WEBVTT

1
00:00:07.110 --> 00:00:09.350
- Hi, I'm Doctor Lealah Pollock,

2
00:00:09.350 --> 00:00:11.470
an assistant professor
and family physician

3
00:00:11.470 --> 00:00:14.640
at the University of
California San Francisco.

4
00:00:14.640 --> 00:00:16.877
Today I'm gonna talk
about medication abortion

5
00:00:16.877 --> 00:00:18.560
which is the termination of an

6
00:00:18.560 --> 00:00:20.820
early pregnancy using medications.

7
00:00:20.820 --> 00:00:22.690
It's the same as medical abortion

8
00:00:22.690 --> 00:00:25.990
or medication-induced abortion.

9
00:00:25.990 --> 00:00:27.950
Medication abortion is often confused

10
00:00:27.950 --> 00:00:30.160
with emergency contraception including

11
00:00:30.160 --> 00:00:33.260
in news reports and on television shows.

12

00:00:33.260 --> 00:00:35.597
Medication abortion is the
process of taking pills

13
00:00:35.597 --> 00:00:39.390
to cause a pregnancy to
stop growing and to expel.

14
00:00:39.390 --> 00:00:41.896
Emergency contraception prevents ovulation

15
00:00:41.896 --> 00:00:45.980
and doesn't work once a
pregnancy is established.

16
00:00:45.980 --> 00:00:48.930
Because medication abortion
doesn't require a procedure,

17
00:00:48.930 --> 00:00:51.210
it can also be provided using telemedicine

18
00:00:51.210 --> 00:00:53.170
where the prescribing
clinician is in a different

19
00:00:53.170 --> 00:00:55.170
physical location form the patient

20
00:00:55.170 --> 00:00:57.110
which has the potential
to help address barriers

21
00:00:57.110 --> 00:00:58.970
for patients who live in rural areas

22
00:00:58.970 --> 00:01:00.290
and others who may have difficulty

23

00:01:00.290 --> 00:01:01.993
traveling to a health facility.

24
00:01:03.000 --> 00:01:05.380
Many patients worldwide, including some

25
00:01:05.380 --> 00:01:07.760
in the United States,
choose to self-administer

26
00:01:07.760 --> 00:01:11.380
medication abortion outside of
a formal healthcare setting.

27
00:01:11.380 --> 00:01:13.100
The World Health Organization suggests

28
00:01:13.100 --> 00:01:16.190
that self-managed abortion
can be safe and effective,

29
00:01:16.190 --> 00:01:18.340
but patients must have
accurate information

30
00:01:18.340 --> 00:01:19.910
and access to a healthcare provider

31
00:01:19.910 --> 00:01:21.620
if they want or need one.

32
00:01:21.620 --> 00:01:24.400
Medication abortion is
both safe and acceptable.

33
00:01:24.400 --> 00:01:26.260
The complication rate
for medication abortion

34

00:01:26.260 --> 00:01:29.850
is exceedingly low, less than .5%,

35
00:01:29.850 --> 00:01:31.030
and that's whether it's provided

36
00:01:31.030 --> 00:01:33.050
in-person or by telemedicine.

37
00:01:33.050 --> 00:01:34.890
A large number of studies
show that patients

38
00:01:34.890 --> 00:01:37.420
find medication abortion highly acceptable

39
00:01:37.420 --> 00:01:40.590
including one large study
where 58% of patients

40
00:01:40.590 --> 00:01:43.137
rated their medication
abortion experience as positive

41
00:01:43.137 --> 00:01:46.380
and 90% would choose
medication abortion again

42
00:01:46.380 --> 00:01:48.150
if they needed another abortion.

43
00:01:48.150 --> 00:01:50.450
There are three major
medication abortion regimens

44
00:01:50.450 --> 00:01:52.880
that have been used and studied worldwide.

45
00:01:52.880 --> 00:01:54.840

The most effective and safest regimen

46
00:01:54.840 --> 00:01:57.100
is the one widely used
in the United States,

47
00:01:57.100 --> 00:01:59.490
mifepristone and misoprostol.

