WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

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CLIENT INFORMATION ABOUT EVIDENCE-BASED TELEMEDICINE MEDICATION ABORTION

WHAT IS A MEDICATION ABORTION?

A medication abortion is an abortion that is induced by medication rather than by a surgical procedure. The medications work together to induce an abortion that is like a natural miscarriage.

A medication abortion involves using 2 medicines to end your pregnancy:

- **Step 1:** Mifepristone (200mg) is the first medicine – it starts the abortion process. Your pregnancy needs a hormone called progesterone to grow normally, and mifepristone blocks this hormone. This medication is swallowed on Day 1 of the abortion.
- **Step 2:** Misoprostol (800mcg) is the second medicine – it helps to open your cervix (the opening of the uterus) and makes the uterus contract in order to push out the pregnancy. This medication consists of 4 pills that are either placed between your gums and cheek for 30 minutes or inserted in your vagina. This step is completed 24 – 48 hours after you complete Step 1.

HOW WELL DOES MEDICATION ABORTION WORK?

It depends on how far along you are in your pregnancy.

Weeks of pregnancy	How well it works (meaning, you do not need further intervention/management)	How well it works if second dose of misoprostol is recommended 4h after Step2
8 weeks or less	About 98 out of 100 times	**n/a**
From 8 to 9 weeks	About 97 out of 100 times	**About 99 out of 100 times**
From 9 to 10 weeks	About 91 to 93 out of 100 times	**About 99 out of 100 times**
From 10 to 11 weeks	About 87 out of 100 times	**About 97 out of 100 times**

What is a TELEMEDICINE or "NO/LOW TOUCH" MEDICATION ABORTION?

Typically a medication abortion involves multiple interactions with a health care provider, including transvaginal ultrasound, bloodwork and urine tests:

- Ultrasound to determine the age of the pregnancy and whether the pregnancy is in the uterus or not
- Bloodwork to determine if the client has such low blood iron levels that they would not be eligible for a medication abortion
- Bloodwork to determine if the client has a Rh-positive or Rh-negative blood type
- Urine test to test for common sexually transmitted infections
- Ultrasound or bloodwork to confirm that the abortion was complete

A **telemedicine or "no touch/low touch" medication abortion** is one where the patient does not physically interact with the healthcare environment, for the clinic appointment or for an ultrasound or labwork. The entire appointment is done over phone and/or video. This is to both reduce patients' risk of contracting transmissible infections, as well as to reduce the need for patients to travel long distances or wait days to weeks to receive their abortion. **Evidence has shown that safe and effective abortion care can be provided to patients that are well informed and properly screened, without the need to leave their homes other than possibly to their pharmacy.**

WHAT ARE THE SIDE EFFECTS?

- There are no long-term side effects to these doses of mifepristone and misoprostol.
- There may be painful cramps and heavy bleeding due to the abortion process.
- Common short-term side effects (up to 50% of patients) include nausea, diarrhea, vomiting, fever, chills, headache, fatigue and dizziness. These symptoms may last 1 to 2 days and are rarely severe.
- 2-5% of patients will either need or choose to have a surgical aspiration (dilatation and curettage or D&C) for ongoing pregnancy (<1%), too much bleeding, pain, or because they are tired of waiting to pass the pregnancy tissue.
- In comparison, the risk of a surgical abortion being incomplete and requiring a D&C is less than 1%.
- Very rarely (less than 1/1000) bleeding may be heavy enough to require a transfusion, also a rare complication of

surgical abortion
- Infections that can be treated with antibiotics occur in less than 1% of patients and serious life-threatening infections occur in less than 1/100,000 patients.

PLEASE NOTE:
There is a possibility that this regimen can cause damage to the fetus. If the medical abortion does not work, you will be counselled on your options, which may include a surgical abortion to prevent the birth of an affected infant. It is very important that patients keep their follow-up visits to ensure the abortion was successful. There is no evidence that these drugs harm future pregnancies.

IS A TELEMEDICINE MEDICATION ABORTION A GOOD CHOICE FOR ME?
This is a decision that you need to make for yourself. Here are some things to consider before you decide:

YOU ARE REQUIRED TO:
- **Be no more than 70 days pregnant as determined by clear menstrual history or ultrasound**
- Be sure in your decision to terminate the pregnancy
- **Be able and willing to follow-up in one to two weeks by phone**
- Be able to fully understand the informed consent
- Be in good general health
- Feel able to tolerate possible heavy bleeding, cramping and seeing the pregnancy tissue (looks like a white clot)
- Be willing to have a surgical abortion if the medical abortion is unsuccessful
- Have access to a telephone, this is essential so that we can contact you
- Have access to transportation in case of emergency as well as valid insurance/coverage or ability to pay for this care

