

WHAT IF THE PATIENT...

→ ...has asthma?

- ◆ Well-controlled asthma is not a contraindication to medication or in-clinic abortion.
- ◆ Patients with asthma should be advised to bring their inhaler to the clinic.

→ ...has diabetes?

- ◆ Patients with diabetes can have a medication or in-clinic abortion without any issue.
- ◆ Advise patients to bring their glucose testing supplies to the clinic to be safe.
- ◆ If the patient uses insulin, advise them to bring their insulin and supplies. Schedule them as early in the day as is practical for the clinician schedule and the patient's EGA.
- ◆ If the patient's diabetes is not well-controlled, an in-clinic abortion may be recommended over a medication abortion.

→ ...uses a wheelchair or other mobility aid?

- ◆ Mobility aids do not pose a problem with medication or in-clinic abortion, regardless of the reason they are needed.
- ◆ Email the clinic manager (cc Grace) if the patient volunteers that they use a wheelchair or another mobility aid so that the clinic staff can be prepared and accommodate them in the most accessible areas of the clinic.

→ ...has high blood pressure?

- ◆ If the patient's high blood pressure is well-controlled, either with or without medications, it will not pose a problem with medication or in-clinic abortion.
- ◆ If the patient takes medication for blood pressure, advise that they still take it as normal before and after their abortion.
- ◆ If the patient's blood pressure is not well-controlled, ask if they have any recent blood pressure measurements they can provide. Email the clinic manager (cc Grace) with those figures. Those patients may need to be seen in a hospital setting.

→ ...has anemia?

- ◆ Ask the patient when they last had their hemoglobin or iron levels checked. If it was within the past several months and their hemoglobin was 12 or more, they will be fine to proceed. Document this history in their appointment notes and advise the patient we will check their hemoglobin at the clinic as well.
- ◆ If patient has not had a recent check of their hemoglobin, or their history of anemia is remote (several years ago), let them know we will check their hemoglobin levels at the clinic to ensure they are safe to proceed.
- ◆ If the patient takes an iron supplement, advise them to continue as normal.

→ ...has hyperemesis?

- ◆ Patients with hyperemesis can be seen for abortion care as normal.
- ◆ If the patient is unable to tolerate food, you do not need to advise them that they must eat prior to their appointment.
- ◆ Advise the patient to stay hydrated as much as possible prior to the appointment.
- ◆ Patients who are using antiemetic medications (either OTC or prescription) can continue them.
- ◆ If the patient is unable to keep anything down, including water, for 24 hours or more, refer them to an emergency room.

→ ...is overweight?

- ◆ Body size is no contraindication to in-clinic or medication abortion.
- ◆ If a patient volunteers that their weight is significantly above average (generally over 400 pounds) and they're requesting a surgical abortion, they may require hospital-based care - not for safety, but for accessibility. Check with the clinic manager (cc Grace) for such patients.

→ **...knows they have an unusual anatomy?**

- ◆ If a patient volunteers that they have a bicornuate uterus, an arcuate uterus, a uterine didelphys (“double uterus”), or a unicornuate uterus, document it in the appointment notes.
- ◆ Email the clinic manager (cc Grace) to advise them of the situation. The patient may need an outside ultrasound to ensure the pregnancy is accessible in a clinic setting.

→ **...has depression, anxiety, or another mental health issue?**

- ◆ Patients with mental illnesses may proceed with medication or in-clinic abortion without contraindication. If the patient takes medication, advise them to continue taking it as normal.

→ **...has a substance use disorder?**

- ◆ Patients with substance use disorders can undergo in-clinic or medication abortion without an issue.
- ◆ Ask what the patient uses. If the patient injects drugs, particularly heroin, this will impact what, if any, sedation options are available to them.
- ◆ Advise the patient to avoid the use of any drugs for at least 12 hours prior to their abortion.
- ◆ If the patient is in recovery from a substance use disorder (previously abused drugs but does not now), no special instructions are required.

→ **...has a bleeding or clotting disorder?**

- ◆ Ask the patient what the name of their disorder is and document it in the appointment notes. Common ones include von Willebrand disease, protein C/protein S deficiency, hemophilia, factor V Leiden, antiphospholipid syndrome, and thrombocytopenia.
- ◆ If the patient takes any medications for their condition, document those medications as well.
- ◆ Email the clinic manager (cc Grace) with the above information.
- ◆ If we are able to see the patient outside a hospital setting, in-clinic abortion is likely to be recommended over medication abortion.

→ **...has had a heart attack, stroke, TIA, pulmonary embolism, or deep vein thrombosis?**

- ◆ Ask the patient when this event occurred and document it in the appointment notes. Ask if the patient is taking blood thinners, and if so, what.
- ◆ Advise the patient to consult with the physician who’s managing their care for clearance for an in-clinic procedure.
- ◆ Email the clinic manager (cc Grace) with the above information.

