Telehealth Care for Medication Abortion Workflow

Reproductive health access project

Patient is pregnant (confirmed on home pregnancy test)

Complete options counseling over phone or video chat

Assess for Contraindications
- IUD in place (can be self-removed and then proceed with MAB)
- Allergy to prostaglandins or mifepristone
- Chronic adrenal failure
- Long-term systemic corticosteroid therapy
- Hemorrhagic disorders
- Concurrent anticoagulant therapy

Contraindications present → **Counsel on alternative abortion options**

No Contraindications present

Assess risk for ectopic:
- History of previous ectopic pregnancy
- Vaginal bleeding since LMP
- Adnexal mass or pain
- IUD in place
- History of tubal surgery
- History of treatment for PID

Answer to any is **YES**, proceed to ultrasound

No ectopic risk factors

Assess gestational age (GA):
- LMP > 84 days
- Uncertain LMP

Answer to any is **YES**, proceed to ultrasound

Certain LMP <84 days.

Use LMP to estimate GA. Ultrasound not required.

Can consider testing for Rh status if status is unknown. If GA < 12 weeks or Rh positive at any GA, no need for Rh typing or Rh immunoglobulin.

Obtain verbal consent (unless written consent required by your state)

Dispense medication either via mail or in-person pick up.
1. Mifepristone 200 mg tablet: To be swallowed orally at <12 weeks GA
2. Misoprostol 200 mcg tablets x4
   a. Buccal: Use 24-48 hours post-mifepristone
   b. Vaginal: Use 6-72 hours post-mifepristone
   c. Sublingual: Use 24 hours post-mifepristone
3. Dispense additional 4 misoprostol tablets to be used 4 hours after first dose 63-84 days GA
4. Include home urine pregnancy test to be used for follow up.

Clinician calls patient 24 hours after patient uses misoprostol

If bleeding/cramping as expected: Plan for home urine pregnancy test in 3-4 weeks

If patient is not experiencing bleeding/cramping as expected:
- Urgent ultrasound if patient did not have an ultrasound pre-MAB showing an intrauterine pregnancy
- Can repeat dose of misoprostol if pre-MAB ultrasound showed intrauterine pregnancy