

## **Medication Abortion and the Internist**

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- Clinical focus: Primary Care, Women's Health
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## Disclosures

- Internal Medicine Cluster Leader, Reproductive Health Access Network

# Acknowledgments

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# Learning Objectives

- (1) Describe prevalence of early abortion and current restrictions that impede equity in access in the US
- (2) Diagnose pregnancy, rule out complications, and offer options counseling
- (3) Describe the protocol for medication abortion using mifepristone and misoprostol
- (4) Describe elements of post-abortion care, including expected post-medication abortion course from rare complications

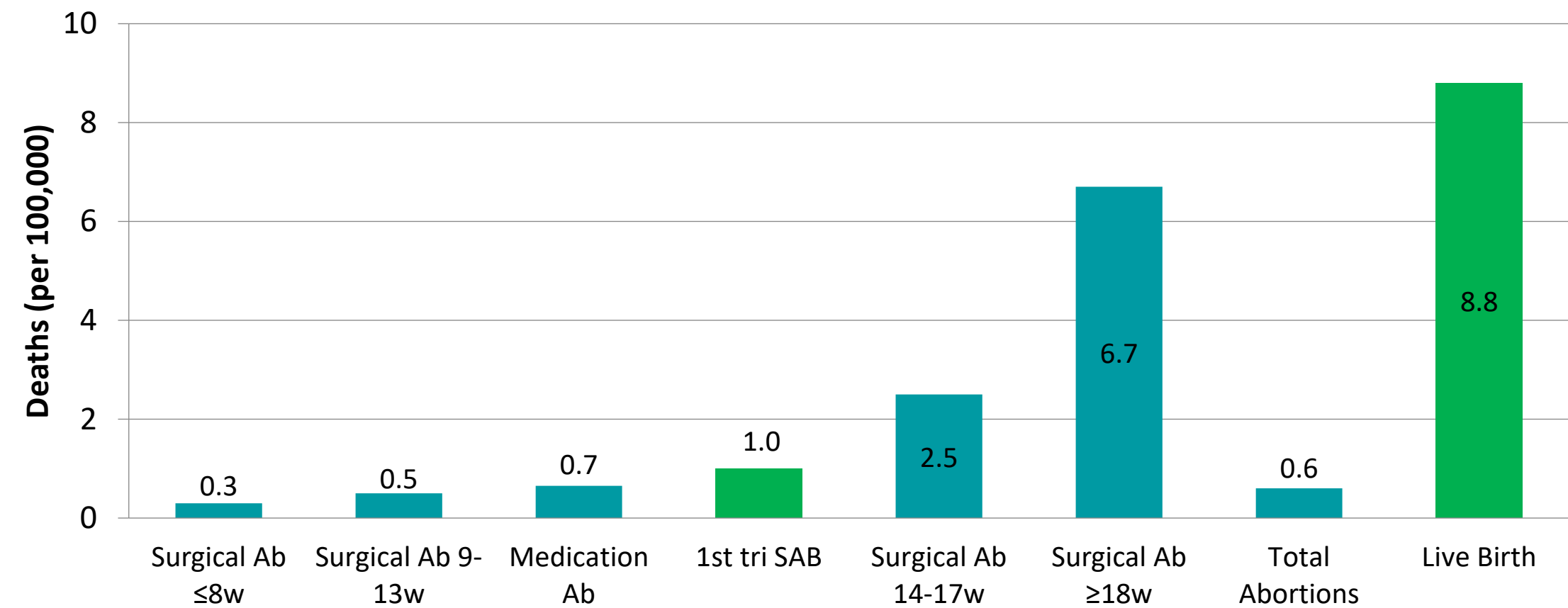
# 1 in 5

Pregnancies in the US result in abortion

# 1 in 4

Women will have abortion  
by age 45

# Abortion is associated with less mortality than live birth

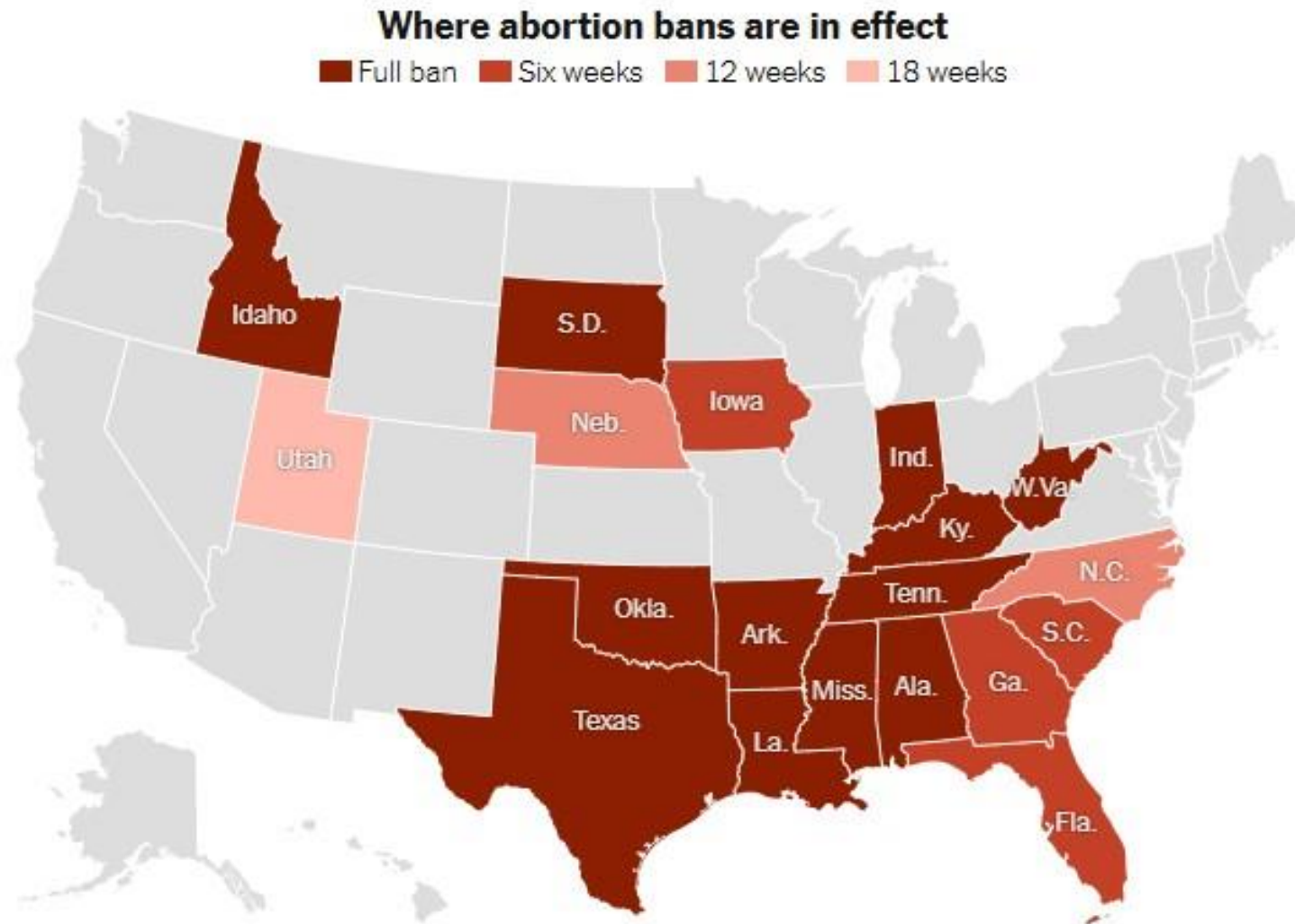


Zane S et al. Abortion-Related Mortality in the United States: 1998-2010. *Obstet Gynecol*, Vol 126, No. 2, August 2015.  
Analysis of Medication Abortion Risk. Mifepristone safety: Issue Brief. ANSIRH 2019.