48
00:01:59.490 --> 00:02:01.770
This can be used up to 10 weeks gestation,

49
00:02:01.770 --> 00:02:03.670
and a recent review suggested that it may

50
00:02:03.670 --> 00:02:06.797
have acceptable efficacy
even later in pregnancy.

51
00:02:06.797 --> 00:02:10.414
How do mifepristone and misoprostol
work to induce abortion?

52
00:02:10.414 --> 00:02:12.435
Mifepristone is an anti-progestin

53
00:02:12.435 --> 00:02:15.310
which causes the uterine
lining to begin to detach

54
00:02:15.310 --> 00:02:18.950
and causes some softening
and dilation of the cervix.

55
00:02:18.950 --> 00:02:22.530
Mifepristone is given as
a 200 milligram pill that,

56
00:02:22.530 --> 00:02:24.340

due to current prescribing restrictions,

57
00:02:24.340 --> 00:02:26.780
has to be dispensed in
a clinic or hospital

58
00:02:26.780 --> 00:02:29.500
by or under the supervision
of a healthcare provider

59
00:02:29.500 --> 00:02:31.277
registered with a distributor.

60
00:02:31.277 --> 00:02:34.890
The mifepristone can be taken
in the office or at home

61
00:02:34.890 --> 00:02:37.037
if the timing is more
convenient for the patient.

62
00:02:37.037 --> 00:02:40.030
One to two days after
taking the mifepristone

63
00:02:40.030 --> 00:02:43.352
the patient will take 800
micrograms of misoprostol.

64
00:02:43.352 --> 00:02:45.100
The misoprostol is a prostaglandin

65
00:02:45.100 --> 00:02:46.770
that produces uterine contractions

66
00:02:46.770 --> 00:02:48.932
leading to expulsion of the pregnancy.

67
00:02:48.932 --> 00:02:52.800

The FDA labeling suggests
buccal administration,

68
00:02:52.800 --> 00:02:54.510
placing the pills in between the cheek

69
00:02:54.510 --> 00:02:57.240
and gums in the mouth for 30 minutes.

70
00:02:57.240 --> 00:02:59.580
For most patients, cramping
and bleeding will begin

71
00:02:59.580 --> 00:03:02.220
one to four hours after
taking the misoprostol

72
00:03:02.220 --> 00:03:04.560
and the patient will have
heavy bleeding and cramps

73
00:03:04.560 --> 00:03:08.000
for a few hours while they
pass the pregnancy tissue.

74
00:03:08.000 --> 00:03:10.390
Misoprostol can also be taken vaginally.

75
00:03:10.390 --> 00:03:12.090
When misoprostol is taken vaginally,

76
00:03:12.090 --> 00:03:14.350
the patient can take it as
soon as six to eight hours

77
00:03:14.350 --> 00:03:17.280
after the mifepristone
with equal effectiveness.

78

00:03:17.280 --> 00:03:19.360
Medication abortions are
considered successful

79
00:03:19.360 --> 00:03:21.810
if they result in complete
expulsion of the pregnancy

80
00:03:21.810 --> 00:03:24.430
without need for surgical intervention.

81
00:03:24.430 --> 00:03:27.690
Aspiration can be performed
for an ongoing viable pregnancy

82
00:03:27.690 --> 00:03:30.380
which occurs less than 1% of the time,

83
00:03:30.380 --> 00:03:32.788
or for persistent
nonviable gestational sac,

84
00:03:32.788 --> 00:03:35.480
or persistent bothersome bleeding.

85
00:03:35.480 --> 00:03:38.000
Rates of both ongoing pregnancy
and need for additional

86
00:03:38.000 --> 00:03:40.920
intervention increase with
increasing a gestational age

87
00:03:40.920 --> 00:03:43.870
but remain low up to 10 weeks gestation.

88
00:03:43.870 --> 00:03:45.610
The initial visit for medication abortion

89

00:03:45.610 --> 00:03:47.900
should include establishing
the gestational age,

90
00:03:47.900 --> 00:03:50.190
reviewing contraindications or precautions

91
00:03:50.190 --> 00:03:52.250
for medication abortion, and counseling

92
00:03:52.250 --> 00:03:54.210
on what to expect during the process.

