



**When Abortion is Not
Available:
*Caring for Self-Managed
Abortion***

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Clinician professional and ethical obligations

Beneficence

- ◀ Duty to provide the course of action that is in the best interest of the patient

Non-maleficence

- ◀ Doing no harm to the patient
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Clinician professional and ethical obligations

- ◀ Provide timely and quality care
 - ◀ Support patient autonomy
 - ◀ Provide compassionate, evidence-based care
 - ◀ Ensure confidentiality
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There are **no reporting requirements** for clinicians caring for patients who manage their own abortion.



Clinicians should always reassure
patients they will protect their
confidentiality and prioritize their
autonomy.



Avoid questions about where or how they got medications as those details are not pertinent to the patient's clinical care.





Considerations for all bleeding in early pregnancy

- ◀ Incomplete passage of products of conception
 - ◀ Retained products of conception
 - ◀ Less frequent
 - ◀ Ectopic pregnancy
 - ◀ Intrauterine infection
 - ◀ Vaginal or cervical trauma
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Components of clinical evaluation

- ◀ Compassionate history
 - ◀ Pelvic examination
 - ◀ Severity of bleeding
 - ◀ Signs of infection or trauma
 - ◀ Ultrasound to evaluate for:
 - ◀ Ongoing pregnancy
 - ◀ Retained products of conception
 - ◀ Ectopic pregnancy
- 



Lab Evaluation

- ◀ Complete blood count
- ◀ Rh type
- ◀ Serum HCG, if indicated



Clinicians need to ensure throughout the encounter that they **do not reinforce stigmatizing or negative ideas** about self-managed abortion.

