

**SAMPLE PROTOCOL AND PATIENT INSTRUCTIONS FOR NO-TEST MEDICATION ABORTION  
DRAFT, 3 April 2020**

Under review at *Contraception*; editor has authorized distribution in advance of publication.

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## Sample Protocol for No-Test Medication Abortion – DRAFT 3 April 2020

### **PURPOSE**

To enable safe and effective provision of medication abortion without a mandatory pre-treatment ultrasound, pelvic examination or laboratory tests when medically appropriate, given that these tests may be significant barriers to access and, in the setting of a pandemic, may increase transmission of infection to patients and health care workers.

### **CRITERIA**

- Pregnancy confirmed by patient report of pregnancy by urine or serum test or prior ultrasound
- Last menstrual period started  $\leq 77$  days before anticipated date of mifepristone ingestion
- Certain of last menstrual period onset date  $\pm 1$  week
- None of the following symptoms or risk factors for ectopic pregnancy:
  - Vaginal bleeding or spotting within the past week
  - Unilateral pelvic pain or significant bilateral pelvic pain within the past week
  - Prior ectopic pregnancy
  - Prior permanent contraception or other tubal surgery
  - IUD in uterus at conception or currently
- None of the following contraindications to medication abortion, assessed by history:
  - Hemorrhagic disorder or concurrent anticoagulant therapy
  - Chronic adrenal failure
  - Concurrent long-term systemic corticosteroid therapy
  - Inherited porphyria
  - Allergy to mifepristone, misoprostol, or other prostaglandin
- No strong preference for pre-treatment ultrasound, pelvic examination or laboratory tests

### **RH TYPING AND ADMINISTRATION OF ANTI-D IMMUNOGLOBULIN**

- Not needed if the gestational age on the anticipated mifepristone ingestion date will be  $< 70$  days or if the patient reports positive Rh type, wants no future children, or declines anti-D immunoglobulin.
- Should be considered for women not meeting above criteria

### **TREATMENT**

Provide the following:

- Mifepristone 200 mg orally
- Misoprostol 800 mcg x 2
- Analgesics, antiemetics per health facility protocol
- Patient instruction sheet and health facility emergency contact information
- Two high sensitivity pregnancy tests (HSPTs)

The patient should take mifepristone 200 mg orally followed by misoprostol 800 mcg buccally or vaginally 24–48 hours later. Patients with estimated GA  $> 63$  days should take a second dose of misoprostol 800 mcg 4 hours after the first. Patients with estimated GA  $\leq 63$  days should take the second dose if no bleeding occurs within the first 24 hours after the first misoprostol dose or if instructed to take it by a clinician. Review the instruction sheet with the patient.

### **FOLLOW-UP**

1. Plan a follow-up contact with the patient one week after dispensing treatment.
2. If the patient reports indicators of continuing or ectopic pregnancy (e.g., any of the symptoms on the instruction sheet), evaluate with ultrasound or serum HCGs.
3. Otherwise, instruct the patient to perform the first HSPT 4 weeks after taking misoprostol (not earlier) and to contact the abortion provider if the result is positive.
4. If the patient has indicators of continuing or ectopic pregnancy, evaluate with ultrasound or serum HCGs
5. If the first HSPT result is positive but the patient has no such indicators, instruct the patient to perform the second HSPT in 1 week.
6. If second HSPT result is also positive, evaluate with ultrasound, serum HCGs, additional urine testing, or uterine aspiration.

## Sample Instructions for Patients Receiving No-Test Abortion – DRAFT 3 April 2020

1. **Call your abortion provider** if you have any of the following:

- You vomit within the first 15 minutes after taking mifepristone.
- You have a fever of 100.4°F or higher more than 24 hours after you take the misoprostol.
- One week after taking misoprostol, you have any of the following:
  - You have not had cramping and bleeding heavier than a period.
  - Your bleeding is not getting lighter.
  - You do not feel that you passed the pregnancy.
  - You do not feel that your pregnancy symptoms (such as nausea and breast tenderness) are resolving.
- At any time, you have any of the following:
  - An increase in pain/cramps or bleeding more than 24 hours after taking misoprostol
  - Severe pain or cramps that doesn't get better with pain medicine, rest, or heating pads.
  - Enough bleeding to soak 2 maxi pads an hour for more than 2 hours.
  - Passing blood clots larger than a lemon for more than 2 hours.
  - Dizziness or vomiting lasting more than 2 hours.
  - Weakness, nausea, or diarrhea lasting more than 24 hours

2. Perform one urine pregnancy test 4 weeks after taking misoprostol (not earlier). **Call your abortion provider if the result is positive or invalid.** Use the second test if instructed to do so by your abortion provider.

***If you are unable to reach your abortion provider within 30 minutes, please call again, or if you feel you are too sick to wait, go to the nearest emergency room or call 911.***