UC San Diego Health

Implementation of Medication Abortion in UCSD Family Medicine Continuity Clinics

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Background

Nationwide, access to abortion has been significantly restricted due to the Supreme Court's ruling in *Dobbs v. Jackson Women's Health* (June 2022), which overturned *Roe v. Wade* (1973). This has led to the activation of "trigger laws" effectively banning abortion in many regions throughout the United States, leading to an influx of patients into neighboring pro-choice states such as California. Prior to the *Dobbs* decision, 89% of U.S. counties did not have an abortion provider[1]. The vast majority of abortions are performed at stand-alone clinics that prove ready targets for restrictive anti-choice legislation[1]. Thus, the integration of abortion into primary care clinics has the potential to relieve strain on the healthcare system, shorten patient wait times, facilitate presentation earlier during pregnancy, reduce stigma, and safeguard access to abortion.

Methods

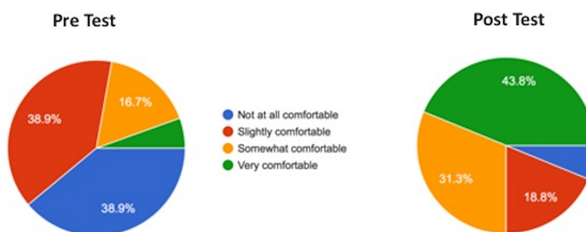
We are in the process of designing and implementing a protocol for medication abortion (MAB) for the three primary care teaching clinics affiliated with the UCSD Family Medicine Residency Program. Pre-existing protocols by multiple organizations, including RHEDI, RHAP, and Gynuity, are being used to create our protocol [2-6]. This writer presented the protocol to FM faculty and residents as part of a teaching lecture in February of 2023. This session included the piloting of a pre- and post-survey questionnaire assessing participants' interest in providing miscarriage and abortion management, confidence in identifying eligibility for and contraindications to MAB, and familiarity with medication dosage and timing. We anticipated an improvement in the survey participants' familiarity and comfort level with providing MAB as a result of this intervention.

How familiar are you with the medication abortion two drug regimen that will be introduced into UCSD Family Medicine Continuity Clinics?

How comfortable do you feel describing risk factors for ectopic pregnancy that might disqualify a patient from having a medication abortion?

How comfortable do you feel in describing contraindications to medication abortion?

If a patient were to present to your office for medication abortion, how comfortable would you feel evaluating their eligibility to undergo medication abortion and prescribing/administering the medications involved?



Results

Eighteen participants completed the pre-intervention survey, while sixteen completed the post-intervention survey. The percentage of participants who reported feeling "very" or "moderately" interested in providing medication abortion increased from 72.2% to 87.5% after the intervention. Fifty percent of participants felt "very" or "somewhat" familiar with the two-drug regimen prior to the presentation, versus 100% afterwards. Those reporting that they were "very" comfortable in describing contraindications to medication abortion and instructing patients of reasons to seek emergency care increased from 5.6% to 37.5%, and 22.2% to 37.5% respectively. Prior to the intervention, 5.5% of participants reported feeling "very comfortable" with evaluating patient eligibility to undergo medication abortion and prescribing/ administering the medications involved, while an additional 16.7% felt "somewhat comfortable." Post-intervention, 43.8% of participants felt "very comfortable" and 31.3% felt "somewhat comfortable."

Conclusion

The results of this pilot study suggest that even brief educational interventions can significantly improve family medicine physicians' understanding of and comfort with providing medication abortion. Current efforts are focused on further sessions to increase resident and attending familiarity with the medication abortion protocol and credentialing.

References

1. Jones RK, W.E.a.J.J., *Abortion Incidence and Service Availability in the United States, 2017.* Guttmacher Institute 2019.
2. Medicine, T.C.f.R.H.E.i.F., *Medication Abortion Checklist* 2022.
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5. Project, R.H.A., *Mifepristone/misoprostol abortion protocol* 2021.
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Link to MAB Protocol Workflow Algorithm