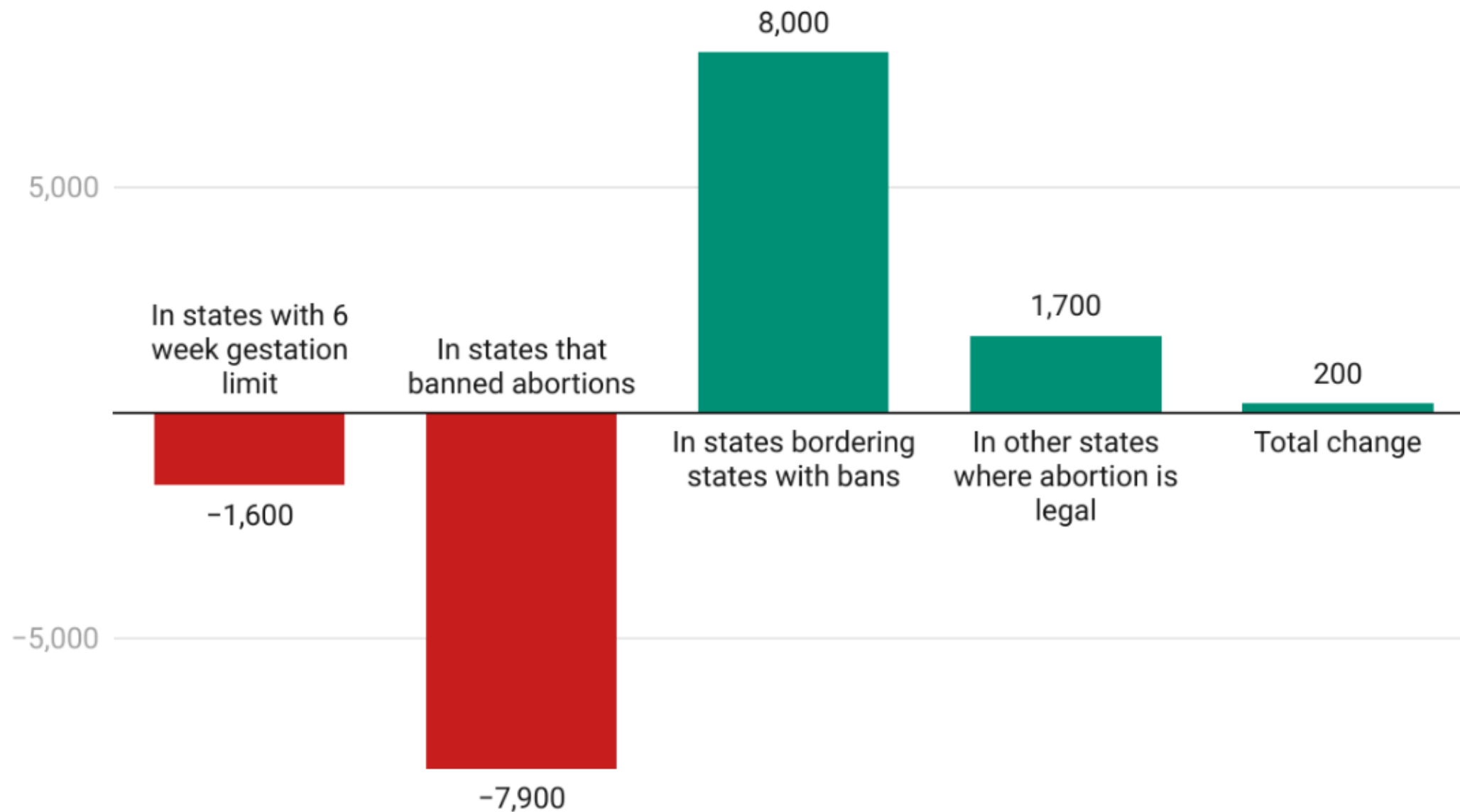


# Legal Status of Abortion in the United States

Updated July 2, at 11:15 AM EST



# Change in legal abortions one-year post-Dobbs





# Now what?

Roles for the Internist

# Supporting patients along the continuum

## Planning

Plan your care to match their reproductive “goals” and values

## Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

## Abortion

Provide options counseling and connect patients to abortion care

Learn to prescribe medication abortions

## Post Pregnancy Care

Be prepared to care for someone who needs care after an abortion

Leena is a 34 y.o. cis-female patient with DM and HTN who presents for a pregnancy test following a missed period.

How do you prepare a patient for a pregnancy test? What language do you use to disclose a positive result?

# Prepare, disclose, offer to review options

- Let the patient know you will support them whatever the result AND whatever they choose to do with their pregnancy
- Clearly disclose the result with a neutral tone
- Validate and normalize patient response, including ambivalence
- Offer to review pregnancy options, which include:
  - Continuing the pregnancy: Adoption or parenting
  - Ending the pregnancy: Medication abortion, abortion procedure, or self managed abortion\*

