Internists are Abortion Providers

(and You Can Too!)

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Learning objectives

- Prescribe mifepristone and misoprostol for medication abortion

- Identify potential barriers to offering medication abortion in your clinic and brainstorm ways to navigate these barriers

Outline

- Importance of medication abortion in primary care IM clinics
- How does medication abortion work?
- Discussion of potential practice barriers
- How to set up medication abortion prescribing for your primary care IM clinic
- Case study: Setting up services at Snoqualmie Valley Clinic
- Questions (please ask throughout!) and Resources

What are you hoping to get out of today's workshop?

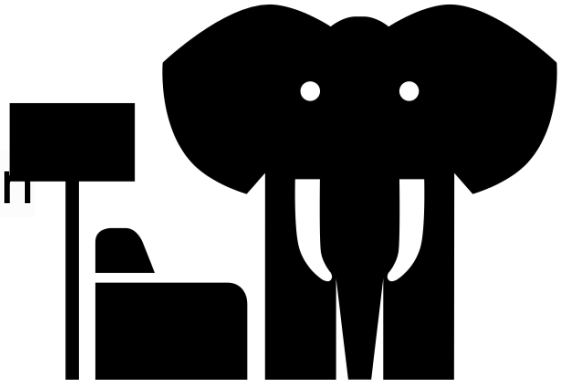
Progress Texas

Why Primary Care? Patient and Provider Preference

- **Patients** prefer going to their regular healthcare provider for abortion services

- **Trainees** believe medication abortion is within their scope of practice and would like to provide this care

- **Faculty** would provide medication abortion if trained, and would precept residents for medication abortion cases



Created by Luis Prado from Noun Project

Why Internal Medicine? Reproductive freedom is at stake

- Medication counseling and prescribing is our daily work
- Increasingly restrictive legislation
- Support patients' reproductive health choices

As an internist, you can (and already do) provide reproductive health care

Planning	Pregnancy Prevention	Abortion	Post Abortion Care
Plan your care to match their reproductive “goals” and values	Prevent pregnancy for those who do not wish to become pregnant	Learn to prescribe medication abortions	Be prepared to care for someone who needs care after an abortion

Slide from Beaman, McClintock, Tan 2023

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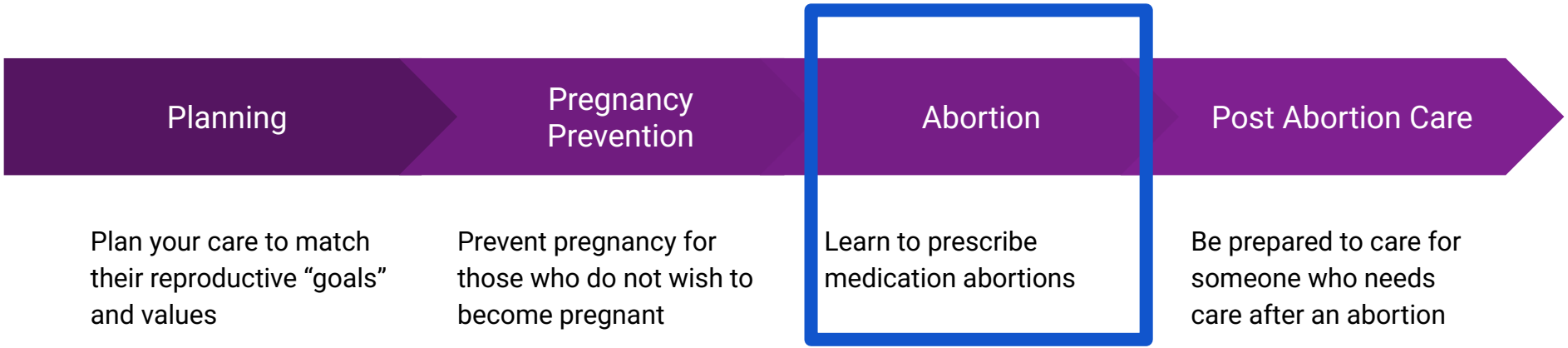

