

Medication Abortion Checklist

DETERMINE ELIGIBILITY

- Confirm pregnancy
- Rule out medical contraindications
- Determine gestational age \leq 84 days¹
 - LMP
 - Bimanual exam if indicated
 - Sonography if indicated²

PREPARE FOR THE ABORTION

- Counsel on medication abortion process
- Document patient's preferred contact info/method
- Rh testing and RhIG (e.g., RhoGAM[®]) administration (for Rh negative patients) not needed for patients <70 days and may be waived before 84d

DISCUSS LOGISTICS

- Assist patient in determining optimal timing and location for taking each medication
 - Mifepristone (in office or out of office)³
 - Misoprostol (24–48h after mifepristone if buccal use, 6–72h if vaginal use)⁴
 - Offer patient a note for work/school absence
 - Discuss whether patient has a safe/comfortable place to bleed and cramp, with access to a bathroom
 - Review potential work/school/childcare conflicts

GIVE MEDICATION

- Dispense or prescribe⁵:
 - Mifepristone 200mg for oral use
 - Misoprostol 800mcg for buccal or vaginal use
 - Document medication lot#/exp/NDC in chart
 - A second 800mcg dose misoprostol, ⁶ 4h after 1st dose, may be offered (prescribed or dispensed) for GA 64–70 days; recommended for GA 71–84 days. May be offered to all patients as backup.
- Prescribe:
 - Ibuprofen 800mg (1st dose 30 min before miso, then 400–800mg q6-8h prn ⁷)
 - As needed, offer acetaminophen with narcotic (5/325mg, 1-2 tabs q6h prn) and anti-emetic such as promethazine (25mg q6h prn nausea)
- Administer: RhIG (if recommended or pt preference)

PROVIDE DOCUMENTATION

- Mifepristone Patient Agreement and Medication Guide
- Mandated reporting form (per city or state protocol) and required consent forms (facility dependent).
- Check for additional steps required by your state
- Information for Patients after Medication Abortion
- Order initial serum HCG (if patient chose this method for follow-up) to be drawn on day of mifepristone

CONFIRM ABORTION IS COMPLETE⁸

- Follow-up questions to ask in-person or remotely:
 - Did the patient take the medications as scheduled?
 - How much bleeding did they have? Did they pass tissue/clots?
 - Do they think the abortion is complete?
 - Do they still feel pregnant?
- AND ONE of the following options:
 - HSPT negative 5–6 weeks after mife⁹
 - By sonography
 - By decrease in HCG from initial serum level
 - Serum HCG decline 60% after 3 days, OR
 - Serum HCG decline 90% after 7 days

OFFER FOLLOW-UP

- Provide a way for the patient to contact the medical team, including after office hours
- Offer support for contraception, if desired

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NOTES

1. Note that the 2016 FDA protocol specifies a GA limit of 70 days from LMP and several U.S. states require providers to adhere to this limit. (See <http://lawatlas.org/datasets/medication-abortion-requirements> for more information.) However, current literature and WHO guidelines support medication abortion being safe and effective through 84 days from LMP. See: WHO, Abortion Care guideline. March 9, 2022. <https://www.who.int/publications/i/item/9789240039483>; Dzuba I, et al. A Non-Inferiority Study of Outpatient Mifepristone-Misoprostol Medical Abortion at 64–70 Days and 71–77 Days of Gestation. *Contraception*. 2020 101(5):302–308. DOI: [10.1016/j.contraception.2020.01.009](https://doi.org/10.1016/j.contraception.2020.01.009); Kapp N, et al. Medical Abortion in the Late First Trimester: A Systematic Review. *Contraception*. 2019 99(2):77–86. doi: DOI: [10.1016/j.contraception.2018.11.002](https://doi.org/10.1016/j.contraception.2018.11.002); Abbas D, et al. Acceptability of an outpatient regimen of medical abortion with mifepristone and 800 mcg misoprostol administered buccally or sublingually at 71–84 days of gestation: a series of exploratory studies. *Contraception*, Volume 89, Issue 5, 2014, Page 480, ISSN 0010-7824. DOI: <https://doi.org/10.1016/j.contraception.2014.02.020>.
2. Note that some U.S. states that still permit abortion require ultrasound as part of abortion provision. See: Kaiser Family Foundation, State Ultrasound Requirements in Abortion Procedure, <https://www.kff.org/womens-health-policy/state-indicator/ultrasound-requirements/>. Also compare with: Kaiser Family Foundation, Abortion in the U.S. Dashboard, <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>
3. Note that many states adhere to outdated requirements that mifepristone be provided to the patient in the physical presence of the physician. For more information, see: <https://www.kff.org/womens-health-policy/state-indicator/state-requirements-for-the-provision-of-medication-abortion/> and <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/>
4. A patient may choose to administer misoprostol vaginally to potentially shorten the time to bleeding, cramping, and abortion completion. See: Young D, Fitzgerald K, Laursen L, Whitaker AK. Comparison of vaginal and buccal misoprostol after mifepristone for medication abortion through 70 days of gestation: A retrospective chart review. *Contraception*. 2022 Nov;115:62–66. doi: 10.1016/j.contraception.2022.06.012. Epub 2022 Jun 28. PMID: 35772525. DOI: [10.1016/j.contraception.2022.06.012](https://doi.org/10.1016/j.contraception.2022.06.012)
5. Providers may dispense mifepristone in person or by mail to the patient. Prescriptions for mifepristone may be filled by certified mail-order or brick-and-mortar pharmacies if the provider has registered with them.
6. Dzuba IG, et al. A repeat dose of misoprostol 800 mcg following mifepristone for outpatient medical abortion at 64–70 and 71–77 days of gestation: A retrospective chart review. *Contraception*. 2020 Aug;102(2):104–108. DOI:[10.1016/j.contraception.2020.05.012](https://doi.org/10.1016/j.contraception.2020.05.012) A second dose of misoprostol may also be appropriate for patients who, should a second dose be medically indicated, wish to avoid coming back to the office or going to the pharmacy due to extensive travel, COVID-19 concerns, or other circumstances.
7. The maximum daily dose of ibuprofen is 3200mg. Advise patients that it should be taken with food for GI protection.
8. Confirmation method should be based on patient preference, taking into account how soon they want confirmation, their desire to have confirmation by a test, how difficult it may be to get to an office or lab, and their level of anxiety about the abortion process.
9. About one-fifth of patients with complete medication abortion will have a positive UPT 4 weeks after treatment.