# Always assess patient safety and health in pregnancy

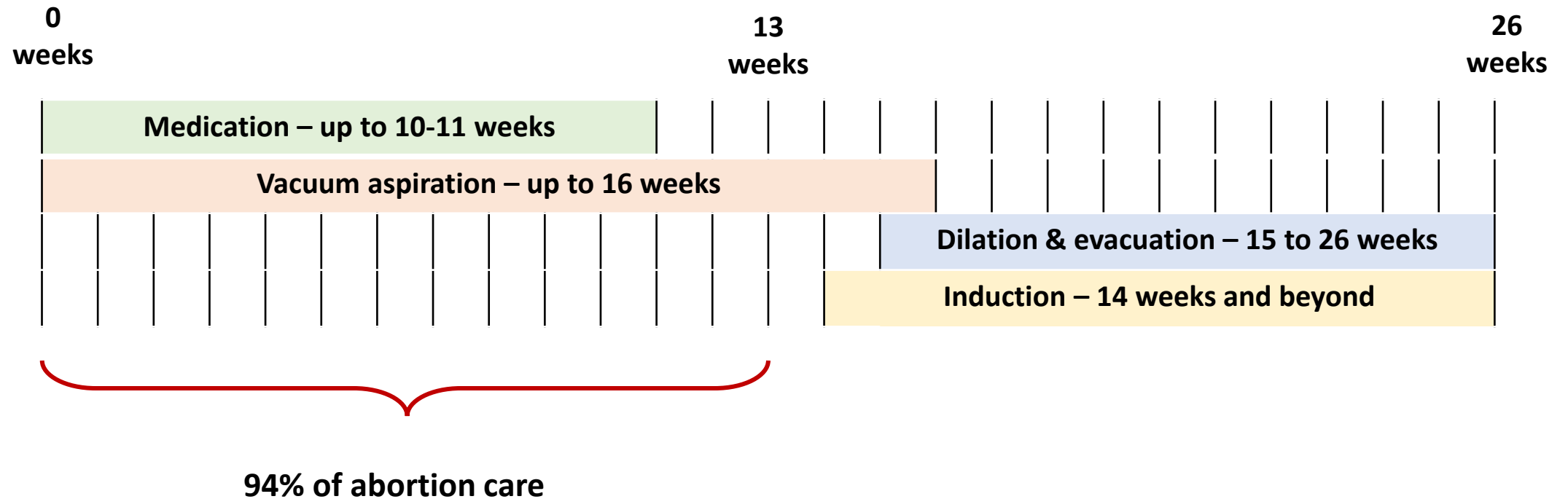
- Unilateral or severe pelvic pain
- Vaginal bleeding
- Reproductive coercion and intimate partner violence



# Leena does not wish to continue the pregnancy.

What values or priorities might you explore to support her decision making process around abortion options?

# Abortion Methods by Gestational Age



# Choices at <10 weeks gestational age:

## Medication abortion



Image from [reproductiveaccess.org](https://reproductiveaccess.org)

- Pregnancy expelled at home
- Heavy bleeding & cramping x hours-days
- Bleeding for days-weeks
- High success rate (~95%)
- Requires follow-up to confirm completion

