

Medical Abortion in Office Practice

CFPC Webinar December 17, 2019

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Disclosures

Presentation:

- I have no Conflict of Interest to declare
- I will discuss evidence-based off-label use of mifepristone/misoprostol
- I will use the brand name of the only approved medical abortion product when discussing prescribing and may use some trade names together with generic drug names for clarity.

Mitigating Potential Bias

- Material presented in this session will be based on current evidence
- There is only one product containing mifepristone available in Canada

Objectives:

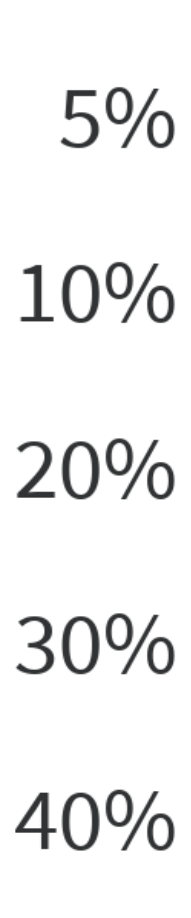
Participants will be able to

1. Counsel and assess patients for medical abortion
2. Determine practice readiness to provide medical abortion
3. Access point of care tools for implementing medical abortion into practice
4. Provide safe follow-up for patients undergoing medical abortion

Outline

- Overview of mifepristone/misoprostol regimen for medical abortion
- Practicalities of providing medical abortion in the office
- Resources and tools to support medical abortion practice
- Questions

What percentage of Canadian women have an abortion during their lifetime?



Mifepristone + Misoprostol (Mifegymiso[®])

- Available in Canada since January 2017
- Approved for abortion to 63 days gestational age but safe and effective to 70 days
- Mifepristone 200 mg orally
- 24-48 hrs later misoprostol 800 mcg buccal or vaginal
- Expulsion of products of conception typically in 2-8 hours