93
00:03:54.210 --> 00:03:56.470
Ultrasound can be used
for both establishing

94
00:03:56.470 --> 00:03:59.700
gestational age and confirming
intrauterine pregnancy

95
00:03:59.700 --> 00:04:02.240
thereby ruling out ectopic pregnancy,

96
00:04:02.240 --> 00:04:03.960
but evidence and guidelines suggest

97
00:04:03.960 --> 00:04:05.720
that it's not always necessary.

98
00:04:05.720 --> 00:04:07.980
In the absence of
ultrasound a careful history

99
00:04:07.980 --> 00:04:10.420
can evaluate for symptoms
of ectopic pregnancy

100
00:04:10.420 --> 00:04:13.400

including one-sided or severe
pain or vaginal bleeding

101
00:04:13.400 --> 00:04:15.710
and risk factors for ectopic pregnancy

102
00:04:15.710 --> 00:04:18.830
such as a history of ectopic
pregnancy, or tubal ligation,

103
00:04:18.830 --> 00:04:21.750
or becoming pregnant with an IUD in place.

104
00:04:21.750 --> 00:04:24.290
While it's important to
evaluate for ectopic pregnancy

105
00:04:24.290 --> 00:04:27.192
it's also quite rare in patients
presenting for abortion.

106
00:04:27.192 --> 00:04:31.150
In the large studies,
only .1 to .2% of patients

107
00:04:31.150 --> 00:04:34.115
presenting for abortion
had an ectopic pregnancy.

108
00:04:34.115 --> 00:04:36.872
If the pregnancy is too early
to be seen on ultrasound

109
00:04:36.872 --> 00:04:41.120
a baseline beta hCG should
be obtained via blood test

110
00:04:41.120 --> 00:04:43.060
in order to compare after and make sure

111
00:04:43.060 --> 00:04:44.780
that the abortion is complete.

112
00:04:44.780 --> 00:04:46.573
More on that later.

113
00:04:46.573 --> 00:04:48.720
In terms of gestational age dating,

114
00:04:48.720 --> 00:04:50.810
patients are actually
quite good at knowing

115
00:04:50.810 --> 00:04:52.733
how far along they are in pregnancy.

116
00:04:52.733 --> 00:04:56.300
A study of over 4,000 patients
seeking medication abortion

117
00:04:56.300 --> 00:04:58.670
at 10 clinics across the United States

118
00:04:58.670 --> 00:05:00.220
found that menstrual history alone

119
00:05:00.220 --> 00:05:02.628
can be highly accurate for dating.

120
00:05:02.628 --> 00:05:04.720
Of the patients who are
certain that their last

121
00:05:04.720 --> 00:05:07.690
menstrual period had started
within the prior nine weeks

122
00:05:07.690 --> 00:05:11.520

only .8% were beyond
10 weeks by ultrasound.

123
00:05:11.520 --> 00:05:13.680
Even if you include
patients who are less sure

124
00:05:13.680 --> 00:05:18.680
about their LMP, only
1.2% were beyond 10 weeks.

125
00:05:18.860 --> 00:05:22.100
There are very few contraindications
to medication abortion.

126
00:05:22.100 --> 00:05:25.710
Allergies to mifepristone or
misoprostol are extremely rare.

127
00:05:25.710 --> 00:05:28.440
Mifepristone and misoprostol
are not effective treatments

128
00:05:28.440 --> 00:05:31.020
for ectopic pregnancy,
so any patient with known

129
00:05:31.020 --> 00:05:32.870
or suspected ectopic pregnancy should

130
00:05:32.870 --> 00:05:35.710
be evaluated and treated appropriately.

131
00:05:35.710 --> 00:05:38.180
Patients with a bleeding
disorder or severe anemia

132
00:05:38.180 --> 00:05:40.050
have a risk of excessive blood loss

133
00:05:40.050 --> 00:05:43.230
when they are bleeding at home
during a medication abortion.

134
00:05:43.230 --> 00:05:45.530
Progesterone has been
implicated in acute attacks

135
00:05:45.530 --> 00:05:48.230
of inherited porphyrias,
so mifepristone is

136
00:05:48.230 --> 00:05:51.010
contraindicated in these rare disorders.