Slide from Beaman, McClintock, Tan 2023

Providing medication abortion

Dating

Last menstrual period: ≤70 days

Ultrasound if:
- suspected ectopic pregnancy
- unsure of LMP

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Contraindications:
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- IUD in place
- adrenal insufficiency or porphyria
- steroid use
- anemia

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Labs

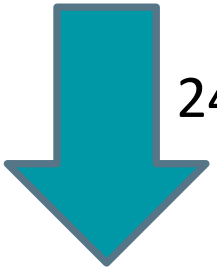
No need for Rh testing or Rh Ig in first trimester (JAMA, Horvath 2023)

Can consider serum Hcg for monitoring

Mifepristone

Anti-progestin

200 mg PO x 1



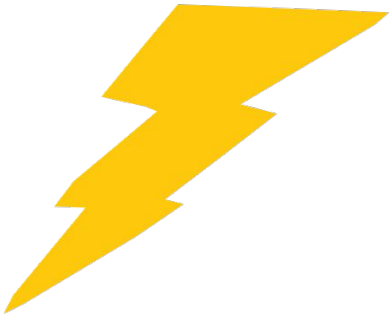
24-72 hours later

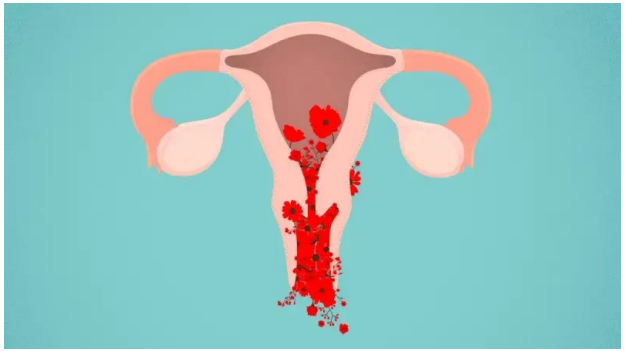
Misoprostol

Prostaglandin E1 analog

800mcg
(200 mcg x 4 tabs)
buccally or vaginally

What to expect after a medication abortion





Very low rate of ongoing pregnancy

	Ongoing pregnancy (%)
Mifepristone + Misoprostol (Only FDA-approved method)	0.3% (GA < 7w)
	0.8% (GA 8w)
	2.0% (GA 9w)

Society of Family Planning, Medication Abortion Up to 70 Days of Gestation. October 2020. https://doi.org/10.1016/j.contraception.2020.08.004

Serious complications are rare

Blood transfusion	<0.05%
Hospitalization	0.06%
Infection	0.016%

Cleland, K., Creinin, M. D., Nucatola, D., Nshom, M., & Trussell, J. (2013). Significant adverse events and outcomes after medical abortion. *Obstetrics and gynecology*, *121*(1), 166–171.

Follow up after medication abortion

7 days after

4 weeks after

- Serum hCG (if tracking):
  - □50% in 3 days
  - □80% in 7 days

Pregnancy symptoms resolve
Bleeding resolves

Creating an Action Plan: Small Group Discussion

What are some barriers you may encounter?

How to get mifepristone in your clinic

1. **Provider registers and signs prescriber agreement with mifepristone distributor:**
   - RHAP's guide to ordering mifepristone for your clinic
   - GenBioPro's How To and Certified Pharmacy List
   - Danco's How To and Certified Pharmacy List
2. **Patient completes FDA patient agreement form**
   - GenBioPro's Patient agreement form
   - Danco's Patient agreement form
3. **Prescribe mifepristone**
   - Dispense in-person
   - Send to certified pharmacy for pick-up (each provider must have prescriber agreement form on file with each certified pharmacy)
   - Send to certified pharmacy for mailing (Honeybee, American Mail Order Pharmacy, Manifest)
4. **Document serial number and expiration date of mifepristone**

