**Medication abortion follow-up by telephone**

Phone follow-up

* The clinician and patient will talk by phone on or around Day 8 and review a history form with standard questions regarding clinical history after medication administration
* The clinician and patient will assess if they each believe the pregnancy was expelled
  + If the clinician and patient both feel that the pregnancy was expelled:
    - The patient will be instructed to perform a high sensitivity urine pregnancy test (available from any drug store) in approximately 3 weeks, which is about 4 weeks after mifepristone administration.
    - The clinician and patient will talk by phone around the time she is to perform the urine pregnancy test to confirm the results
      * If the test is negative, no further in person follow-up is necessary. Contraception will again be reviewed and appropriate follow-up arranged
      * If the test is positive, she will be asked to come for a visit as soon as possible. An endovaginal ultrasound examination will be performed. Further care will be based on ultrasound results:
        + If the gestational sac is absent, she will need no further follow-up
        + If the gestational sac is present, surgical abortion will be recommended
  + If the patient or the clinician thinks the pregnancy has not passed, the patient will be scheduled for an office follow-up visit as soon as possible

**Smartphrase for documentation of 1-week follow-up phone call**

Phone call for medical abortion follow-up

ID x 3 confirmed

**MIFEPRISTONE**

Gestational Age at time of Mifepristone: \*\*\* days

Date of Mifepristone: \*\*\*

**MISOPROSTOL**

Misoprostol administration: No / Yes (Date/time)

Misoprostol route (choose one): Vaginal Buccal \*\*\*

**HISTORY**

Onset of cramping after misoprostol: No / Yes (Date/time)

Onset of bleeding after misoprostol: No / Yes (Date/time)

Cramping worse than a period? Yes / No

Bleeding heavier than a period? Yes / No

Pass clots or tissue after misoprostol? Yes / No

Did the patient feel pregnant before using the medications? Yes / No

Does the patient feel pregnant now? Yes / No

Highest number of pads soaked in one hour? 1 / 2 / 3 / Other: \*\*\*

Pain Medications taken since prior visit: \*\*\*

Bleeding History Narrative: \*\*\*

**ASSESSMENT**

Does the patient think she passed the pregnancy? Yes / No / Other: \*\*\*

Does the clinician think she passed the pregnancy? Yes / No / Other: \*\*\*

In-Office follow-up needed? Yes / No

**PLAN**

In office appt made for \*\*\* / 4-week phone call for pregnancy test results scheduled for \*\*\* / Other: \*\*\*

Contraceptive plan: \*\*\*