WHAT HAPPENS ONCE I DECIDE TO HAVE A NO/LOW TOUCH MEDICAL ABORTION?
- To determine your eligibility for telemedicine medical abortion, you will be asked questions about your medical history.
- The nurse and physician will explain the procedure, other options available and discuss future birth control with you.
- If you want the telemedicine medical abortion and are eligible, you will be asked to sign a consent form. If you are over 8 weeks pregnant, and your blood type is Rh-negative, you will have a discussion around whether or not you wish to receive an injection of Rh Immune Globulin to protect future births from problems with different blood types between mother and infant.
- You will be given a prescription for Mifegymiso, which includes both the **mifepristone** tablet that you will swallow at home, as well as **4 tablets of misoprostol** to take home. You will be given prescriptions for pain relievers to use if needed.
- 24-48 hours after taking the **mifepristone**, you need to insert the four **(4)** tablets of **misoprostol** either between your cheek and gum or in your vagina. You will be given an instruction sheet explaining this and advising you what to expect.
- One to two weeks later, you will have a phone call with a doctor to discuss how you are feeling and to determine if the abortion was successful. If you have bled heavier than a period and you and your doctor feel that the abortion is complete, then you will complete a urine pregnancy test at home a month later.
- If there is concern that the pregnancy did not abort, the doctor will arrange for either an ultrasound or blood test at your local lab. If the test(s) show that the pregnancy is still growing, then you will need a surgical abortion. We will arrange this for you.
- We need to be able to contact you by phone. To ensure confidentiality, we will try very hard to follow your instructions about the best times to call and how to leave messages. **It is your responsibility to keep your appointments and return phone messages.**

ADVANTAGES:
- In most (>90% of cases) the abortion is complete within 24 hours, with some light bleeding for another 1-3 weeks.
- A greater than 95% chance of avoiding a surgical abortion.
- The process can start as soon as there is a positive pregnancy test, earlier than the usual surgical abortion.

DISADVANTAGES/RISKS:
- A 2-5% chance that the medication will not be effective, and a surgical procedure will be needed.
- Vaginal bleeding may be prolonged and heavy. Less than 1% require an emergency surgical aspiration or blood transfusion (less than 1/1000).
- Cramping may be severe and prolonged.
- Medication side effects such as diarrhea, headaches, nausea, vomiting, or dizziness.

EVIDENCE-BASED TELEMEDICINE ABORTION: BACKGROUND INFORMATION

This document is important background information for you to understand how and why we are reducing or eliminating the need for you to physically interact with the health care system. During your face-to-face video appointment, you will have a chance to ask any questions you may have. Please read this document closely, as it is important you know the differences between a regular medication abortion and a "NO/LOW TOUCH" abortion so you can make an informed decision.

1. Eliminating the pre-abortion ultrasound to determine the age of the pregnancy

- Pre-abortion ultrasounds are often performed to establish the true gestational age (how many weeks) of the pregnancy, and to confirm the location of the pregnancy in the uterus, thus ruling out ectopic pregnancy (more on ectopic below)
- When someone reports regular menstrual cycles, and they are fairly certain about the first day of their last menstrual period ("LMP") they are usually accurate in dating their own gestational age. We know that there is always some room for error and that the pregnancy could be further along in weeks than estimated by their LMP
- We know that estimating a pregnancy to be 8 weeks or less, based on reported last menstrual period, is very reliable.
- We know that when the pregnancy is estimated between 8-10 weeks based on LMP, there is an increased possibility that the true pregnancy age (if we were to check the pregnancy with an ultrasound) would be further along, and then the medication abortion pills may either:
    - Not work as effectively, resulting in additional treatment or intervention at a later time, when the risks of a surgical abortion may be higher.
    - Continue to work in causing the body to abort a pregnancy that is further along in terms of gestational age, which could be both emotionally and physically difficult for an individual.
- Based on reviewing the medical literature, abortion experts at the National Abortion Federation supports the option to provide first-trimester medication abortion without requiring a prior ultrasound

BOTTOM LINE:

- Our clinicians will take a detailed menstrual history to determine whether we can accurately estimate pregnancy dating based on your LMP. This can be impacted by irregular cycles, or recent hormonal contraception use etc.
- If we believe we can accurately estimate your pregnancy gestational age based on your LMP, then we can safely offer you this telemedicine option. You must understand that we will not know absolutely the true pregnancy gestational age.
- If you are not comfortable with the potential for uncertainty with this approach, your options include: 1) in-person ultrasound (no longer NO/LOW touch) 2) community-based ultrasound

2. Determining if the pregnancy is in the uterus or not

- While a "normal" pregnancy occurs within the uterus (known as intrauterine), ectopic pregnancies are pregnancies that exist outside of the uterus. Most grow in the fallopian tube (also called tubal pregnancy), and sometimes they can be found in an ovary, the cervix, or the abdomen. Ectopic pregnancies are rare, they happen in approximately one out of every 100 pregnancies.
- If an ectopic pregnancy continues to grow, it can cause the tube to stretch and break, which can cause bleeding into the abdomen. This is a life-threatening medical emergency, requiring immediate surgical treatment.
- In a typical medication abortion appointment, you would have an ultrasound to determine the location of the pregnancy. However we can screen for the likelihood of ectopic based on your potential risk factors.

