**Medication Abortion in Early Pregnancy Workshop**

**Case Studies**

Learner’s Guide

**Case #1 - Ellen**

Day 1: Ellen is a 34-year-old G2P1 who identifies as female and presents to your office to start birth control. She is sexually active with her boyfriend and they use condoms sometimes. Her last period was 5 weeks ago, but her periods usually occur monthly. A urine pregnancy test is positive.

1. **As the clinician, how do you counsel Ellen on her options?**

Ellen is upset, but it is also clear decides that it’s not the right time to have another child, and she would like to have an abortion.

1. **As the clinician, how do you counsel Ellen on her options between medication and a procedure abortion?**
2. **You are Ellen, what questions do you have about the abortion?**

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1. **Ellen decides to have a medication abortion. What do you know about the protocol?**
2. **You want to know a little more about Ellen’s history to make sure the medication procedure is safe, what are some important questions you ask her?**

Ellen is healthy, not on any other medicines, and you determine she is eligible for medication abortion. You go over the consent form:

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You give Ellen a 24-hour emergency contact number

1. **What are some reasons you would like her to call this number?**
2. **What are some other reasons Ellen may contact you in between visits?**

Ellen takes the mifepristone in the office. You and her discuss when is best for her to take the misoprostol, and she decides to take off work tomorrow morning and place it vaginally then.

1. **Is there anything else you would like to ask Ellen before she leaves?**

Day 2: Ellen’s blood results return, her B-Hcg quantitative value is 9,000. We did not check her blood type because she is less than 8 weeks pregnant. Her hemoglobin is 11.5. With these results, you determine you don’t need to call her back to the office early. You also don’t get any phone calls from Ellen.

1. **What hemoglobin would be too low to proceed?**

Day 10: Ellen returns to your clinic. She states about 3 hours after placing the miso, she bled a bit heavier than her period for the next two days. It has slowed down since then, but she still needs to wear a pad. She did have significant cramping, but ibuprofen helped. She isn’t having any more nausea, and her breast tenderness gone down significantly. She wants to use the patch for birth control.

1. **Do you have any other questions for Ellen?**
2. **What lab(s) do you want to get?**

Day 11: Ellen’s B-Hcg is 600.

1. **Is the medication abortion complete?**

**Case 2- Danielle**

Day 1-2: Danielle is a 24 yo G1P0 who identifies as female and comes to your office for a medication abortion. She is certain her LMP was 7 weeks ago, her periods are regular, and she wasn’t on any contraception. You counsel her well, rule out any contraindications, and give her the medicine in the office and to take home. She calls you a day after placing the misoprostol, telling you she hasn’t felt much cramping and is only having some spotting. Her initial bHCG is back and was 21,000.

1. **What do you do?**

You order an external ultrasound, as you don’t have a machine in your office. She returns to you the next day with the report, showing an intrauterine gestational sac with yolk sac and fetus consistent with her LMP.

1. **What do you do?**

She chooses to repeat the misoprostol. Six hours after taking the 2nd dose, she has cramping and bleeding with clots.

Day 7: Danielle returns for follow up. Her bleeding has stopped. You repeat a B-Hcg, which went from 21,000 to 1,000.  She started OCPs the day after her second dose of misoprostol.

**Case #3 Maria**

You get a call from one of your long term patients. She tells you that she is with a 32-year-old friend who traveled from another state to visit her because she needs medical care and didn’t know where to else go. Her friend lives in a state that has passed many abortion restrictions and so she thought abortions were illegal and thus purchased some pills through a shady pharmacy in her town, used them, and now has been bleeding for four weeks. Her friend speaks Spanish only and you speak English only, so the friend is translating.

1. **What else do you want to know?**

Your patient speaks to her and then tells you that her last period was 6 weeks before she took the pills, she is G5P4, she went to a crisis pregnancy center where they told her she was too far along to have an abortion. After she took the medicines (4 pills every 3 hours x 3) she had heavy bleeding with clots for 4 hours and saw some gray/yellow stuff in the toilet. The bleeding after that was about four pads a day for a few days. For the past 3 weeks, she has had intermittent light bleeding. She’s worried.

1. **What advice should you give the friend to give her?**

She’s really worried, so you offer to see her in the office.

1. **She comes to the office. What do you need to do?**

Her blood pressure is 110/60, her heart rate is 90, she does not appear pale, clammy, or cold. Her urine pregnancy test is negative. Her fingerstick Hgb is 9.0. She reports that the bleeding has slowed down again. Physical exam reveals no blood in the vagina, and a normal-sized, nontender uterus.

1. **What do you think now and what are your next steps?**
2. **What if she hadn’t been willing or able to come to the office? Would you have been able to handle this by phone?**