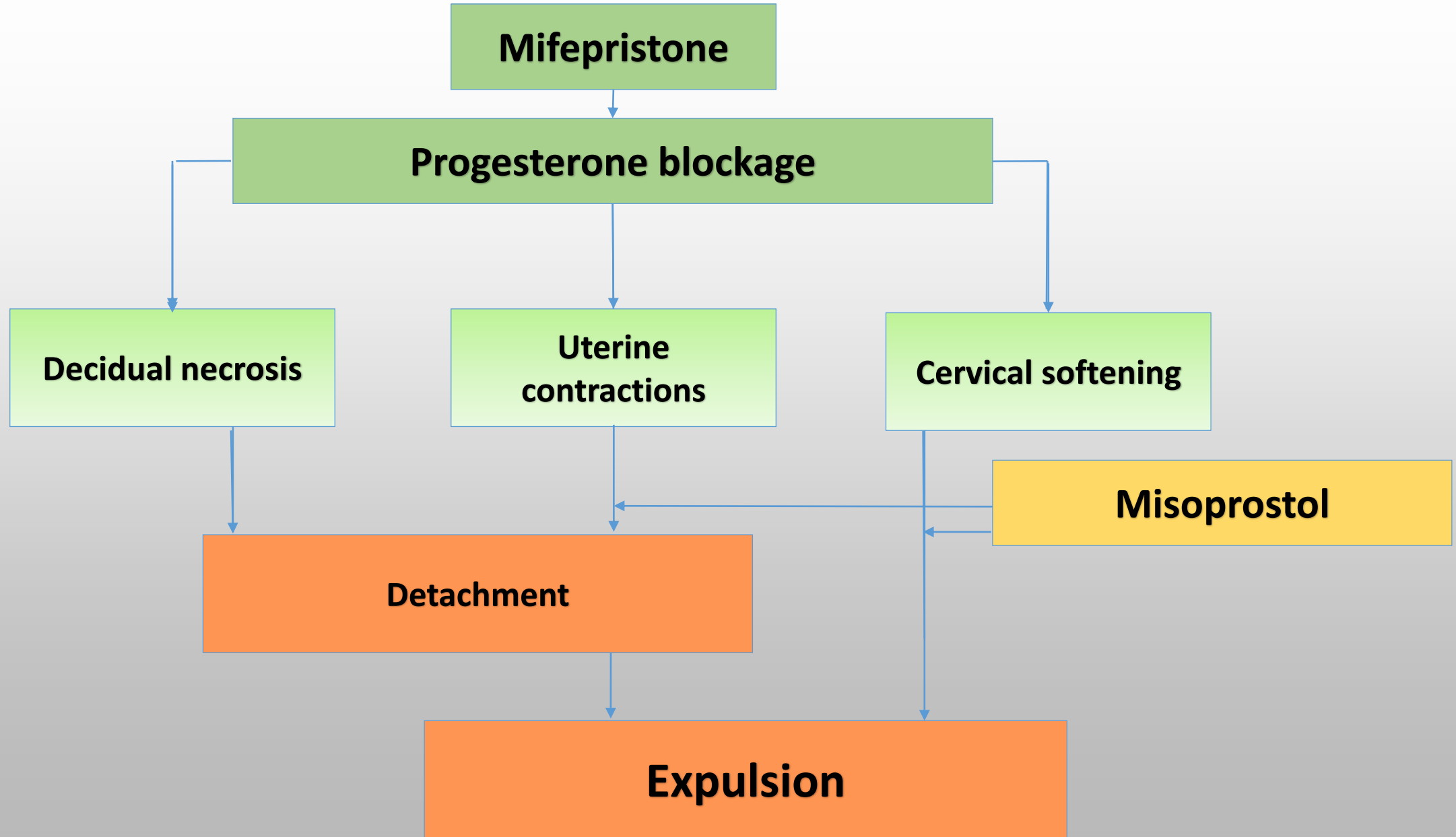
Mechanism of action

Mifepristone – antiprogestin with antiglucocorticoid properties

- Blocks the action of progesterone
- Breakdown of endometrium, cervical ripening
- Increased sensitivity of uterus to prostaglandins
- Rapidly absorbed, terminal half life 18 hours

Misoprostol – synthetic prostaglandin

- binds to myometrial cells, causes cervical ripening and uterine contractions
- Peak levels in 80 mins, half life 20-40 mins
- Peak uterine activity after 4 hours
- Expulsion of products of conception



Mifepristone

Progesterone blockage

Decidual necrosis

**Uterine
contractions**

Cervical softening

Misoprostol

Detachment

Expulsion

Expected side effects

Mostly related to abortion process and prostaglandin effects

- Uterine cramping
- Bleeding
- Nausea / vomiting /diarrhea
- Fever/chills
- Headache and dizziness

Mifepristone itself has minimal side effects (mild headache, nausea, sometimes vaginal bleeding)

Other drug effects

Teratogenicity

- Mifepristone - limited evidence but risk thought to be low
- Misoprostol - associated with Mobius syndrome (facial paralysis and limb and chest wall abnormalities)

Use in breastfeeding

- Mifepristone – excreted in breast milk in very low concentrations (RID = 1.5%)
- Misoprostol – excreted in breast milk - theoretical potential to cause diarrhea
- Breastfeeding may continue uninterrupted

Outcomes

- Efficacy: 95 - 98% successful abortion without the need for surgical aspiration
- Ongoing viable pregnancy: 0.4 – 2.9% from < 49 to 70 days
- Complications
 - Hemorrhage requiring transfusion: 0.08% (0.04-0.9%)
 - Infection: 0.01-0.5%
 - ER visits: 2.9-3.7%
 - Hospitalization: 0.4% (0.04-0.9%)

Bringing mifepristone abortion to your practice

Current Health Canada Approval

- Indication: Termination of pregnancy up to nine weeks (63 days) gestation

Health professionals must:

- Ensure patients have access to emergency medical care in the 14 days following administration of mifepristone
- Schedule a follow-up 7 to 14 days after patients take mifepristone to confirm complete pregnancy termination
- Exclude ectopic pregnancy and confirm GA by an appropriate method
- Counsel on the risks and benefits
- Obtain informed consent

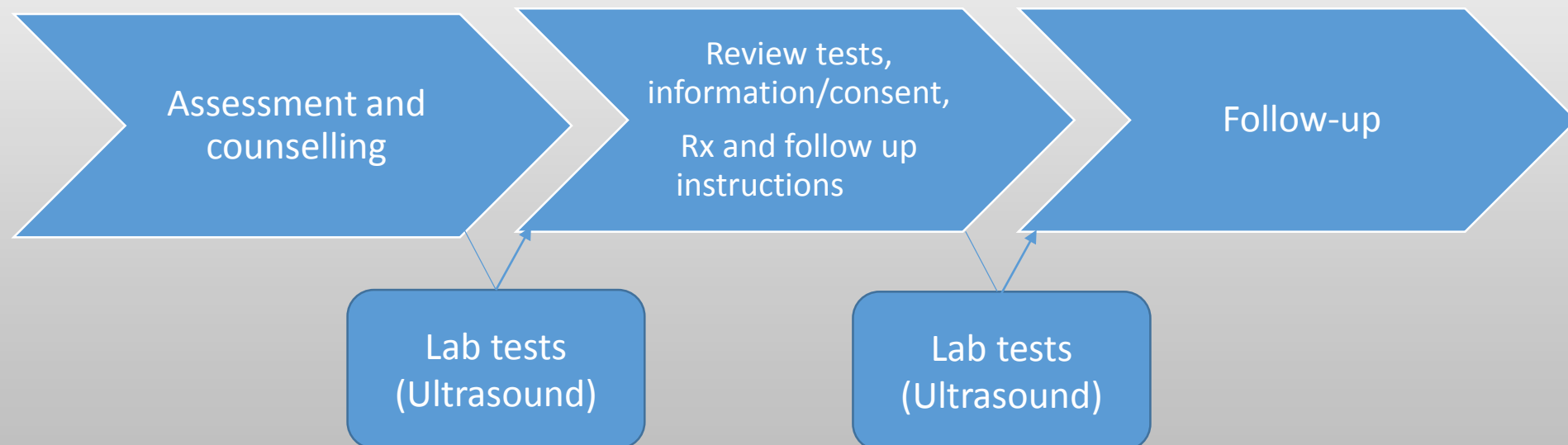
Bringing mifepristone abortion to your practice