# Choices at <10 weeks gestational age:

## Aspiration procedure

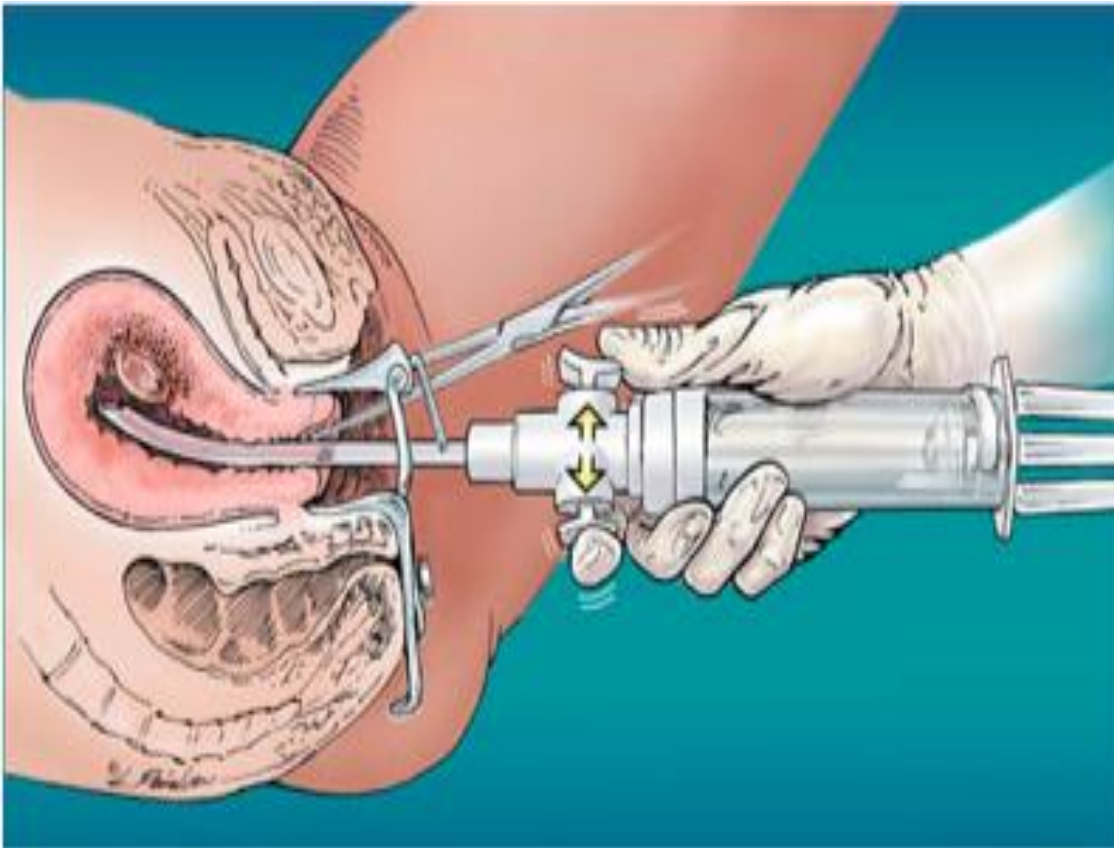


Image from reproductiveaccess.org

- Invasive procedure
- Allows for sedation if desired
- Light bleeding post-procedure
- Slightly higher success rate (~99%)
- Abortion completion immediately confirmed/no follow-up required in most cases

Leena prefers to pursue a  
medication abortion.

What evaluation might you consider? What, broadly, do you tell her to expect?

# Medication Abortion Evaluation

## Estimate Gestational Age

Using Last menstrual period:  $\leq 70$  days

Ultrasound if:

- suspect ectopic
- LMP uncertain
- irregular cycles
- legally mandated

## Medical History

Contraindications:

- bleeding/clotting disorder
- ectopic pregnancy
- IUD in place
- adrenal insuff or chronic steroid use
- porphyria
- Hgb  $< 9.0$