Other logistics to consider

- Identify key stakeholders and allies
- Staff training - CE, Values Clarification workshops
- Clinical policies, protocols, and workflows
  - Triage
  - After hour calls
- Verify liability coverage (should be no or low additional cost for medication abortion only)
- Financial considerations
  - If FQHC/Federally funded, consider how to separate funds
  - Billing guide
- WA State counts #abortions

Case study: Snoqualmie Valley Clinic

As of mid 2025 all primary care and urgent care clinicians have been trained in and offer medication abortion. **How?**

* = areas of friction

- I was up front when interviewing for jobs that I wanted to provide abortion care —> took job at supportive institution
- When I started at institution there were no restrictions on abortion, but there were also no clinicians offering it because of lack of training
- Ambulatory director * and CMO gave me green light
- Used Access Delivered toolkit to learn logistics

Case study: Snoqualmie Valley Clinic

- Contacted mifepristone manufacturer GenBioPro and had them coordinate with our pharmacy team on getting stock in clinic *
- CMO signed the mifepristone prescriber agreement through GenBioPro allowing all prescribers at my institution to prescribe mifepristone.
  - we have access to ultrasound and radiology read if needed for pregnancy dating
- Using resources from the Reproductive Health Access Project created protocols for scheduling staff, MAs/RNs, and prescribing clinicians to follow. Schedulers were given an algorithm for patient calls and RNs a guide with common triage questions

Case study: Snoqualmie Valley Clinic

- The ER in our hospital was informed that clinics would be providing medication abortion, so prepared to assist with emergent complications and immediate access to gynecology if needed
- All clinicians in primary care and urgent care clinics opted into a training with me if they wanted to provide medication abortion *
    - used training slides from Dr. Nina Tan from residency
- All of my documents are available for you to freely use
- Next step would be telemedicine, shipping mifepristone to patients

Case study: Tele-medication abortion

1. Gather stakeholders - clinical leadership, IT/EHR, staff, legal, providing clinicians
2. IT/EHR
    - Integrated video platform
    - HIPAA secure
    - How to sign consents electronically (may limit to >18y)
    - Medical record confidentiality
3. Clinical Protocols
    - Similar to in-person MAB
    - Verification of location or provider and patient
    - Workflow to confirm consent is signed before prescriptions are sent
4. Verify liability insurance covers telehealth

Excerpt of TeleMAB Office Note (full template in resources)

1. Determination if patient is an acceptable candidate for telemedicine abortion:
Patient meets the following criteria: {Yes/No:25132::"Yes"}

- Pregnancy confirmed by patient report of urine or serum test or prior ultrasound
- Last menstrual period started ≤77 days before anticipated date of mifepristone ingestion
- Certain of last menstrual period onset date ± 1 week

Patient meets the following criteria: {Yes/No:25132::"Yes"} 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

Patient meets the following criteria: {Yes/No:25132::"Yes"}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

Resources for you

Annals of Internal Medicine®

In the Clinic®

Abortion

Reproductive Health Hotline

ReproHH

1-844-ReproHH

(737-7644)

8 am to 4 pm PT (M-F)

Free, Nationwide, Confidential

For Clinicians, by Clinicians

JGIM

JOURNAL OF GENERAL INTERNAL MEDICINE

reproductive health access project

WON'T GO BACK

WGB

ABORTION IN PRIMARY CARE

naf NATIONAL ABORTION FEDERATION

TEACH

Training in Early Abortion for Comprehensive Healthcare

Resources for patients

- Abortion funds - https://nwaafund.org/info/washington/
- AbortionFinder.org or https://www.ineedana.com/
- Direct referrals
  - Get to know your local clinics
    - UW OBGYN & Primary Care Clinic
    - UW Northgate Reproductive Health Clinic
- Various hotlines

i need an a.com

AbortionFinder

NORTHWEST ABORTION ACCESS FUND

ALL-OPTIONS
pregnancy • parenting • abortion • adoption

Summary

- Medication abortion is common, effective and safe

- You can offer medication abortion services in your primary care clinic