SAMPLE PROTOCOL FOR NO-TEST MEDICAL ABORTION

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 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
• 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 patients 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 ≤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**

Plan a follow-up contact with the patient one week after dispensing treatment.

- 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.
- If the patient has no such indicators, instruct patient to perform the first HSPT 4 weeks after taking misoprostol (not earlier) and to contact the abortion provider if the result is positive.

*If the first HSPT 4 weeks after dispensing treatment is positive:*

- If the patient has indicators of continuing or ectopic pregnancy, evaluate with ultrasound or serum HCGs
- If the patient has no such indicators, instruct the patient to perform the second HSPT in 1 week.
  - 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 MEDICAL ABORTION**

1. **Call your abortion provider** if:
   - ![ ] You vomit within the first 30 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:
     - Your bleeding is not getting lighter.
     - You do not feel that you passed the pregnancy.
     - Your pregnancy symptoms (such as nausea and breast tenderness) are not 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 don’t get better with pain medicine, rest, or heating pads.
     - Enough bleeding to soak 2 maxi pads an hour 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.