

Medication Abortion in Early Pregnancy Workshop: Learner's Guide

Welcome to the Medication Abortion in Early Pregnancy Loss Workshop! Use this guide to take notes as you follow along the Workshop. Here you'll find guided note-taking activities, space to reflect on discussion points throughout the session, and additional case studies to work through on your own or as a group.

KWL: Know | Want to Know | Learned

Before the training begins, take two minutes to write down something you already KNOW about medication abortion and something you WANT to learn. At the end of the training, come back to this activity and note down something you have learned.

Know	Want to Know	Learned

What does reproductive justice mean to you?

What does the abortion access landscape look like in the state where you live/work/learn? Use Guttmacher's interactive map <https://states.guttmacher.org/policies> and dashboard on monthly abortion provision <https://www.guttmacher.org/monthly-abortion-provision-study> to learn more.

What are common questions or concerns you've heard about abortion? What information would you share to demystify those concerns and misconceptions?

What do the FDA REMS regulations on mifepristone entail? Learn more through RHAP's guide: [How to Order Mifepristone](#)

Can patients obtain mifepristone from a pharmacy with a prescription?

What are some key counseling points to share with patients who are deciding between medication abortion and uterine aspiration (procedural) abortion?

Medication Abortion	Procedural Abortion

Learn more with RHAP's [Early Abortion Options Factsheet](#).

What is the medication administration protocol for medication abortion with mifepristone and misoprostol? (Route and timing of mifepristone and misoprostol). Learn more through our clinician-facing [Medication Abortion Protocol](#) and our patient-facing [How to Use Abortion Pills Factsheet](#) or aftercare instructions on [vaginal misoprostol](#) and [buccal misoprostol](#).

Case Study 1: Sophia

How do you approach options counseling with Sophia?

How do you establish Sophia's gestational age?

What are the contraindications to mifepristone?

Clinical guidelines from the National Abortion Federation and Society of Family Planning encourage using an "ultrasound as needed" protocol for medication abortion. What are the indications for needing an ultrasound before medication abortion?

Learn more on our [factsheet](#).

Do you need to do Rh testing or administer Rh immunoglobulin before medication abortion?

What anticipatory guidance on bleeding, pain, cramping, and GI side effects do you give Sophia?

When should Sophia call a clinician?

What contraceptive options can be given on the same day as taking mifepristone?

What are important things to ask or assess in a follow-up after medication abortion?

Pick one commonly asked question after medication abortion and write down how you may respond to the patient.

Case Study 2: Ty – Telehealth Abortion

What are different options for Ty to access the medication abortion pills? Learn more using RHAP's guide on [How to Order Mifepristone](#)

Are you aware of a pharmacy near you that dispenses mifepristone?

Case Study 3: Sonia – Unsure LMP

What questions can you ask Sonia to help determine the gestational age of her pregnancy?

Self-Managed/Self-Sourced Medication Abortion (SMA)

Why might people choose to self-manage their abortion instead of having it supervised by a clinician?

What is the medication regimen for using misoprostol only for a medication abortion? Learn more through RHAP's [Clinical Protocol](#) or patient-facing handout on [How to Use Misoprostol-Only for a Medication Abortion](#).

What can clinicians do to support the full range of safe abortion options, including SMA?

Additional Case Studies

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. How do you counsel Ellen on her options?

Ellen decides that it's not the right time to have a child, and she would like to have an abortion.

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

3. Imagine you are Ellen, what questions do you have about the abortion?

Ellen decides to have a medication abortion. You discuss the process with her and how it will work.

4. You want to know a little more about Ellen's history to make sure the medication abortion option is safe, what are some important questions you ask her?

Ellen does not have any contraindications to medication abortion and you determine she is eligible. You go over the consent form:

You give Ellen a 24-hour emergency contact number

5. What are some reasons you would like her to call this number?

6. What are some other reasons Ellen may contact you in between visits?

Ellen decides to take 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.

7. 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. Her blood type is A+. Her Hgb 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.

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 has gone down significantly. She wants to use the patch for birth control.

8. What lab(s) do you want to get? you have any other questions for Ellen?

9. Do you have any other questions for Ellen?

Day 11: Ellen's B-Hcg is 600.

10. Is the medication abortion complete?

Case 2- Dani

Day 1-2: Dani is a 24 y/o G1P0 who identifies as female and comes to your office for a medication abortion. She is certain her LMP was 5 weeks ago, her periods are regular, and she wasn't on any contraception. You counsel her, rule out any contraindications, and give her the medicine. She decides to take mifepristone in the office and take misoprostol at home. She calls you a day after placing the misoprostol, telling you she hasn't felt much cramping and is only having some spotting.

1. What do you do?

Dani decides to try the medication again. You call Dani the next day, and now she states she's had more bleeding and cramping, about the same as her period. You feel reassured that the medicine is working this time, so have her follow up with you in 1 week.

Day 7: Dani returns for follow up. Her bleeding has stopped, and she's still feeling a little nauseated. She's also having a little right sided back pain. You ask her to come in for an appointment to see what's going on.

She's able to come in for an appointment. You repeat a B-Hcg, which went from 11,000 to 9,000.

2. What could be going on?

3. What do you do?

You decide to send Dani for an Ultrasound. She returns to you with the report, showing an intrauterine gestational sac and a yolk sac.

4. What do you do?