

Name of Institution

Subject	Medication Abortion Policy and Procedure
Department	Medicine and Nursing
Applicable to	All sites providing this service
Approved by	
Date Issued	
Date Revised	

1. **Purpose:** Describe clinician and nursing roles in the provision of Medication Abortion
2. **Policy:** It is the policy of the *Name of Institution* to provide medication abortions to patients requesting a termination of an early pregnancy up to an including 77 days of gestational age.
3. **Definition:** Abortion with medications up to 77 days from last menstrual period.
4. **Procedure:**

I VISIT ONE

1. Arrival: Patients scheduled for a medical abortion will enter the practice, sign in and be registered along with all other patients.

2. Nursing tasks: A urine sample is obtained for a pregnancy test, and the medical office assistant or nurse completes the test. The test results are documented in the chart. Vital signs are obtained by the medical assistant and noted in the chart. A finger-stick hemoglobin is performed and documented.

3. Counseling: If the pregnancy test is positive, the patient discusses options with a clinician. The patient may decide to continue the pregnancy, or to have an Aspiration or Medication Abortion. Adoption referrals are made if the patient is interested. If necessary, the patient is referred for further options counseling.

4. History: The clinician obtains a medical, surgical, and gynecologic history from the patient and records this in the chart. Patients desiring a medical abortion must meet the following conditions:

- a) The patient must not have any of the following contraindications:
 - a. IUD in place
 - b. Allergy to prostaglandins or mifepristone
 - c. Chronic adrenal failure
 - d. Long term systemic corticosteroid use
 - e. Hemorrhagic Disorders
 - f. Severe anemia
 - g. Current anticoagulant therapy (aspirin and herbal formulas are acceptable)
- b) The patient must have access to a telephone and transportation, and the patient must agree to return or be in touch by phone or via the patient portal for follow up. The patient must be able to understand and follow instructions for taking misoprostol at home.
- c) The patient must live within a reasonable distance of emergency health care.
- d) The patient understands that if the medical abortion fails, the patient will need further treatment which could include an aspiration abortion.
- e) The patient must understand and complete the consent form and the Danco patient agreement. The consent form is found in the letters section of epic and will be scanned into the medical record. The take home information sheet will also be printed out from epic and given to the patient.

5. Ultrasound exam: An ultrasound examination should be performed on an as needed basis. (See # 6) The name of the patient and the date of the examination must be noted on the sonogram. A copy of this sonogram must be scanned into the chart. If an intrauterine pregnancy is identified, the pregnancy will be dated by on of the following formulas:

EGA = 30 + average size of gestational sac in mm; or

EGA = 42 + crown rump length of embryo if present.

Hadlock dating if the CRL is greater than 25mm

The presence of a fetal heart beat and/or yolk sac is noted on the ultrasound form if present.

A patient qualifies for a medical abortion with mifepristone if an intrauterine pregnancy is identified with a gestational sac, a yolk sac and/or embryo, and the EGA is less than or equal to 11 weeks by Hadlock.

If no gestational sac is noted, the patient is low risk for ectopic pregnancy, reliable for follow up and the adnexae is normal on physical examination, the patient may be given the option to:

- 1) Receive mifepristone. A BhCG must be drawn and checked within 24 hours to confirm that it is less than 2000. The BhCG must be followed on the next visit by obtaining a negative urine test or by following serum levels. Bleeding and a drop of BhCG by more than 50% confirm a successful abortion with mifepristone. If the initial BhCG is greater than 2000, or there is no bleeding, and/or a lesser drop in BhCG levels, an ectopic pregnancy must be ruled out.
- 2) Perform an MVA. If a sac or villi are not identified, the patient will have BhCG levels drawn and phone follow up the next day. Depending upon the result, the patient may need a repeat quant or treatment with methotrexate or referral for ectopic pregnancy.