137
00:05:51.010 --> 00:05:52.525
If the patient has an IUD in place

138
00:05:52.525 --> 00:05:54.707
it should be removed before the abortion.

139
00:05:54.707 --> 00:05:58.370
Mifepristone has
anti-glucocorticoid effects

140
00:05:58.370 --> 00:06:00.290
and has a theoretical risk of blocking

141
00:06:00.290 --> 00:06:02.120
the activity of steroids.

142
00:06:02.120 --> 00:06:03.810
In patients who are steroid-dependent

143
00:06:03.810 --> 00:06:06.430
this could precipitate
adrenal insufficiency

144

00:06:06.430 --> 00:06:09.820
or worsen the underlying
steroid-dependent condition.

145
00:06:09.820 --> 00:06:11.420
It is crucial to counsel patients

146
00:06:11.420 --> 00:06:12.570
on what to expect when they're

147
00:06:12.570 --> 00:06:14.520
going through the medication abortion

148
00:06:14.520 --> 00:06:15.880
so that they have less distress

149
00:06:15.880 --> 00:06:17.830
when they experience normal symptoms

150
00:06:17.830 --> 00:06:19.590
like heavy bleeding with clots

151
00:06:19.590 --> 00:06:22.170
and sometimes severe cramping pain.

152
00:06:22.170 --> 00:06:24.740
While it's not universal,
many patients will start

153
00:06:24.740 --> 00:06:27.180
to have bleeding after
taking the mifepristone.

154
00:06:27.180 --> 00:06:29.080
It's still important that they take

155
00:06:29.080 --> 00:06:31.740
the misoprostol to pass the pregnancy.

156
00:06:31.740 --> 00:06:33.933
Within the first few hours
after taking misoprostol

157
00:06:33.933 --> 00:06:36.077
patients can expect to
have heavy bleeding,

158
00:06:36.077 --> 00:06:40.330
passing clots the size of a
lemon, and lots of cramping.

159
00:06:40.330 --> 00:06:43.870
In fact, if they don't have
heavy bleeding within 24 hours

160
00:06:43.870 --> 00:06:46.432
of taking misoprostol they
should contact their provider

161
00:06:46.432 --> 00:06:49.650
because they may need
another dose of misoprostol.

162
00:06:49.650 --> 00:06:52.670
If intrauterine pregnancy was
not confirmed with ultrasound

163
00:06:52.670 --> 00:06:55.075
and a patient doesn't bleed
after taking misoprostol

164
00:06:55.075 --> 00:06:57.180
they should also be reassessed

165
00:06:57.180 --> 00:06:59.213
for symptoms of ectopic pregnancy.

166
00:06:59.213 --> 00:07:02.680

Other normal side effects
for misoprostol are GI upset,

167
00:07:02.680 --> 00:07:05.769
low-grade fevers, chills, and headache.

168
00:07:05.769 --> 00:07:08.540
NSAIDs like ibuprofen are very effective

169
00:07:08.540 --> 00:07:11.640
for managing the cramping
pain after taking misoprostol.

170
00:07:11.640 --> 00:07:13.670
They work better than
acetaminophen and are

171
00:07:13.670 --> 00:07:16.860
associated with less need
for opiate pain medication.

172
00:07:16.860 --> 00:07:19.430
Practices vary on routinely
giving patients opiate

173
00:07:19.430 --> 00:07:21.690
pain medication for medication abortion,

174
00:07:21.690 --> 00:07:23.160
but many providers will offer a

175
00:07:23.160 --> 00:07:26.560
very small quantity
like two or three pills.

176
00:07:26.560 --> 00:07:28.610
Most patients will have
continued vaginal bleeding

177

00:07:28.610 --> 00:07:30.260
for an average of two weeks with

178
00:07:30.260 --> 00:07:32.740
lighter bleeding up to even eight weeks.

179
00:07:32.740 --> 00:07:35.656
Bleeding is slightly more
than with aspiration abortion.

180
00:07:35.656 --> 00:07:37.860
Sometimes a second episode of bleeding

181
00:07:37.860 --> 00:07:40.750
occurs one to three weeks
after taking the misoprostol

182
00:07:40.750 --> 00:07:42.580
which sometimes
corresponds with the timing

183
00:07:42.580 --> 00:07:44.760
of the normal next menstrual period.

