My healthcare provider has told me that these symptoms listed above could require emergency care. If I cannot reach the clinic/office/provider right away, my healthcare provider has told me to call and what to do.
5. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to b that my pregnancy has ended and that I am well.
6. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone an misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
7. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
8. I have the MEDICATION GUIDE for mifepristone.
9. My healthcare provider has answered all my questions.

- Become a certified prescriber
- Manufacturers consent
- Local prescription log



- Become a certified prescriber
- Manufacturers consent
- Local prescription log

Dispensing:

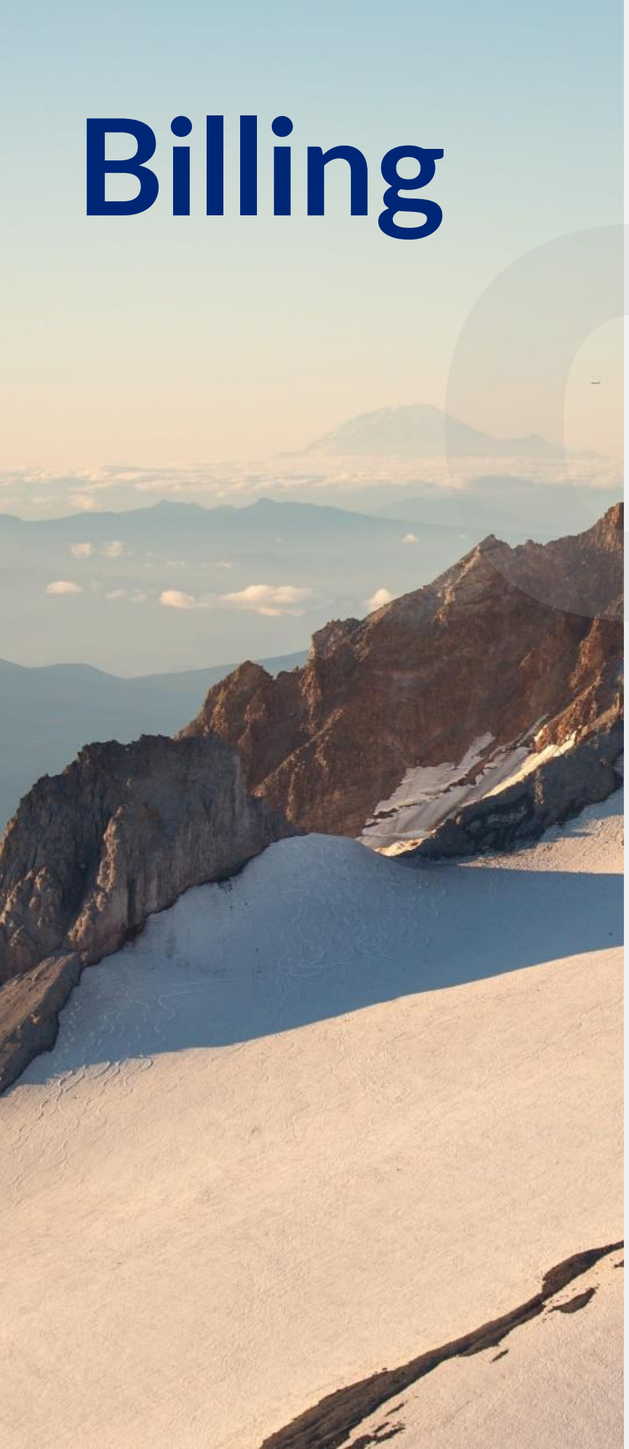
eRX to OHSU Physician's Pavilion Pharmacy
**prescriber agreement on file*