Infrastructure

- Timely appointment for suitable patients
 - Informing patients/involving office staff
- Timely US access, Quantitative hCG
- Timely access to Rh testing and pathway for RhIG
- Pharmacy that will stock Mifegymiso[®]
- Mechanism for managing emergencies
 - 24 hr - Phone on call
 - ER access
- Referral pathway for failed abortion or complications (D&C)

Bringing mifepristone abortion to your practice

- Providing medical abortion is a 2-3 visit process



Tia

- 23 yo G2P0A1
- 6 weeks pregnant by LMP
- Positive urine pregnancy test
- Wants an abortion

Visit 1

Medical vs surgical abortion: decision making

Medical abortion	Surgical abortion
<p>Pros</p> <ul style="list-style-type: none">• Avoids uterine instrumentation and anesthesia• Private/happens at home• Woman 'takes charge' of the abortion• May be accessible through primary care	<p>Pros</p> <ul style="list-style-type: none">• Quick and predictable• Higher success rate• Usually does not require follow up• Allows use of sedation• Less bleeding and cramping
<p>Cons</p> <ul style="list-style-type: none">• Pain may be severe and bleeding heavy• Multiple visits/follow up needed• Higher failure rate than aspiration• Need access to emergency care	<p>Cons</p> <ul style="list-style-type: none">• Instrumentation and anesthesia• Need to travel to surgical abortion facility (involves, time, travel and expense for many)

Access can be a deciding factor

Visit 1

Eligibility Criteria

- Clear decision to have a medical abortion
- Intrauterine pregnancy less than 9 (10) weeks
- Access to telephone and emergency medical care within the next 7-14 days
- Willing to have surgical abortion in the event that medical abortion is unsuccessful (2%-5% of pregnancies)
- No contraindications

Exclusions/Contraindications

- **Absolute contraindication:**

- Allergy/Hypersensitivity to mifepristone or misoprostol
- Ectopic pregnancy
- Chronic adrenal failure
- Porphyria
- Uncontrolled asthma

- **Relative contraindication:**

- IUD (remove)
- Concurrent long-term systemic corticosteroid therapy
- Coagulation disorder or anticoagulation therapy
- Anemia – hemoglobin less than 95

Visit 1

Assessment

- Hx: LMP, pain, bleeding, ectopic risk factors, medical contraindications
- Determine gestational age and location of the pregnancy
 - Pelvic ultrasound
 - History +/- bimanual exam
- Chlamydia & gonorrhea testing
- Blood type for Rhesus Factor (Rh)
- hCG (on day of mifepristone) and follow up 7-14 days later
- Consider CBC

Visit 1

Contraception

Fertility returns rapidly

- Hormonal methods can be started on the day of or the day after misoprostol administration (Return for Depo-Provera)
- Barrier methods can be used as soon as sexual activity is resumed
- Intrauterine devices can be inserted at the follow up visit if abortion complete
- BUT full discussion is often overwhelming at this visit
 - If unsure make interim plan and discuss at follow-up

Visit 2

Prescribe and provide handouts

- Review investigations, inclusion and exclusion criteria
- Counselling
 - How to take medication
 - Expected bleeding, cramping & side effects
 - Reasons to seek emergency or on-call care
- Informed consent & Patient Take Home Instructions
- Prescribe:
 - Mifegymiso
 - Pain medication
 - If desired, hormonal contraception to start day after heavy bleeding/IUD to bring to follow-up

Visit 2

Counselling – how to take the medication

Mifepristone orally, 24-48 hr later misoprostol buccal for 30 min

- **Must take misoprostol even if they bleed after mifepristone**



US FDA Mifeprex
Prescribing Information
2016i

Visit 2

Counseling – expected bleeding and pain

Bleeding

- Moderate to heavy – **usually** starts 1-4 hours after misoprostol
- Some clots--small to large (lemon)
- Heaviest bleeding **often** around 4-6 hours after miso
 - may last 1-4 hours as pregnancy is expelled
- Lighter bleeding lasting 2 weeks on average
- 8% bleed > 30 d

Pain

- Cramps mild to severe
- Usually managed with ibuprofen 600-800 mg (q6-8h) or Naproxen 500 mg (q12h)
- Add in acetaminophen/codeine or acetaminophen/oxycodone if not controlled (Rx 4-6 tabs)

Misoprostol side effects: chills, nausea, diarrhea, fever (several hours)

Visit 2

Reasons to seek emergency or on-call service

- Soaking more than 2 large sanitary pads/hour for more than 2 hours
- Fever $>38^{\circ}$ C for more than 6 hours or that starts >24 h after misoprostol
- Severe abdo/pelvic pain not controlled by analgesics
- Continued vomiting, inability to keep fluids down for >6 hours
- Lightheadedness, fainting, tachycardia
- ❖ Feeling 'sick' with flu-like symptoms (weakness/malaise, nausea, vomiting, diarrhea) in the days after the abortion, *often without fever*

Visit 2

Consent and follow-up instructions

- Document informed consent or use a consent form
- Written information about taking the drug, side effects, and emergencies (Celopharma Information Card or other)
- Requisition(s) for quantitative hCG
- Schedule follow up (phone or appointment)

Mifegymiso Patient Information Card

To be completed by your health professional.
Please keep it with you.