## Labs

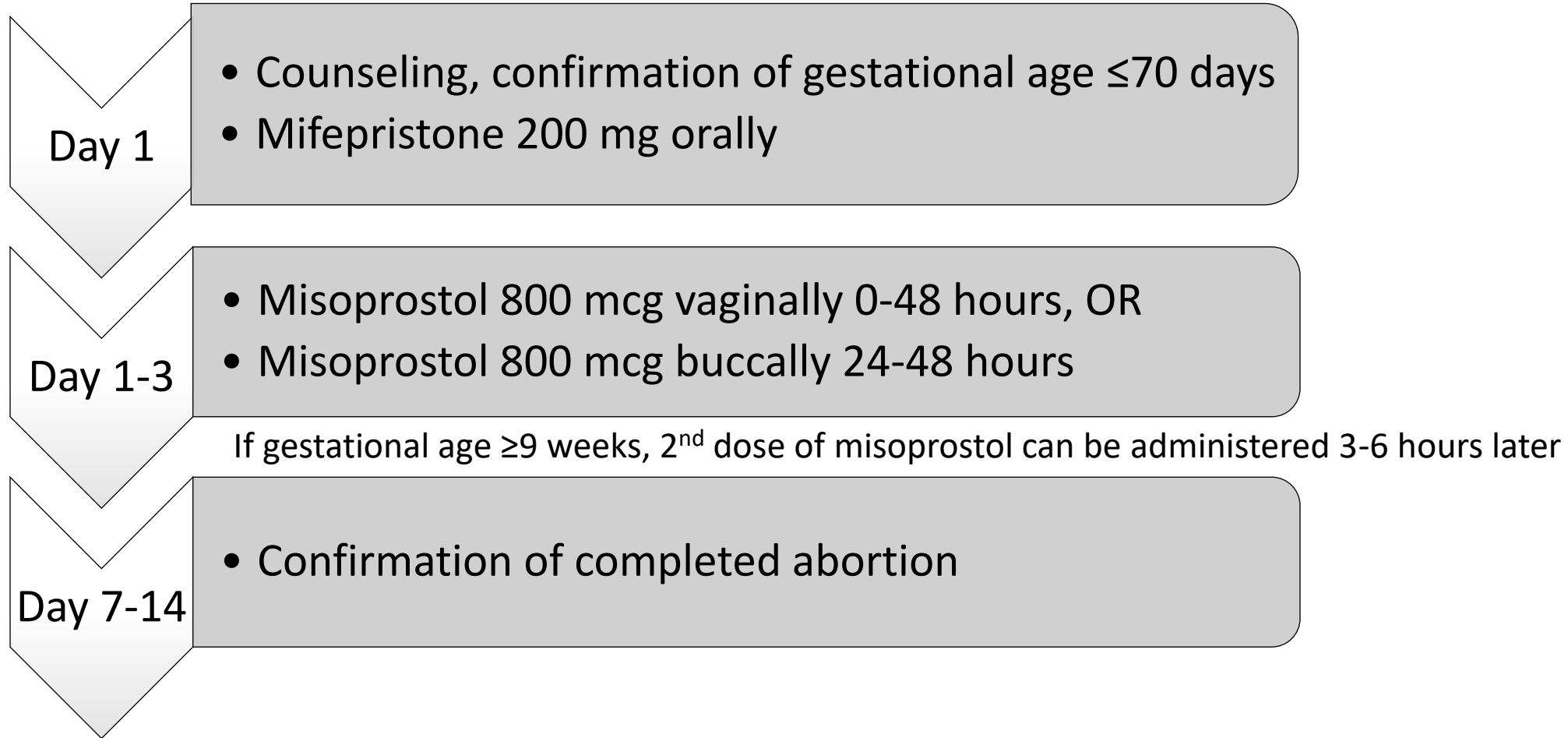
None required

- Hgb if anemia suspected
- No need for Rh testing or Rh Ig in first trimester<sup>1</sup>
- HCG if using to confirm abortion completion

Leena reports her LMP was 6 wks ago, and she takes progesterone only contraceptive pills. What evaluation is medically indicated before proceeding with a medication abortion?

- A) Gonorrhea/chlamydia screen, pelvic ultrasound
- B) Pelvic ultrasound, CBC, type and screen, quantitative serum hCG
- C) Pelvic ultrasound only
- D) Quantitative hCG only

# Medication abortion: mifepristone & misoprostol





You refer Leena to a medication abortion provider. She comes back to see you 10 days later for BP follow up.

She had 2 days of heavy cramping and bleeding, and now has some very light spotting. She took a home pregnancy test and it was positive.

She wants to know if it's normal to have a positive pregnancy test, and if the bleeding is normal. What do you say?

# Supporting patients along the continuum

## Planning

Plan your care to match their reproductive “goals” and values

## Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

## Abortion

Provide options counseling and connect patients to abortion care

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Be prepared to care for someone who needs care after an abortion

# Post medication abortion care

## Confirm completion

- Serum hCG (80% drop by 1 wk after mife)
- Urine hCG (neg at 4-5 wks after mife)
- Pelvic US

## Assess for complications

- Hemorrhage (2 pads/h x 2 hours)
- Retained products (prolonged cramping/bleeding > 4 wks)
- Infection

## Provide contraception (if desired)

- Pill, patch, ring, injection, and implant can be initiated same day as mife
- IUD can be placed as soon as completion confirmed

You reassure Leena that this light spotting is likely normal. She is interested in resuming her prior form of contraception. Do you:

- A) Advise her that she must wait until she has a negative pregnancy test to start taking her progesterone only pills.
- B) Advise her that she can resume her progesterone only pills after her next normal period.
- C) Advise her to resume her progesterone only pills today.
- D) Recommend an IUD for contraception because of its superior effectiveness.

# Key take home points

- Medication abortion is common and safe
- Restrictions on abortion have shifted abortion to border states and telemedicine
- Provide patient-centered options counseling AFTER disclosure of a positive pregnancy
- Patients are eligible for medication abortion up to 10 wks gestational age in the absence of relatively rare contraindications
- Mifepristone and misoprostol administered over 24-48 hours comprise the most effective medication abortion regimen
- Post abortion care includes confirming completion of abortion, exclusion of rare contraindications, and contraception if desired

# Resources

Clinical resources: [reproductiveaccess.org](https://reproductiveaccess.org)

Patient resources: [plancpills.org](https://plancpills.org)

State Laws and Policy: [guttmacher.org](https://guttmacher.org)