6. Providing Mifepristone without an ultrasound exam:

Patients may receive Mifepristone without an ultrasound exam who have all of the following:

- 1) Have a known LMP and a calculated GA 77 days or less
- 2) Were not on OCPs or breastfeeding prior to conception
- 3) Have regular menses
- 4) Are low risk for ectopic
- 5) Are reliable to follow up

A quantitative hCG titer must be drawn and repeated at the follow up visit. A greater than 50% drop in value is expected at one week.

7. Rh status, and micro-rhogam administration: A blood test, blood donor card, or a patient's records should document Rh status. If a patient does not have a documented Rh status, the patient has the option of having their blood sent to a lab for testing. A patient may opt out of this testing if the patient and their provider determine the patient knows their Rh status from previous experience (i.e. the patient recalls prior pregnancies with no special injections, or the patient recalls being told they would always need injections during pregnancy) or if the patient does not want to be tested.

In that case, provider must document the discussion regarding risks and benefits of declining Rh testing. Patient recall is acceptable proof for Rh negative status, and microRhogam should be administered on the day of procedure even if lab testing is not available. If a patient opts for Rh testing and is Rh negative, they will be contacted and needs to return to the clinic within 72 hours to receive microRhogam.

8. Consent: The provider will explain the *Name of Institution* consent and the Danco patient agreement. The clinician will also sign the documents and it will be scanned into the record.

9. Medications: The patient will be given mifepristone, a 200 mg. tablet. Patients will be given the instruction sheet for taking either vaginal or buccal misoprostol. Four misoprostol tablets will be dispensed for home. Patients will be instructed to self administer the four 200 mcg tablets of misoprostol vaginally or buccally. Misoprostol can be used vaginally between 6 and 72 hours after mifepristone. Misoprostol can be used buccally 24-48 hours after mifepristone. Pain management will be discussed. Ibuprofen 800mg may be taken by patients around the time of the misoprostol insertion, if there is no contraindication. A prescription for Acetaminophen with codeine or hydrocodone may also be offered.

10. Contraception: Contraceptive options will be addressed at this visit. Oral contraceptive pills, the patch or the ring can be started the day after misoprostol use. A contraceptive implant can be inserted on the day of mifepristone administration if the patient desires. Upon follow up the patient may be administered a progestin injection or an IUD can be inserted. Condom use will be reviewed.

11. Patient Education: Patients will be given the take home instruction sheet for the [buccal](#) or [vaginal](#) self-insertion of misoprostol. The provider will carefully review the instructions with the patient. Instructions for contacting on call doctors will be reviewed. The importance of follow-up will be stressed. If the gestational age was 64-77 days a one week follow up visit is advised.

II VISIT TWO

1. Arrival and Triage: The patient will register and be triaged by nursing as in visit one. Vital signs will be recorded. No hemoglobin measurement is necessary unless a history of unusually heavy bleeding is given. No urine pregnancy test should be done unless ordered by the provider; urine hcg may remain positive for weeks after a successful medication abortion.

2. History: The clinician will assess the completeness of the abortion by history, ultrasound exam and/or measurement of quantitative hCG titers as indicated. If the pregnancy is ongoing the patient may choose to repeat the insertion of vaginal misoprostol, or elect to undergo an MVA. Follow up will be stressed.

3. Anticipatory Guidance: The patient should be made aware that if they have ongoing heavy bleeding they should contact the clinician. Light bleeding may be normal for up to six weeks. The first menses following a medication abortion is often heavier, so the patient should be alerted to this possibility.

4. Contraception: A contraceptive plan should be re-discussed at this visit. Oral contraceptive pills, the patch or the ring can be started before visit two if the expected bleeding has occurred. An IUD or implant can be inserted at this visit, or a progestin injection can be given.

5. Follow up: If a follow up appointment is missed, the patient will be phoned to set up another appointment, or a history will be taken by phone and a home pregnancy test to document a negative will be done. These conversations will be recorded in the chart as a telephone encounter.