Date and time of treatment:

Step 1 (Green Box):

Step 2 (Orange Box):

If you have a serious symptom or side effect,
get immediate medical help.
If you have an emergency, go to:

.....
.....
.....

[Add the emergency contact information above]
Show this Card to the emergency health professional.

Mifegymiso Patient Information Card

To be completed by your health professional.
Please keep it with you.

If you have a troublesome
symptom or side effect
that becomes bad enough
to interfere with your daily
activities, talk to your
health professional.

Phone number and address
of your health professional,
clinic or treatment center:

.....
.....
.....

You must have a follow-up
appointment 7 to 14 days
after taking Mifegymiso.

Follow-up appointment date
(MM/DD/YYYY) and time:

.....
.....
.....

Distributor
in Canada



MEDICAL ABORTION (MIFEGYMISO)

INSTRUCTIONS

1. Get supplies to manage bleeding and cramping

Before starting your medical abortion, make sure that you have some **large maxi pads**. These will help you to manage the heavy bleeding that will start once you take Mifegymiso. It's not a good idea to use tampons or menstrual cups during your medical abortion.

You might also want **medication for pain** and other comfort measures, such as a heating pad or hot water bottle. Your healthcare provider may have given you a prescription for pain medication. If not, you can take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) to help.

According to your healthcare provider, you can manage pain by taking:

_____ every _____
 (medication and dose) (frequency of dose)

2. Take mifepristone

Take **1 tablet** of mifepristone. This is the medication in the **green box** inside the Mifegymiso packaging. **Swallow** the mifepristone with some water. Most healthcare providers will ask you to wait **24-48 hours** before inserting the misoprostol, the second medication in the Mifegymiso package. This is to give the mifepristone time to work.

Most people **don't feel any different** after taking mifepristone. A small number start bleeding and cramping because the pregnancy tissue has started to empty from the uterus. Once you take mifepristone, your abortion cannot be reversed.

According to your healthcare provider, you should take mifepristone on:

_____ at _____
 (date) (time)

3. Insert misoprostol

After 24-48 hours, insert **4 tablets** of misoprostol. This is the medication in the **orange box** inside the Mifegymiso packaging. **Do not swallow** the misoprostol – this makes it less effective. Instead, insert the tablets one of two ways:

In you vagina: use your fingers to insert all 4 tablets **into your vagina** as far up as you can.

In your cheeks: put 2 tablets on each side of your mouth. Hold them **between cheek and gum** for 30 minutes.

Most people start bleeding and cramping within a few hours of taking misoprostol. This is normal, and it means that the pregnancy tissue has started to empty of out your uterus. The bleeding may be very heavy, and you may pass clots as small as quarters or a big as lemons. You might also have strong or painful cramps.

According to your healthcare provider, you should take misoprostol on:

_____ at _____
 (date) (time) Page 2 of 2

Call your healthcare provider or Telehealth Ontario if...

- Your temperature is more than 38° C (100.4° F) and it's been more than 24 hours since you took misoprostol, the medication in the **orange box**. It's normal to have a fever or chills in the 24 hours after taking misoprostol. After this, a fever or chills could be a sign of infection.
- Your bleeding is soaking through more than 2 maxi pads an hour for more than 2 hours in a row.
- You have stomach pain or cramps that don't get any better with pain medicine.
- You feel nauseous, throw up, or have diarrhea and it's been more than 24 hours since you took misoprostol, the medication in the **orange box**. It's normal to have these symptoms in the 24 hours after you take misoprostol. After this nausea, vomiting, or diarrhea could be signs of infection.

You can reach **your healthcare provider** during business hours by calling:

You can reach **Telehealth Ontario** 24 hours a day by calling: 1-866-797-0000

You can reach the **Celopharma** Mifegymiso support line 24 hours a day by calling: 1-877-230-4427

Starting birth control

You can have sex as soon as you feel ready. You can become pregnant again **1 week** after your medical abortion, even if you are still bleeding. Follow your healthcare provider's instructions on when to start your chosen method of birth control. You should use a back-up method such as **condoms** for 7 days after starting the pill, patch, or ring so that it has time to start working.

As discussed with your healthcare provider, you should start using:

_____ at _____
 (birth control method) (date)

Follow-up appointments

You will need to have a **blood test 7-14** days after you take mifepristone, the medication in the **green box**. This is to check that your medical abortion was successful. Your healthcare provider should give you a form for the blood clinic. If not, call your healthcare provider for instructions.

According to your healthcare provider, you should have a blood test on:



Tia - Review Investigations (Visit 2)

- Meets eligibility and has no contraindications
- TVUS 5.7 week sac with yolk sac
- Hb 123
- hCG 6,829
- Blood group O negative

Does Tia need Rh Immune Globulin?

Yes

No

I'm not
sure.

Rh Alloimmunization- What we know

- Red blood cells express Rh antigen starting at **52 days** from LMP
- There is sufficient maternal-fetal hemorrhage at **63 days** from LMP after surgical abortion to cause alloimmunization
- There is limited evidence for use of RhIG **below 49 days**
- Some national guidelines do not advise RhIG for abortion under 8 weeks GA
- National Abortion Federation Guidelines: it is reasonable to forego Rh testing for abortion **< 8 weeks**
- SOGC: SOGC advises routine testing and administration of immune globulin. Women should be advised that data on RhIG administration before 7 weeks is limited.

Jabara S, Barnhart KT. Am J Obstet Gynecol 2003
SOGC Medical Abortion Guidelines, 2016
Jansen MP et al, Acta Obstet Gynecol Scand 2019

Visit 3 – in person or by phone day 8-15

- Go through a symptom checklist
 - Did you bleed at least as much as a heavy period after taking misoprostol?
 - Did you pass clots or see tissue?
 - Do you still feel pregnant?
 - Is your bleeding tapering?
 - Do you have any significant cramping now?
 - Do you have fever or feel unwell?

Visit 3 – in person or by phone

- Confirm abortion
 - hCG drop by >80% from baseline by day 8-15
 - alternative: $\geq 50\%$ drop 48 h after misoprostol
 - If hCG fall is <80% or significant continued pain/heavy bleeding
 - ➔ Ultrasound or continued follow-up
- IUD insertion/Depo injection if chosen method/Contraception check-in
- Info re: prolonged/delayed bleeding

Tia – Day 8

Bled as expected, feeling well

Started oral contraceptive on the day after misoprostol

bHCG: 1340 (Initial 6829)

% Drop = 80%

ABORTION SUCCESSFUL

Carolina

- 30 yo G2P1
- 6 weeks from LMP, certain of dates
- Positive urine pregnancy test
- Wants a medical abortion
- You don't have easy access to US

Do you need an ultrasound to provide a medical abortion?

Yes

No

Sometimes

I'm not
sure.

Health Canada approves updates to Mifegymiso prescribing information: Ultrasound no longer mandatory

Starting date:	April 16, 2019
Type of communication:	Information Update
Subcategory:	Drugs
Source of recall:	Health Canada
Identification number:	RA-69620

[Report a Concern](#)

Last updated: 2019-04-16

- [Report health or safety concerns](#)
- [Media enquiries](#)
- [Public enquiries](#)

OTTAWA – Health Canada is informing Canadians that the prescribing and patient information for Mifegymiso has been updated to reflect that an ultrasound is no longer required before the drug is prescribed. Mifegymiso is a combination product containing two drugs (mifepristone and misoprostol) that are taken in sequence for the medical termination of a pregnancy.

Previously, the Canadian product monograph for Mifegymiso indicated that an ultrasound was required before prescribing Mifegymiso to confirm the gestational age (number of weeks pregnant) and to rule out an ectopic pregnancy (a pregnancy outside the womb).

With the changes to the product monograph, prescribers now have the flexibility to use their medical judgement on how best to determine the gestational age and to rule out an ectopic pregnancy. It also responds to concerns that some patients may have been facing unnecessary barriers or delays in accessing this product. The product monograph still recommends an ultrasound when the gestational age is uncertain or an ectopic pregnancy is suspected.

Health Canada based its decision on a review of the information submitted by the company (Linepharma International Limited, which is represented in Canada by Celopharma Inc.), the most recent scientific literature, and experience with the use of the product internationally.

As outlined in the product monograph, Mifegymiso should not be prescribed to patients who are more than nine weeks (63 days) pregnant or have an ectopic pregnancy. Under these conditions, the drug may not successfully terminate the pregnancy, may damage the fetus, and can result in serious health risks to the pregnant woman. The use of Mifegymiso could mask a ruptured ectopic pregnancy as the symptoms associated with both may be similar.

As part of the update, the product monograph now includes the patient information card, which outlines important information for the patient such as

Pelvic Ultrasound

- Accurately confirms gestational age and excludes ectopic pregnancy

Confirmation of GA

- LMP alone is fairly accurate if certain and not on hormonal contraception or breastfeeding
 - 2.4% of 3041 women with certain LMP of < 63 days were over 63 days by US
- History and clinical exam by experienced provider correlates to GA within 2 weeks in the first trimester
 - Study of 4008 MA patients – 1.6% assessed as eligible by hx and clinical exam were beyond the 63 day eligibility window

Bracken et al 2011

Mandatory Pelvic US

- Uncertain dates
- Conflicting bimanual exam
- History of pain or bleeding
- Risk factors for ectopic

Ectopic Pregnancy

- **Risk Factors**

- Previous ectopic pregnancy
- Previous tubal surgery including tubal ligation
- Pregnancy with IUD
- History of chlamydia, PID, salpingitis
- Pregnancy conceived with assisted reproductive techniques

