

# 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  $\leq 77$  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 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  $\leq 63$  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

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:
  - 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.
  - 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.