Medication Abortion Protocol

Scheduling:
Patients requesting appointments for abortion should be scheduled within 7 days of appointment request. If no appointments are available, the provider should be consulted.

Patient Eligibility:
- For pregnancy termination up to 10 weeks (70 days) from last menstrual period (LMP)

Contraindications:
- Allergy to mifepristone or misoprostol or other prostaglandins
- Concurrent long term systemic steroid use
- Chronic adrenal failure
- Has coagulopathy, hemorrhagic disorders, or is taking an anticoagulant
- Has inherited porphyria
- Has an IUD in place
- Ectopic pregnancy*

*Medication abortion is not effective at ending an ectopic pregnancy but it will not hasten a rupture or further complicate an ectopic pregnancy. Women with ectopic pregnancies should be offered a more effective treatment.

FDA protocol (2016)

Gestational age limit: 70 days from LMP

Mifepristone
- Dose: 200 mg
- Route: oral
- Location: Dispensed in office

Misoprostol
- Dose: 800 mcg
- Route: buccal
- Timing: 24-48 hours after mifepristone
- Location: at a location appropriate for the patient

Follow-up
- Timing: 7-14 days after mifepristone
- Location: Not specified

# of office visits: 1-2
Who can provide: provided by or under the supervision of a healthcare provider

On the day of the abortion:
- Obtain and document the best way to contact the patient (i.e., cell phone, etc.)
- Confirm eligibility
- Estimate Gestational Age (GA)
  - Document LMP \(^{3,4}\) and bimanual exam \(^{5}\)
  - Limited ultrasound \(^{6,7}\) only if indicated (see Limited Ultrasound Protocol)
- Confirm Rh type
• Order initial serum HCG level (to have as a baseline in case the patient returns and there is uncertainty regarding the abortion being complete)
• Complete Patient agreement
• Dispense Mifepristone 200mg and confirm day and time patient will take
• Dispense Misoprostol 800mcg and confirm day and time patient will take
• Prescribe pain medications (ibuprofen 400mg and Vicodin 5/325mg)
• Review Information for Patients after Medication Abortion
• Confirm that patient knows how to reach the medical team if needed
• Decide upon a follow up\(^8\) plan
• Offer opportunity to discuss future or same-day\(^9\) contraception
• Complete Mandated reporting form as per city or state protocol

At follow up:
• Either in person or by phone/secure health message, confirm with patient history of bleeding and cramping consistent with passage of pregnancy and that she no longer feels pregnant
• Order follow up serum HCG level or urine pregnancy test
  • In-clinic: Serum HCG should decrease by 60% in 3 days or 90% in 7 days
  • Out-of-office: Urine pregnancy test should be done around 3-4 weeks after mifepristone. Confirm with patient that result is negative by phone/secure health message.

References: