No ultrasound? No problem. A review of "no test" medication abortions in a family medicine resident clinic

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Introduction

- Access to abortion care is limited, and the Covid-19 pandemic has made access to timely medical abortion more difficult
- The delivery of primary care has changed dramatically in the past year through telemedicine, and so should abortion care
- Data suggests that a “no test” model for medication abortions (MABs) in the first trimester is safe and effective [1]
- This model eliminates in-office testing with pelvic exam and ultrasound for eligible patients
- With the utilization of the “no touch, no test” method, access to medical abortions is improved, and Covid-19 exposure risk to patients decreased

Objective

To demonstrate feasibility and efficacy of no test MABs in a family medicine residency clinic

Method

Retrospective chart review of MABs performed in a family medicine residency in Long Beach, CA, that met the following criteria:

- No pelvic exam or ultrasound in this pregnancy
- Gestational age (GA) < 63 days by LMP
- No contraindications to medication abortion, including previous ectopic pregnancy, pelvic inflammatory disease, tubal surgery, IUD in place

Charts de-identified, data extracted, and data analyzed by two resident physicians

Results

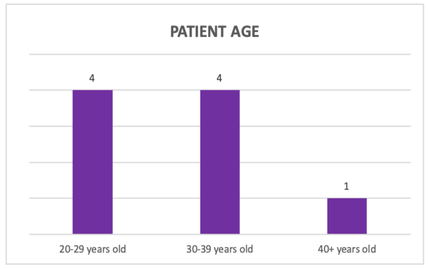

Fig 1. Patients seeking no touch medication abortions included those in their 20s, 30s, and 40s.

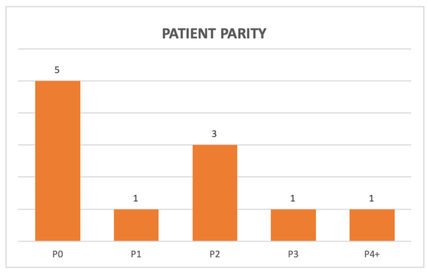

Fig 2. Parity of patients ranged from nulliparous to greater than 4 previous births

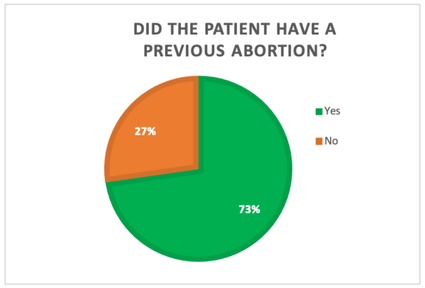

Fig 3. Of 11 encounters, 73% (8 encounters) included a patient who had a previous abortion.

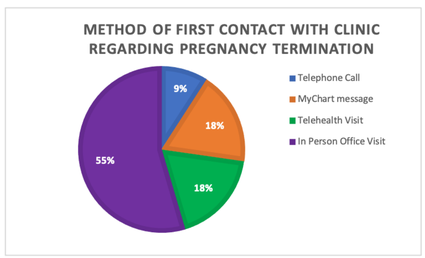

Fig 4. Patients contacted the clinic about medication abortions both in-person (55% or 6 encounters) and via telemedicine (45% or 5 encounters) including telephone calls, confidential EMR messages, and video visits.

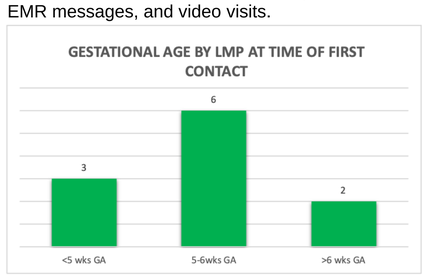

Fig 5. The majority of initial patient encounters (82% or 9 encounters) took place when gestational age was 6 weeks or less (<=42 days).

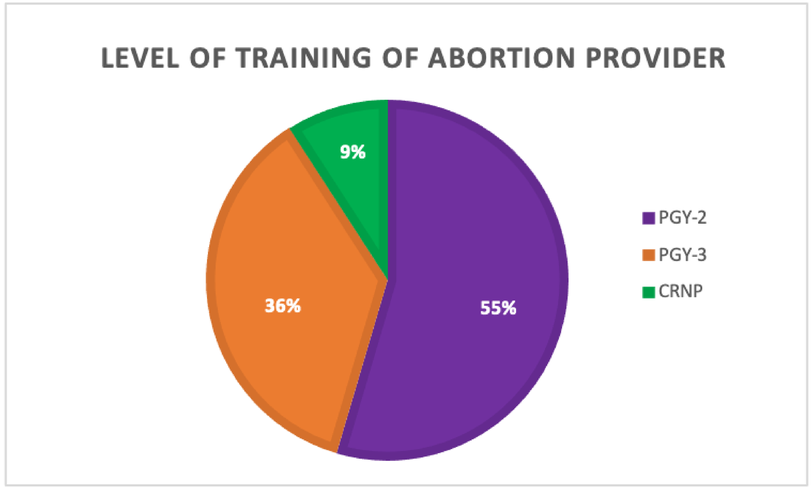

Fig 6. There were 9 individual providers who performed 11 total encounters. Most were conducted by 2nd or 3rd year Family Medicine residents, and one was conducted by a nurse practitioner.

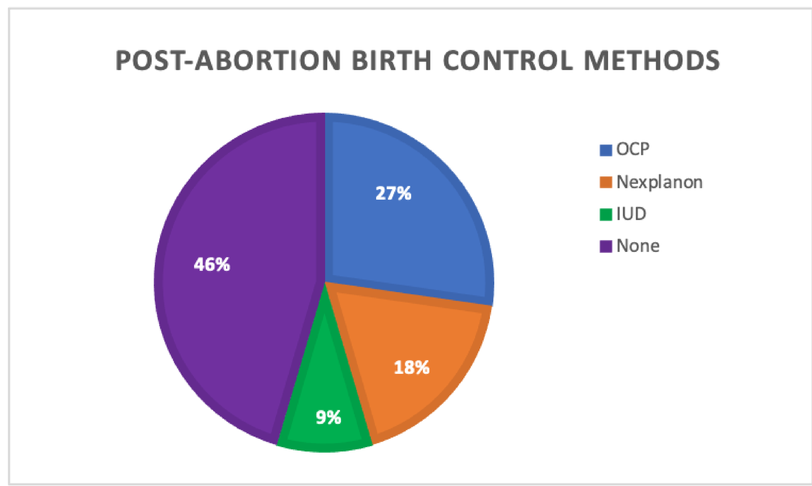

Fig 7. After completion of pregnancy termination, 54% (6 encounters) included prescription of birth control of which 27% (3 encounters) were combined oral contraceptives, 18% (2 encounters) with subsequent Nexplanon implantation, and 9% (1 encounter) with a subsequent Paraguard IUD insertion. 46% (5 encounters) did not include any prescription of birth control. All encounters included discussion and shared decision making with patients regarding post-abortion birth control.

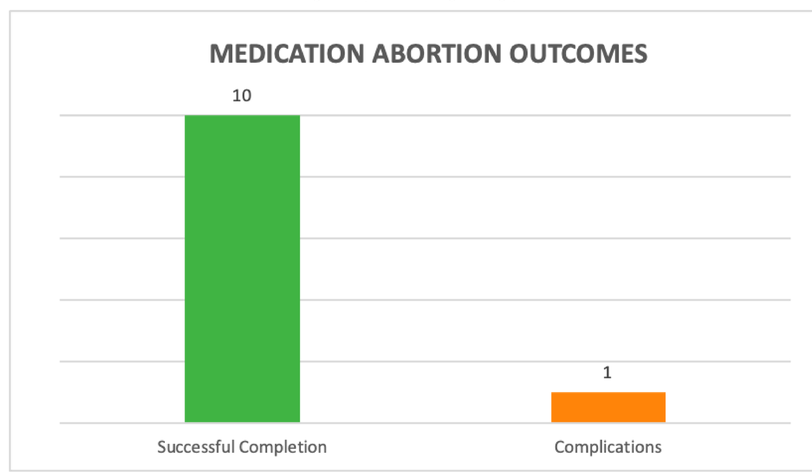

Fig 8. Of 11 total encounters for ”no touch” medication abortions, 10 encounters resulted in successful termination of pregnancy after one dose of mifepristone and misoprostol. One encounter resulted in a failed medication abortion and required subsequent D&C to terminate the pregnancy.

Discussion

- Ten of the eleven “no test” MABs resulted in successful pregnancy termination which was confirmed with a home pregnancy test by patient report
- One MAB failed mifepristone and misoprostol, initially seen at 6w1d, and the pregnancy was terminated via dilation and curettage
- There were no reported complications of clinically significant bleeding or infection
- Without initial ultrasounds or pelvic exams, MABs could be and were offered through both telehealth and in person encounters
- Our preliminary data demonstrate that “no test” MABs can be safely and practically implemented in a family medicine residency clinic setting without evidence of worse outcomes
- This method can expand access to care and allow family medicine residents to provide safe, broad spectrum primary care, even in settings that don’t have onsite ultrasound
- This chart review also contributes to the growing data and patient stories that demonstrate that removing the current REMS on mifepristone will not negatively impact safety and can further expand patients’ access to care

References

1. *Bracken, H., et al. "Alternatives to routine ultrasound for eligibility assessment prior to early termination of pregnancy with mifepristone–misoprostol." BJOG: An International Journal of Obstetrics & Gynaecology 118.1 (2011): 17-23.*

2. *Raymond EG, et al. Simplified medical abortion screening: a demonstration project. Contraception, 2018;97(4);292-6.*

Protocols Referenced:

1. *https://members.prochoice.org/iweb/upload/No-test%20medication%20abortion.pdf*
2. *https://rhedi.org/checklist-for-medication-abortion-with-minimal-contact/*
3. *https://www.reproductiveaccess.org/wp-content/uploads/2020/03/03-2020-no-touch-MAB.pdf*