in office dispensing

Commerical pharamcy: CVS / Walgreens* *(stocking delay)*

HoneyBee health *(flat fee, shipping cost)*

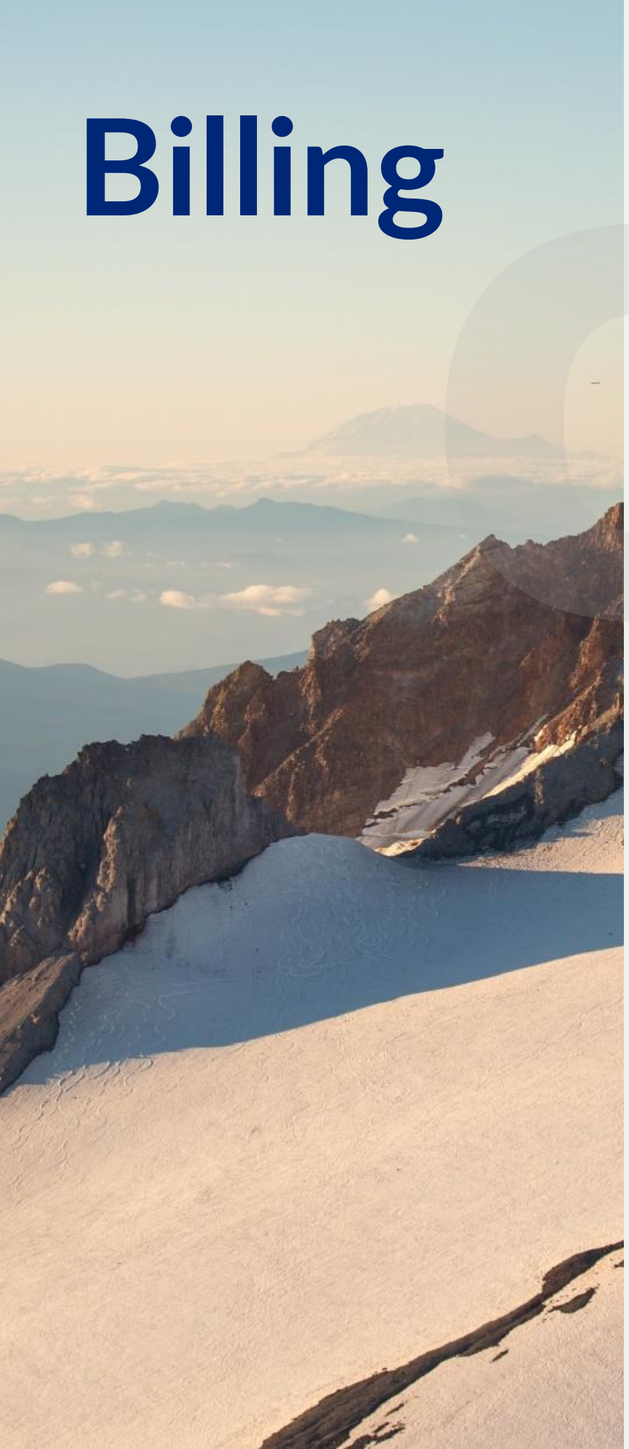
Billing



ACOG Coding Library: Billing for Interruption of Pregnancy: Early Pregnancy Loss

Medication abortion CPT (all visits, counseling, lab tests, ultrasounds, and supplies, **except for the medication)**	**S0199**
Mifepristone, oral, 200 mg	**S0190**

Billing



Insurance coverage:

- RHEA requires Oregon health insurance plans to cover abortion care with no out-of-pocket costs

Exemptions:

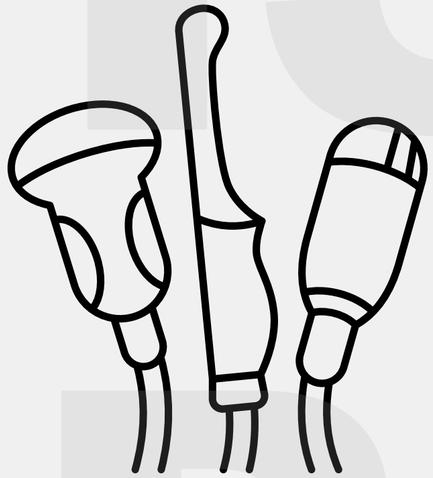
- Health plans that didn't cover abortion in 2017
- Health plans purchased by religious employers that do not include coverage for abortion because of religious beliefs
- Self-insured plans
- Federally funded plans

*NB: *OHSU CWH's practice is to complete prior authorization for patients scheduled for medication abortion consult*
***NWAAF provides funding for patients seeking abortion care*

Section 4:

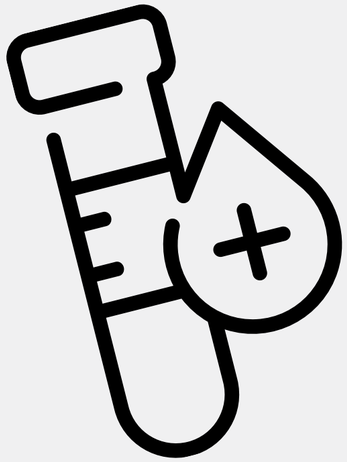
Post abortion care

Phone call in 1-2 weeks and home urine HCG in 1 month



Ultrasound in 1-2 weeks

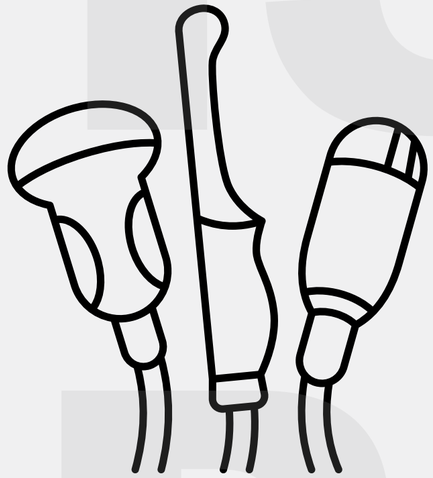
Serum HCG on day of mifepristone and then again in ~1 week (or 24-48h if PUL)