- Some conditions that increase an individual's chances of having an ectopic pregnancy are:
    - Previous infection of the fallopian tube (sometimes called Pelvic Inflammatory Disease)
    - Previous ectopic pregnancy
    - Previous surgery of the fallopian tubes, including tubal ligation
    - Previous history of infertility requiring medical investigation and treatment

- When there is a *slightly increased risk for ectopic pregnancy*, our current approach is to do repeated bloodwork to ensure that your pregnancy hormone levels are dropping in response to the medication abortion. This bloodwork is often taken on the first day of the medication abortion process, and then again three-four days later. A 50% drop in the hormone levels confirms that the abortion is successful, which means that the pregnancy was NOT ectopic.
- When there is a *high risk for ectopic pregnancy*, medication abortions are not advised until the location of the pregnancy can be determined by ultrasound.
- When there are *symptoms suggestive for ectopic pregnancy*, which include pain in the lower abdomen (especially on one side), feeling faint/lightheaded/dizzy, unexplained shoulder pain, we would advise you to seek emergency care immediately.

BOTTOM LINE:

- Until a pregnancy is seen in your uterus, ectopic pregnancy must be considered. Even if choosing a NO/LOW touch abortion, you will be provided with discharge information to monitor for signs/symptoms of ectopic pregnancy and when to seek care if needed.
- Our clinicians will take a detailed medical history to determine if you are at increased risk of ectopic pregnancy. If so, we will recommend a "LOW" touch medication abortion, that does require some interaction with the healthcare system because of the need for repeated bloodwork. Your options include:
  1) In-person bloodwork on the day of your abortion, which can be done at Women's College Hospital; or
  2) In-person bloodwork at a community-based laboratory, such as Dynacare or LifeLabs

3. Eliminating bloodwork to measure your blood iron levels

- It is normally common practice to screen clients for anemia (a measure of hemoglobin aka low iron) before a medication abortion.
- This is because Health Canada states that having a hemoglobin level below a cut-off of 95g/L makes someone ineligible for a medication abortion
- However, abortion experts at the National Abortion federation have also said that if you don't have increased risk factors for low hemoglobin, measuring your hemoglobin levels is unnecessary.
- The evidence says that we can sufficiently screen you for serious anemia by talking with you about your medical history and symptoms.

BOTTOM LINE:

- Our clinicians will take a detailed medical history to determine if you are at increased risk for significant anemia. If so, we will recommend a "LOW" touch medication abortion, that does require some interaction with the healthcare system (bloodwork ideally before your abortion). Your options include:
  1) In-person bloodwork on the day of your abortion, which can be done at Women's College Hospital; or
  2) In-person bloodwork at a community-based laboratory, such as Dynacare or LifeLabs
- IF your hemoglobin levels indicate that you are quite anemic, and you have already taken Step 1, we might recommend that you do NOT take Step 2 to avoid potentially too much bleeding, and instead we can arrange an alternative plan.

4. Eliminating bloodwork to determine if you have a Rh-positive or Rh-negative blood type

- Many people know their blood type as being Rh-negative or Rh-positive. For example, you might know that you are A negative, or O positive, etc.). You may know this as a result of being a blood donor, or being tested during previous pregnancies, or at previous abortions. 85% of individuals are Rh-positive.
- When an Rh-negative person has a miscarriage or abortion and they are MORE THAN 10 weeks pregnant, it is possible to develop antibodies again Rh-factor positive blood. When antibodies are formed, it can lead to problems in future pregnancies that can affect fetal wellbeing.
- To prevent the formation of antibodies the drug WinRho is provided via injections. This prevents future complications in 99% of Rh-negative people.
- We know that if a pregnancy is below 8 weeks in gestational age then there is no risk for developing these antibodies, and that WinRho is not needed.
- We know that if a pregnancy is between 8-10 weeks, then there is possible risk of developing these antibodies with a medication abortion, and therefore a Rh-negative person must decide if they want WinRho or not. We know that other countries do not start offering WinRho until an Rh-negative person is AFTER 10 weeks pregnant, and this has proven safe for their citizens.