- **Clinical symptoms**

- Abdominal pain
- Vaginal bleeding

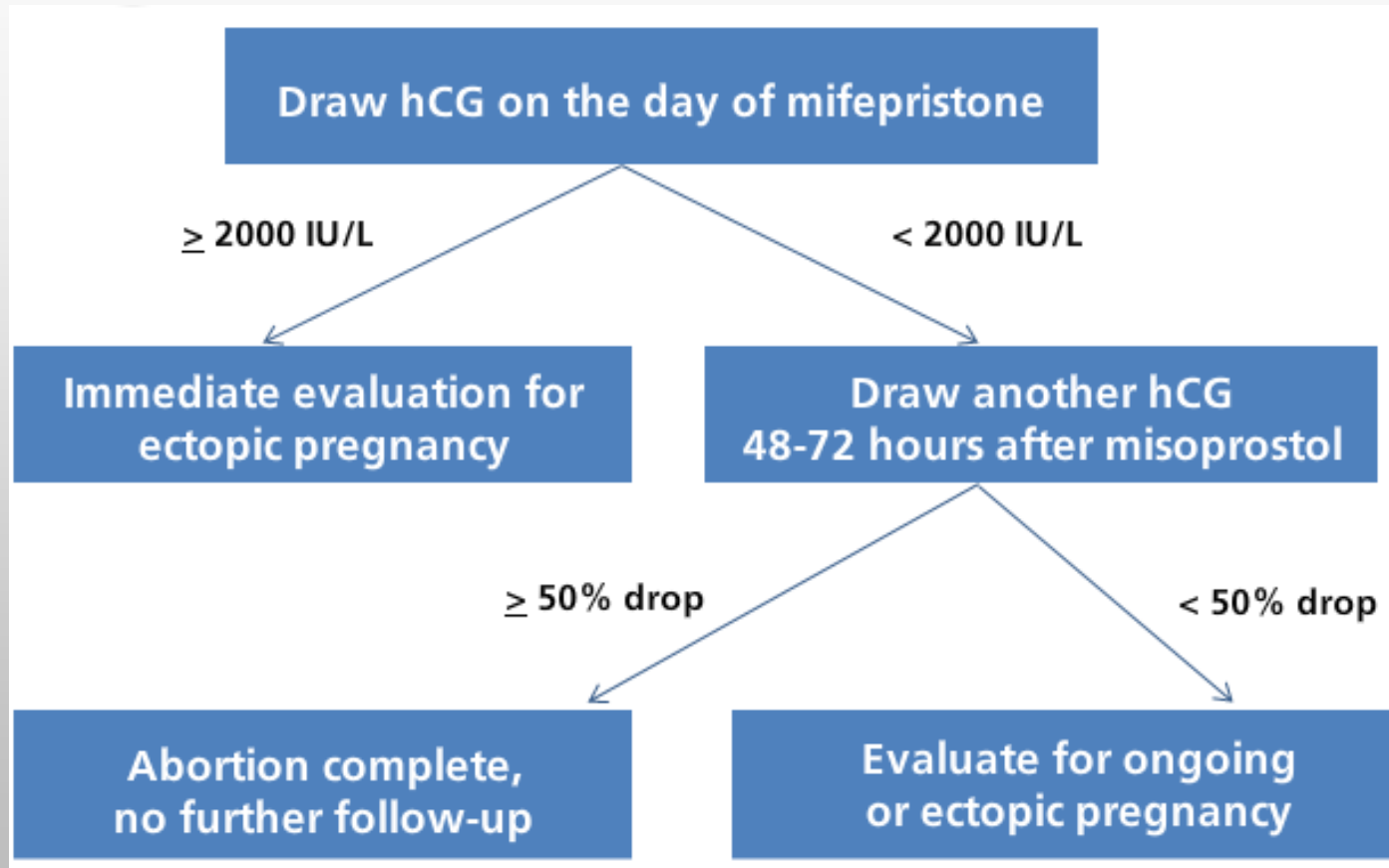
- **Ultrasound findings**

- Empty uterus with **hCG of ≥ 2000**

Medical abortion without US or with US but no intrauterine pregnancy (Pregnancy of uncertain location)

- Can be safely provided if:
 - No risks, symptoms or findings of ectopic pregnancy
 - Dates are certain and align with clinical assessment
 - Follow up is ensured
 - Serial hCG is used for follow-up
 - The patient is given an ectopic warning
- When the hCG is $\geq 2,000$ a transvaginal pelvic ultrasound should show a gestational sac. The absence of a GS in this case is suspicious for an ectopic pregnancy.

PUL Management



Courtesy National Abortion Federation

Carolina

- No ectopic risk factors or symptoms
- Day 1 hCG: 12,000
- You go ahead with mifepristone abortion
 - ❖ **Ectopic warning and early follow-up**
- Moderate bleeding and cramping occurred within 4 hours of misoprostol
- Day 4 hCG: 4,000 (66% drop)
- Day 7 hCG: 1,200 (90% drop)
- ❖ Ultrasound needed for concerning symptoms (no heavy bleeding, ongoing pain) or insufficient fall in hCG

Sarah

- 32F G1P0 had a mifepristone abortion at 7 weeks GA
- Had expected bleeding and cramping which is now light
- hCG fell from 104,450 to 8743 on day 8 (92% drop)

Called on Day 17 to say she started bleeding again and is now bleeding like a heavy period.

