

Medication Abortion Counseling Model:

Key Points

- Discuss pregnancy options and ensure that the decision to have an abortion is informed, voluntary and uncoerced.
- Compare the advantages and disadvantages of medical versus aspiration abortion. Explain the differences; timing of the visits; known side effects of the medications; what to expect during the process and at home.
- Ask what the patient already knows about medication abortion.
- Ask about any previous abortion experience(s) and fears or anxieties.
- Discuss time off from other responsibilities (work, childcare, etc.)
- Explain the basic clinical procedures.
- Discuss the potential teratogenicity of misoprostol and emphasize that once the drugs have been administered, the abortion should be completed either medically or surgically.
- Clarify the time commitment and the two office visits.
- Discuss issues of confidentiality and social and physical support.
- Discuss the amount of pain and bleeding associated with the abortion process, including possible heavy bleeding with clots and passage of products of conception.
- Instruct the patient on the use of all medications including self-insertion of vaginal misoprostol and use of pain medication.
- Advise the patient regarding substances to avoid (e.g. aspirin and alcohol.)
- Discuss sexual abstinence until abortion is confirmed.
- Be very sensitive to patients who learn they are not eligible for a medication abortion.
- Offer contraceptive counseling.
- Review aftercare instructions, including emergency contact information and what symptoms warrant a call to the on-call provider.

Compiled and adapted from:

Breitbart, V. Counseling for Medication Abortion. *American Journal of Obstetrics and Gynecology* August 2000; 183 (2), S26-33

Counseling Guide for Clinicians Offering Medication Abortion: Planned Parenthood of New York City, Inc., 1996.