**Mifepristone Use in Early Pregnancy Loss Management**

Introduced by: [Name(s) and State Chapter]

WHEREAS, The American Academy of Family Physicians (AAFP) supports a woman’s access to reproductive and maternity health services and opposes nonevidence-based restrictions on medical care and the provision of such services (2014 COD), and

WHEREAS, early pregnancy loss is the most common complication of early pregnancy, affecting 10-20% of all clinically recognized pregnancies, with most occurring before 12 weeks gestation, and

WHEREAS, patients consider many factors when choosing between miscarriage management options, and WHEREAS, they report higher levels of satisfaction of their care when treated according to their preferences, and

WHEREAS, a recent, high-quality, randomized-controlled trial demonstrated that a single dose of mifepristone prior to misoprostol is superior to misoprostol alone for medical management of early pregnancy loss without increasing the rate of serious adverse events, and

WHEREAS, women receiving mifepristone had lower rates of uterine aspiration required for treatment failure than women receiving misoprostol alone and completion of their medication abortion was therefore timelier and cost- effective, and

WHEREAS, the American College of Obstetricians and Gynecologists updated its protocol for medical management of early pregnancy loss in November of 2018 to recommend that “a dose of mifepristone (200mg orally) before misoprostol administration should be considered when mifepristone is available” as the standard of care for medical management of EPL and supports improving access to mifepristone for reproductive health indications, including for medical management of early pregnancy loss, and

WHEREAS, the current U.S. Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy (REMS) and Elements to Assure Safe Use (ETASU) requirements of mifepristone limit access to mifepristone by making it difficult for providers to purchase and prescribe the medication for office-based treatments, and

WHEREAS, in 2018, the AAFP resolved to engage in efforts to overturn the REMS classification on mifepristone to improve access to reproductive health care, and

WHEREAS, the *American Family Physician* current guidelines and education on management of early pregnancy loss do not include the use of mifepristone for medical management, now, therefore, be it

**Substitute:**RESOLVED, That the [xx State Academy] support the safety and efficacy of mifepristone by continuing advocacy efforts with the FDA to remove the risk evaluation and mitigation strategies (REMS) classification on mifepristone to conform with current evidence, and be it further

RESOLVED, That the [xx State Academy] consider providing education, as appropriate, on early pregnancy loss management in relevant programming at FMX, maternity care conference, and women’s health conference on a rotational basis.

**Original resolved clause submitted to the Congress of Delegates deleted (please see substitute adopted above):**

RESOLVED, That the [xx State Academy] support the safety and efficacy of mifepristone as the most evidence-based care for medical management of early pregnancy loss, and be it further

RESOLVED, That the [xx State Academy] reaffirm its efforts to overturn restrictions on the prescribing of Mifepristone, especially considering data supporting its use in early pregnancy loss.