Is this normal?

Sarah

- Ultrasound: “Endometrium measures 15 mm, heterogeneous mass with flow consistent with retained products of conception” (RPOC)
- Hgb = 109 (baseline 129)

What would you do?

Refer to a gynecologist
colleague **A**

Give another dose of
misoprostol **B**

Give another dose of
mifepristone and misoprostol **C**

Reassure her and follow
closely **D**

Options for management

Incomplete abortion/Persistent Bleeding/RPOC

- Expectant management with follow-up, reassess at 1 wk
- Repeat misoprostol 800 mcg buccal or vaginal
 - 91% will pass with second dose
- Surgical management

Ongoing pregnancy (~1%)

- Repeat misoprostol 800 mcg buccal or vaginal, reassess at 1 wk, if unsuccessful – surgical management
- Surgical management

Sarah

- Given 2 doses (800 mcg) – took 24 hours apart
 - Passed large clot after second dose of misoprostol
 - No further bleeding or cramping

Resources: Medical Abortion Training

1. Accredited program created through collaboration between:
 - Society of Obstetricians and Gynecologists of Canada
 - College of Family Physicians of Canada
 - Canadian Pharmacists Association
 - <https://sogc.org/online-courses/courses.html>
 - 6 modules, 1.5 - 3 hours to complete, \$50
2. National Abortion Federation:
 - membership for MA providers - \$125
 - www.prochoice.org
3. Celopharma Training Program
 - <http://celopharma.com/en/health-professionals/>

CPD

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Abortion Resources for Family Physicians

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Approximately one in three women in Canada has an abortion in her lifetime, according to a [2012 report](#).¹ Family physicians play a crucial role in supporting patients who need abortion care. Currently many Canadian communities, particularly in rural or remote regions, lack abortion services, which forces patients to travel long distances for care. With the availability of mifepristone, a drug used in combination with misoprostol under the brand name Mifegymiso to induce an abortion, family physicians have an opportunity to extend their practices to incorporate this care and improve access to this service for their patients and communities. The following are links to resources for family physicians who want to provide or refer their patients for abortion care.

Resources for physicians

- **Health Canada approves updates to Mifegymiso prescribing information: Ultrasound no longer mandatory.** Health Canada is informing Canadians that the prescribing and patient information for Mifegymiso has been updated to reflect that an ultrasound is no longer required before the drug is prescribed. Mifegymiso is a combination product containing two drugs (mifepristone and misoprostol) that are taken in sequence for the medical termination of a pregnancy.

Please click on the link below regarding Mifegymiso prescribing from Health Canada for more information.
<http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/69620a-eng.php>

- **Canadian Abortion Providers Support:** This online community of practice provides a broad range of information for providers and is supported by the College of Family Physicians of Canada (CFPC). The site includes Protocols, Ask an Expert, Academic Resources, Tools, Frequently Asked Questions, Locate a Pharmacy, etc. Users must register to access the site, but membership is free: https://www.caps-cpca.ubc.ca/index.php/Main_Page

Other Resources:

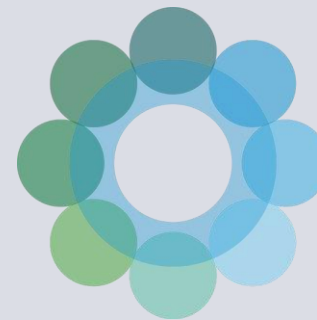
Medical Abortion Guidelines:

Society of Obstetricians and Gynecologists of Canada with CFPC
members: **JOGC April 2016 38(4): 366-389**

Join Canada's
online community
for health professionals
certified to provide
Mifepristone.

- Exchange tips, resources, and best practices
- Gain feedback from experts
- Locate pharmacies in your region

LEARN MORE



CAPS CPCA

Canadian Abortion Providers Support
Communauté de pratique canadienne sur l'avortement
www.caps-cpca.ubc.ca



Version 2 | August 29, 2016
Credit: Shutterstock

https://www.caps-cpca.ubc.ca/index.php/Main_Page

People

- Add Member
- Edit Role
- Registration Queue
- Email List
- Refer a Colleague
- Reset Password

For All Members

Helpful Resources

- Take a Poll
- Share a Case or Experience
- Frequently Asked Questions
- Who supplies/pays for Mifegymiso?
- Latest News

For Certified Members

- Ask an Expert
- Locate a Pharmacy
- Add a Pharmacy

Helpful Resources

Resources

Canadian Resources



Clinical Guidelines



Tools & Tips



Organizations



Articles



Patient Resources



Canadian Resources

Below are the **Canadian Resources** in CAPS members may be most interested in becoming familiar with. You can use the search box below. You can search by name, date last edited, and last editor.