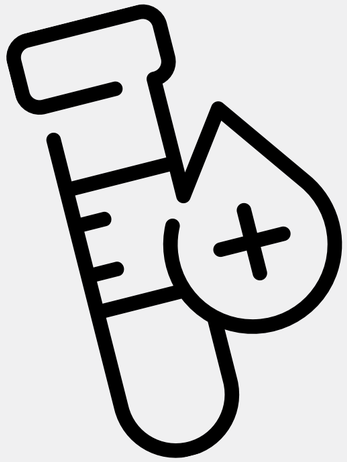
Cramping and bleeding worse than a period after misoprostol?
Pass clots or tissue after misoprostol?
Did the patient feel pregnant before using the medications? Now?
Highest number of pads soaked in one hour?
Does the patient think they passed the pregnancy?
Does the clinician think they passed the pregnancy?

If all reassuring, then UPT in 1 month

Absense of gestational sac



>80% decline



Section 5:

Complications and referrals

Differential

- Failed abortion (ongoing pregnancy)
- Ectopic pregnancy (if no ultrasound prior)
- Retained products on conception, hematometra
- Endometritis
- (Normal medication abortion)
  - ...menses?

Workup

- Clinical assessment
- **Ultrasound**
- Possibly UPT/serum HCG

Treatment

- Additional dose misoprostol
- Uterine evacuation (aspiration)
- Antibiotics

OHSU Referral Process for Clinicians

(link to download)

Updated 8/10/2022

Family Planning OHSU Referral Process for Clinicians

For semi-urgent referrals (need to be seen within next 7 days):

- Provide Patient with information sheet "Referral to OHSU: Center for Women's Health"
  - If patient has never been seen before at OHSU, have them **call Registration immediately** so an OHSU MRN can be generated: 503-494-8505
  - Have patient **call Center for Women's Health at 503-418-4500** and ask to speak to a Family Planning Care Coordinator urgently to schedule an appointment with Family Planning.
- Clinician/nurse will call the Family Planning Care Coordinator at OHSU Center for Women's Health to discuss getting the patient scheduled in a timely manner.
  - **Call 503-418-4500 and ask to speak to the Family Planning Care Coordinator urgently for referral**
    - Direct line/voicemail to Family Planning Care Coordinator available at 503-418-4719
  - Please have the following information readily available:
    - Your name and contact information
    - Patient name, date of birth, phone number
    - Services needed at OHSU
    - Patient medical information:
      - Gestational age of pregnancy
      - Medical co-morbidities
- Fax records to OHSU Center for Women's Health:
  - **Fax: 503-346-8531, Attention: Family Planning**
  - Please note a return fax number so records can be sent back after the referral

OHSU Referral Process for Patients

(link to download)

Referral to OHSU: Center for Women's Health

You have been referred to the Center for Women's Health, Obstetrics & Gynecology – Family Planning at OHSU. The clinic is located on the OHSU Marquam Hill Campus in the Kohler Pavilion, 7th floor.

If you have never been seen before at OHSU, please call **Registration immediately at 503-494-8505.**

Once you have been registered as a patient, you can call the Center for Women's Health at **503-418-4500** and ask to speak to Family Planning Care Coordinator **URGENTLY to schedule an appointment in FAMILY PLANNING**

LOCATION
FAMILY PLANNING – OHSU Center for Women's Health
Peter O. **Kohler Pavilion, 7th floor**
808 SW Campus Dr.
Portland, OR 97239
503-418-4500

PARKING
Parking is in **Garage K** located off Campus Drive beneath the Kohler Pavilion. Take the parking garage elevators to the 7th floor. Follow the Center for Women's Health sign to the reception area.

Clinical resources

OHSU Medication Abortion clinical guideline

ACOG/SFP Practice Bulletin Medication Abortion up to 70 Days of Gestation

OHSU Pregnancy of Unknown Location clinical guideline

Society of Family Planning committee consensus on Rh testing in early pregnancy

Thank You

Julia Tasset // tasset@ohsu.edu

Slides

Donate to OHSU's Abortion Care and Training (ACT) Fund

Donate to the Northwest Abortion Access Fund