Medication Abortion Role Play

Two or three people can do this informal role-play. It’s more a basis for improvisation than a script. We encourage questions from the participants, so that most of what we need to cover in the counseling session with the patient has been asked by the audience.

Doctor/Narrator: I’m here in my office with my patient, Emily, who is a young mom I saw a few days ago with her 6-month-old son for his well-child care. At that visit she told me that she had never gotten around to filling her prescription for her contraceptives and had not had her first post-partum period. For a few weeks she had been feeling nauseated in the morning and wondered if she might be pregnant. We did a pregnancy test and it was positive. She was really surprised and upset and so we made this appointment for today to talk about it. (Doctor/Narrator turns to mock patient.) So, Emily, you’ve had a bit of time to digest this information. What are you feeling and thinking today?

Emily: Oh, doctor, I just can’t have another child so soon! Joe is possibly getting laid off and my job isn’t all that secure, and between the two of us working different shifts to take care of the baby, we are just managing all we can right now. (You can have another person play the part of Joe.) We talked it over and decided we really need to be referred for an abortion.

Doctor: Well I want you to know I appreciate the thought you put into this decision. You don’t have to go anywhere else for your abortion, however. If your pregnancy is early, which it sounds like it is, you can have it here. I do abortions here in the office. There are two ways to have the abortion – using pills or the suction procedure called MVA. I offer the pill option here in the office.

Emily: You do? Oh, that is so wonderful! (She and Joe look at each other with relief.) There’s a pill for abortions? I didn’t know that!

Doctor: The “abortion pill” is two different medicines. I need to get a little more information about your pregnancy, first, to make sure it is under 9 weeks. It sounds like it is, since you’ve only been feeling tired and nauseated for a couple of weeks. If your pregnancy is under 9 weeks, I would give you one pill here and some pills to use later, at home. The pills you use at home are the ones that cause the cramping and bleeding that passes the pregnancy. It’s basically like an induced miscarriage.

But you may also want to consider the choice of a referral for a suction, or surgical, abortion. Here is some information on the two methods for you to consider. I will just give you a fact sheet here about each while I go get the ultrasound machine and the paperwork, and give you two some time to talk over the options. Once we have made sure that your pregnancy is under 9 weeks, we’ll talk over the whole process in more detail.
Doctor – to audience: In a busy office, people often need some time to talk and digest information. So, I often give them some of the information to read while I either get the sono machine and paperwork or, if she doesn’t need a sono, I’ll go see another patient. If their partner is not with them, sometimes patients want to make a phone call. Usually an ultrasound is not needed, but in this case, she hasn’t had any menses for six months. When a woman is certain of her LMP, we can just confirm her uterine size with a bimanual exam, and then follow the success of the abortion with serial quantitative hCG’s.

Doctor: So, Emily, what do you think? Does the medication abortion sound like it is the right decision for you?

Emily: I’m sure about choosing to have an abortion. And I feel more comfortable having it here – you know my family and my history. I just have a few questions –

Will I be able to have kids later if I want?

Doctor: Absolutely. In fact, you will be fertile again in your very next cycle, so we also need to talk about what kind of contraception might be the best for you.

Emily: Can we do this today?

Doctor: Yes, luckily in New York State we don’t have any of those 24 hour waiting period laws.

Emily: What if the pills don’t work?

Doctor: From the studies in family medicine offices, the pills are 98 to 99% effective. If they don’t work the first time, there is the option of repeating the second pills for another try. That works 50 – 75% of the time. If we’re still not successful, you do need to agree to have an aspiration abortion because these pills can cause birth defects.

Emily: Another question I have is how much time will I need to miss from work to do this? If I take the first medicine today, will I be able to go in for my night shift tomorrow?

Doctor: We have a lot of flexibility about when you use the second medication. You can use it as soon as six hours from now, which would be in the late afternoon. That means your cramping and bleeding would peak around 9PM, after your baby is in bed for the night. The bleeding would slow down after that, and by tomorrow will be more like you are just having your period. So, by tomorrow evening you could definitely go to work. On the other hand, you can insert the pills as late as 72 hours from now, which means you could wait until the weekend.
Emily: I’m so relieved. Even though the bleeding sounds scary, I’d much rather go through this than to go to a clinic where I don’t know the people, and don’t know if they’d even have this pill, and where there might be protestors, plus it is so much further away.

Doctor: Do you want to do this here in the office today? It might take awhile because I need to get a little more information from you and have you read and sign a number of consent forms.

Emily: Yes, please, Joe and I talked this over, and we are sure we’re not ready for more children now.

Doctor: (turns to audience): I ask about LMP, blood type, sexual history, contraceptive plan, etc. if I don’t already have this information. I usually would do a pelvic exam or get an ultrasound, to assess gestational age before doing too much of the talking, in case she’s not early enough for the pills, I won’t have wasted her time or mine.

I go through the consent forms, explaining the FDA protocol and the alternative protocol. I review the patient instruction form. I give the patient misoprostol, and discuss when will be a good time to insert it, who is around, etc. I actually read through the patient instruction form with the woman line by line. That way, she knows where to find the information she might forget, and I’m sure I’ve covered everything. I solicit questions often as we go.

I give a prescription for pain meds, information on when to start contraception, and finally the mifepristone. I tell the patient what she needs to contact me about; what are “warning signs.” I give my patient my cell phone number so she can reach me right away if she experiences any problems. I find that this is hugely reassuring to women, and at the same time, they rarely call because they are very respectful of this offer.

To review the reasons that women do call:

1) “I didn’t bleed and it’s been 12 hours since I inserted the pills.”

This happens most often with very early pregnancies. The thing to do is just give it more time, have her call you back if she doesn’t bleed in the next 12 hours. Usually she will bleed before 24 hours after the second set of medications.

2) “One of the pills came out in the toilet when I went to the bathroom”

As long as the medication has been in her vagina for 30 minutes, it has had time to get absorbed. This is why we tell women to lie down for the 30 minutes after they insert their misoprostol. If they are using it buccally, you sometimes get calls about, “I swallowed it before the 30 minutes was up” which is also OK, they just might have more GI side effects. Only if they swallowed all of the pills right away, and if the pregnancy were between 7 and 9 weeks, would the efficacy be a bit lower.

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3) “I had my medication abortion two weeks ago and I’m still bleeding.”

This is a really common phone call. We almost never get called about the initial bleeding, if we’ve counseled them well about how heavy it will be. But many women just don’t seem to hear the part about the average length of the bleeding being 9-14 days. As long as they are not feeling dizzy or lightheaded, this is still normal. Many women will bleed off and on right up until their next period.

**Follow-up visit 6 days later:** I ask how it went. Most women will say it was pretty much as we described, only the pain was less or the bleeding was less. When we hear that, we figure we’ve done good counseling. While it is different for every women, it is easier for them to be prepared for the worst and to find it not as bad, that to be shocked by the amount of pain or bleeding that they experience. Then we make sure they are happy with their contraceptive choice, or insert their IUD or give their depo.