Upload

Uploaded Files

Show entries

Page Title	Keywords
Consent form provided by the SOGC training	
Consent form shared by Kensington Clinic	
Consent form shared by the The Bay Centre for Birth Control	
Consent form shared by Willow Clinic	
Mifegymiso Patient Consent Form	
Patient information sheet shared by Kensington Clinic	
Patients Mifegymiso Guide	

MEDICAL ABORTION CHARTING FORM

Patient Name:
DOB:
Health Card:

Tel:
Age:

1. Counselling

- Pregnancy options counselling provided
- Surgical vs. medical abortions discussed
- Medical abortion protocol explained
 - Reviewed timing of ultrasound, lab tests, medications, follow-up appointment
 - Reviewed effectiveness, side effects and potential complications
- Contraception plan: _____ start date: ___/___/___

2. Determine Eligibility for a Medical Abortion

Confirm All Inclusion Criteria

- Expresses clear decision to have an abortion
- No indication of being coerced into an abortion
- Informed consent process completed
- Understands expected side effects (bleeding, cramping)
- Agrees to comply with the visit schedule
- Agrees to a surgical abortion should pregnancy continue
- Understands when and where to consult in case of emergent complications
- Has access to a telephone, transportation, and emergency medical care
- Review of current medications
- Allergies: _____

Absolute Contraindications (exclude all)

- Chronic adrenal failure
 - Inherited porphyria
 - Uncontrolled asthma
 - Allergy to mifepristone or misoprostol
 - Ectopic pregnancy
 - Coagulopathy or current anticoagulant therapy
- Consider and Manage Relative Contraindications:
- Pregnancy of unknown location or gestational age
 - Long term corticosteroid use
 - Anemia with hemoglobin Hb < 95 g/L
 - IUD in situ (no longer a contraindication if removed)

3. Physical Exam, Gestational Age, Pregnancy Location

- LMP: ___/___/___ (date)
- G: ___ T: ___ P: ___ A: ___ L: ___
- Vital signs: BP ___, HR ___
- Gestational age on ___/___/___ is: ___ wks ___ days
 - confirmed clinically and with urine test *or*
 - confirmed by ultrasound
- β hCG done or planned [see section 4, Labs] *or*
- β hCG not done
- Follow-up appointment scheduled ___/___/___ (date)

4. Initial Labs and Imaging

Lab tests completed/results:

- ABO RH ___ Antibody Screen ___
 - 120 or 300 μ g Rho(D) IG given
- Hemoglobin ___
- Baseline β hCG ___ IU on ___/___/___
- Gonorrhea and chlamydia

Imaging

- Dating ultrasound requisition, appointment on ___/___/___ (date)

5. Provision of Mifegymiso®

- Review U/S and lab results with the patient and agree to proceed
- Prescribe Mifegymiso® (indicate on prescription a "dispense before" date appropriate for gestational age)

“Locate a Pharmacy”

68 on the map (as of 2018/03/05)



- AB = 10 (5 Urban, 5 Rural)
- BC = 23 (15 Urban, 7 Rural)
- MB = 3 (Urban)
- NB = 1 (Rural)
- NFL = 0
- NWT = 0
- NS = 5 (2 Urban, 3 Rural)
- NU = 0
- ON = 20 (18 Urban, 2 Rural)
- PEI = 0
- QC = 0
- SK = 7 (5 Urban, 2 Rural)
- YK = 0

Ask an Expert

People

- Add Member
- Edit Role
- Registration Queue
- Email List
- Refer a Colleague
- Reset Password

For All Members

- Helpful Resources
- Take a Poll
- Share a Case or Experience
- Frequently Asked Questions
- Who supplies/pays for Mifegymiso?
- Latest News

For Certified Members

- Ask an Expert**
- Locate a Pharmacy
- Add a Pharmacy

Ask an Expert

Do you have a question for one of our medical abortion experts? Click below to begin your question.

- Please do not include any personal or identifying information about your patients.
- You will receive a response from an expert within two days.
- If you have been matched up with an expert, the "Matched?" column should change to "Yes".

Ask an Expert

Problem		Category	Posts
? Interaction Methadone and Mife?	X	Clinical	2
Breastfeeding	X	Clinical	4
Breastfeeding	X	Clinical	4
Case-by-case access	X	Regulatory/Health Systems	4
comparing quantitative bhcg between labs	X	Clinical	2
emesis 35 mins post-miso - repeat???	X	Clinical	4
follow up betas	X	Clinical	3
General guidance	X	Clinical	6
Gravol et mifepristone-misorostol	X	Clinical	5
mifepristone and methadone	X	Clinical	2
More questions about- Dating a pregnancy using U/S vs LMP and be	X	Clinical	7
questions concerning prescription and dispensing	X	Regulatory/Health Systems	5
re: expected drop in bhcg at 24 hrs post miso in 9 wk pregnancy	X	Clinical	2

Final thoughts

- You have patients who will want a mifepristone abortion
- Mifepristone abortion is safe and highly acceptable for early abortion up to 70 days gestation and FPs are ideal providers.
- The process is simpler than you think and the experience for women is like a natural miscarriage
- Since approval, many regulatory restrictions have been removed
 - now be prescribed like any other medication
 - universal coverage in all provinces
- Numerous resources are available to support providers – PLEASE USE THEM!



Thanks for joining us!

Questions??