184
00:07:44.760 --> 00:07:46.500
Patients should have a followup evaluation

185
00:07:46.500 --> 00:07:49.410
within 14 days after
starting medication abortion

186
00:07:49.410 --> 00:07:52.640
to evaluate for successful
completion of the abortion.

187
00:07:52.640 --> 00:07:54.957
When ultrasound is used,
the goal is to confirm

188

00:07:54.957 --> 00:07:58.500
absence of the previously
visualized pregnancy.

189
00:07:58.500 --> 00:08:01.117
Absence of the pregnancy confirms success.

190
00:08:01.117 --> 00:08:03.853
This evaluation can also
be done without ultrasound

191
00:08:03.853 --> 00:08:08.853
via serum hCG level, phone
evaluation, or a pregnancy test

192
00:08:09.170 --> 00:08:10.940
which can be especially
helpful for patients

193
00:08:10.940 --> 00:08:13.630
who live long distances from providers.

194
00:08:13.630 --> 00:08:15.670
When serum hCG levels are used

195
00:08:15.670 --> 00:08:17.110
they should be checked at baseline

196
00:08:17.110 --> 00:08:20.200
and at six to 10 days after mifepristone.

197
00:08:20.200 --> 00:08:23.070
If beta hCG drops by at least 60%,

198
00:08:23.070 --> 00:08:24.682
then the abortion was successful.

199
00:08:24.682 --> 00:08:27.625
If beta hCG drops by less than 60%,

200
00:08:27.625 --> 00:08:30.084
further evaluation is warranted.

201
00:08:30.084 --> 00:08:32.079
A continuing pregnancy is unlikely

202
00:08:32.079 --> 00:08:34.563
unless the beta hCG has increased.

203
00:08:34.563 --> 00:08:37.800
Although, beta hCG levels peak at

204
00:08:37.800 --> 00:08:41.420
nine to 12 weeks pregnancy,
so caution should be taken

205
00:08:41.420 --> 00:08:43.950
with following levels in
patients after nine weeks

206
00:08:43.950 --> 00:08:46.942
or with very high baseline levels.

207
00:08:46.942 --> 00:08:50.200
One study showed that if you
combine telephone followup

208
00:08:50.200 --> 00:08:52.070
by asking about symptoms of completion

209
00:08:52.070 --> 00:08:54.230
and a urine pregnancy
test three to four weeks

210
00:08:54.230 --> 00:08:57.790
after abortion no ongoing
pregnancies were missed.

211
00:08:57.790 --> 00:08:59.670
However, the most promising studies

212
00:08:59.670 --> 00:09:02.260
using urine pregnancy tests
to evaluate for completion

213
00:09:02.260 --> 00:09:04.130
use multi-level pregnancy tests

214
00:09:04.130 --> 00:09:06.222
which aren't yet available in the US.

215
00:09:06.222 --> 00:09:10.100
When continuing pregnancy is
diagnosed at the followup visit

216
00:09:10.100 --> 00:09:11.924
the patient has two management options,

217
00:09:11.924 --> 00:09:15.641
additional misoprostol
or uterine aspiration.

218
00:09:15.641 --> 00:09:17.730
Patients given additional misoprostol

219
00:09:17.730 --> 00:09:19.410
for continuing pregnancy should return

220
00:09:19.410 --> 00:09:21.780
in two to eight days for evaluation.

221
00:09:21.780 --> 00:09:23.500
For patients who desire contraception

222
00:09:23.500 --> 00:09:24.750
after medication abortion,

223
00:09:24.750 --> 00:09:26.940
the initiation depends on the method.

224
00:09:26.940 --> 00:09:28.780
A contraceptive implant can be placed

225
00:09:28.780 --> 00:09:30.470
on the day of the initial evaluation

226
00:09:30.470 --> 00:09:32.500
when the mifepristone is provided.

227
00:09:32.500 --> 00:09:35.200
Combined hormonal methods
or the progestin-only pill

228
00:09:35.200 --> 00:09:38.730
can be started as soon as the
day the misoprostol is taken.