BOTTOM LINE:

- WinRho is an intramuscular injection of a product derived from sterilized blood
- WinRho is used to prevent Rh-negative individuals from potential developing antibodies against Rh positive blood and may be important to consider if you think you would like to have future pregnancies.
- WinRho should be given within 72 h of the start of your abortion.
- If your pregnancy is under 8 weeks, you do not need Rh testing or WinRho even if you are Rh-negative. Until recently, it has been typical practice in Canada to test and given WinRho to all Rh-negative patients regardless of gestational age.
- If your pregnancy is between 8-10 weeks, you may wish for Rh testing, which requires a blood draw, either at our clinic or at a lab. If you are Rh-negative, you can then decide if you want to pursue WinRho or not, which requires an injection that is ideally given at our clinic
- If you are between 8-10 weeks pregnant and you are confident you know your Rh status which is:
  - Rh-positive, you can decline testing because you do not need treatment
  - Rh-negative, you can decide if you want WinRho.

- There is no right answer regarding whether someone between 8-10 weeks pregnant should get tested for their Rh status and receive treatment. Testing (and WinRho treatment) requires interacting with the healthcare system (a "LOW" touch abortion). Other countries do not test and treat Rh-negative individuals who are less than 10 weeks needing WinRho.

5. Eliminating urine testing for common STIs like Chlamydia or Gonorrhea

- While it is common practice to screen all individuals seeking an abortion for STI's, the experts at the National Abortion Federation have stated that testing should not delay the abortion.
- If you have concerns that you might have a sexually transmitted infection, because you are having concerning symptoms or you are worried about a potential sexual exposure, our clinic can arrange testing via urine

BOTTOM LINE:

- If you have personal concerns for sexually transmitted infections, we can arrange testing via:
  1) Dropping off a urine sample at our clinic
  2) Dropping off a urine sample a community-based laboratory
- If you are symptomatic, we can plan to treat you for a possible Chlamydial infection.

6. Eliminating ultrasounds or bloodwork to confirm if the abortion is complete

- In Ontario, medication abortions are typically confirmed to be complete either by an ultrasound, or by repeated bloodwork that confirms a 50% drop in the pregnancy hormone bHCG within 3-4 days of the abortion. This approach requires interacting with the healthcare system to have a blood-test or an ultrasound.
- Another way to determine if the abortion is complete is by asking you questions about the amount/timing of bleeding related to the medication abortion. We might also ask you about a reduction in pregnancy symptoms soon after the abortion is completed. For example, nausea improves significantly by the next day. When a clinician and the abortion client both believe the pregnancy has been aborted, there is a 99% chance that they are correct.
- To assess that you are in fact no longer pregnant, an option exists to complete a high sensitivity urine pregnancy test 4 WEEKS after Step 1. If this urine pregnancy test is completed too soon (before 4 weeks), it will likely still be positive. In the event that at 4 weeks the urine pregnancy test is still positive (which can happen 25% of the time), the evidence suggests that this is a FALSE positive, and the options would be: a repeat urine test, or repeated blood tests.

BOTTOM LINE:

- Telephone follow-up with our clinical team at 5-7 days after your abortion to assess your symptoms and do a screen to determine whether the abortion is likely complete, followed by a urine pregnancy test at 30 days after your medical abortion is a reasonable and safe option to confirm the abortion was a success
- If you prefer a more definitive way to assess if the abortion is complete, your options include:
  - Bloodwork on the day of your abortion and 3-4 days later, which can be done at Women's College Hospital or at your local community-based lab.
  - The Bay Centre has opted to avoid post-abortion ultrasounds to confirm the completion of medication abortions because the evidence suggests these ultrasounds falsely report retained tissue, which can lead to unnecessary further interventions.

That was a lot of information to process. It might seem that NO/LOW TOUCH medication abortions are too complicated, or unsafe. This is NOT true.

As was mentioned, ultrasound and bloodwork and in-person assessments are "typical" for medication abortion in Ontario. Typical does not mean necessary. Making the choice to choose a de-medicalized abortion, that involves little to no interaction with the healthcare system aside from thorough telemedicine-based history taking and informed consent, is a reasonable choice for many people.

The clinical team will conduct a thorough risk assessment with you before you are confirmed eligible for the NO TOUCH approach. If risk factors are identified and we recommend a LOW TOUCH approach, this will still be a medication abortion that requires less clinic visits and less time spent in clinics.

We support your choice, and we know that you can make the right choice for yourself, if you are properly informed and have the opportunity to have your questions answered. We are committed to ensuring you have all the information you need.

Adapted from Choice In Health Clinic, 2020