229
00:09:38.730 --> 00:09:40.690
IUDs can be placed at a followup visit

230
00:09:40.690 --> 00:09:43.790
as soon as completion of
the abortion is confirmed.

231
00:09:43.790 --> 00:09:45.404
Giving Depot medroxyprogesterone,

232
00:09:45.404 --> 00:09:47.980
better known by the
brand name Depo-Provera,

233
00:09:47.980 --> 00:09:50.470
on the day of mifepristone
for medication abortions

234
00:09:50.470 --> 00:09:53.690
slightly increases the
risk of ongoing pregnancy.

235
00:09:53.690 --> 00:09:55.030
It's recommended to wait and

236
00:09:55.030 --> 00:09:57.580
give it soon after the abortion.

237
00:09:57.580 --> 00:10:00.418
Despite the safety and
acceptability of medication abortion

238
00:10:00.418 --> 00:10:02.750
many states in the US have imposed

239
00:10:02.750 --> 00:10:04.940
restrictions on medication abortion.

240
00:10:04.940 --> 00:10:07.270
Medication abortion can be safely provided

241
00:10:07.270 --> 00:10:10.420
by non-physician providers,
yet 34 states require

242
00:10:10.420 --> 00:10:13.440
that medication abortion
be provided by MDs.

243
00:10:13.440 --> 00:10:15.840
17 states require that
the doctor providing

244
00:10:15.840 --> 00:10:17.750
a medication abortion
be physically present

245
00:10:17.750 --> 00:10:20.010
during the procedure thereby prohibiting

246
00:10:20.010 --> 00:10:21.820
the use of telemedicine to prescribe

247
00:10:21.820 --> 00:10:24.210
medication for abortion remotely.

248
00:10:24.210 --> 00:10:26.360
Four states require that
patients be provided

249
00:10:26.360 --> 00:10:30.520
with inaccurate information on
medication abortion reversal.

250
00:10:30.520 --> 00:10:33.190
These laws have no basis in evidence.

251
00:10:33.190 --> 00:10:36.230
Medication abortion can be
provided safely and effectively

252
00:10:36.230 --> 00:10:38.638
by healthcare providers in
many different settings.

253
00:10:38.638 --> 00:10:41.265
The American College of
Obstetrics and Gynecology,

254
00:10:41.265 --> 00:10:43.320
the National Abortion Federation,

255
00:10:43.320 --> 00:10:45.350
the Reproductive Health Access Project,

256

00:10:45.350 --> 00:10:47.300
and other organizations have guidelines

257
00:10:47.300 --> 00:10:49.520
that can be adapted to your setting.

258
00:10:49.520 --> 00:10:51.730
It's important to have
access to emergency advice

259
00:10:51.730 --> 00:10:54.364
and care for patients who have questions

260
00:10:54.364 --> 00:10:55.740
or experience rare complications

261
00:10:55.740 --> 00:10:58.710
and access to uterine aspiration
for patients who need it.

262
00:10:58.710 --> 00:11:01.180
In the United States
providers must register

263
00:11:01.180 --> 00:11:02.580
and complete and agreement with

264
00:11:02.580 --> 00:11:04.650
the distributor of mifepristone.

265
00:11:04.650 --> 00:11:06.630
For the individual patient process,

266
00:11:06.630 --> 00:11:09.180
care requires that we're
able to identify eligibility

267
00:11:09.180 --> 00:11:12.450
for medication abortion and

counsel and consent patients

268
00:11:12.450 --> 00:11:15.210
to prepare them to care
for themselves at home.

269
00:11:15.210 --> 00:11:17.480
We also need to identify
cases where the process

270
00:11:17.480 --> 00:11:20.000
doesn't work and pregnancy is ongoing.

271
00:11:20.000 --> 00:11:22.520
In summary, medication abortion is a safe

272
00:11:22.520 --> 00:11:25.710
and effective option for
abortion in early pregnancy

273
00:11:25.710 --> 00:11:27.910
that patients appreciate having access to

274
00:11:27.910 --> 00:11:30.260
and that doesn't require a
lot of additional training

275
00:11:30.260 --> 00:11:33.410
or setup for clinicians
to be able to provide.

276
00:11:33.410 --> 00:11:36.737
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