→ **...has a seizure disorder?**

- ◆ Advise the patient to consult with their neurologist to get clearance for their procedure.
- ◆ Patients with a history of one isolated seizure with a known cause, such as a seizure during a fever in childhood, with no recurrence since then, do not need to obtain outside clearance.
- ◆ Email the clinic manager (cc Grace) advising of the history of seizure disorder, including the name of the disorder, if known. Also document the names of any medications the patient takes for their seizure disorder.
- ◆ If the patient’s seizure disorder is poorly controlled, refer patient to a hospital setting.

→ **...takes blood thinners?**

- ◆ Document what the patient takes and why. Common blood thinners include aspirin, Plavix, Xarelto, Eliquis, Pradaxa, Coumadin (a.k.a. warfarin), Jantoven, and Lovenox. Email the clinic manager (cc Grace) to determine if we can see the patient out of hospital.

→ **...has an IUD?**

- ◆ An IUD will have to be removed before the abortion can occur. The patient may do this with their primary care doctor or ob/gyn, or we can do it for them.
- ◆ Ask the patient if they are still able to feel their IUD strings. If not, there is a possibility that the IUD expelled on its own.
- ◆ The patient may have a new IUD placed after the abortion, if desired.

→ **...has a current STI?**

- ◆ If the patient is currently being treated for a short-term, curable STI, such as chlamydia, gonorrhea, or trich, they should be scheduled only after they have completed treatment.
- ◆ Patients with longer-term or chronic STIs, such as herpes, HPV, hepatitis B, or syphilis, can be scheduled at any time. If they take medications to suppress their condition, they may continue them as normal.

→ **...has a current UTI or vaginal infection?**

- ◆ A current yeast infection, bacterial vaginosis, or uncomplicated UTI is not a contraindication to medication or in-clinic abortion. Patients can continue their treatment throughout the abortion process.
- ◆ If a patient has a complicated UTI (such as pyelonephritis, a kidney infection), recommend that they wait until after their treatment is complete to have the abortion.

→ **...is HIV positive?**

- ◆ HIV is not a contraindication for clinic-based abortion care. Document their diagnosis in the appointment notes and advise the patient to continue taking any medications as normal.

→ **...has thyroid disease?**

- ◆ Thyroid disease does not impact care for the vast majority of medication and in-clinic abortion patients. Patients with thyroid disease should be advised to continue medications as normal.
- ◆ Very poorly controlled thyroid disease may require hospital-based care - recommend the patient speak with their endocrinologist if this may be their situation.

→ **...has liver disease?**

- ◆ In most cases, mild or well-managed liver disease (including hepatitis, non-alcoholic fatty liver disease, and mild cirrhosis) may proceed with in-clinic abortion without restriction. There is little evidence regarding the use of medication abortion in these patients; its availability will be at the clinician's discretion.
- ◆ These patients should be directed to continue any medications as normal. They should obtain clearance from their gastroenterologist, especially if planning a medication abortion.
- ◆ A patient who has severe liver disease, such as stage 3-4 cirrhosis or portal hypertension, is contraindicated for medication abortion. They should consult with their gastroenterologist as to whether in-clinic abortion is safe or if they should be seen in a hospital setting.

→ **...has renal (kidney) disease?**

- ◆ Most patients with renal (kidney) disease are able to undergo in-clinic abortion without restriction. There is little evidence regarding the use of medication abortion in these patients - its availability will be at the clinician's discretion.
- ◆ These patients should be directed to continue any medications as normal. They may continue with dialysis as normal. They should obtain clearance from their nephrologist.
- ◆ Patients with particularly severe renal disease, especially end-stage renal disease or renal disease that involves the adrenal glands, are contraindicated for medication abortion, and their abortion may be safer in a hospital setting.

→ **...has heart disease?**

- ◆ Ask what the patient's diagnosis is and document it in the appointment notes. Advise them to get clearance from their cardiologist and continue all medications as directed.
- ◆ If the patient has heart failure, uncontrolled arrhythmia, a congenital heart defect that has not been repaired, left or right ventricular dilation, or cyanotic heart disease, refer the patient for hospital-based care.

→ **...is taking gender-affirming hormone therapy?**

- ◆ Patients taking gender-affirming hormone therapy can continue taking it. Neither medication nor in-clinic abortion is contraindicated with their medications.

→ **...has ulcerative colitis or Crohn's disease?**

- ◆ Patients with UC or Crohn's can be seen for first trimester in-clinic abortion without a problem. In the second trimester, however, special steps will be needed, as misoprostol causes flares of these conditions - patients who might otherwise just need miso for cervical preparation may instead need laminaria.
- ◆ Advise these patients to continue taking any medications they're currently taking as normal.
- ◆ Medication abortion is contraindicated for these patients as misoprostol can cause flares.

→ **...has had an organ transplant?**

- ◆ Document what organ was transplanted and when in the appointment notes. Advise the patient to obtain clearance from whatever clinician is managing their care related to the transplanted organ. The choice of medication vs. in-clinic abortion will be determined in large part by what organ was transplanted and its current level of function.
- ◆ A patient who has had a recent organ rejection, whose transplanted organ is improperly functioning, or whose physician deems them at risk of rejecting their transplanted organ should be referred for hospital-based care.
- ◆ Patients who have served as organ donors may proceed with medication or in-clinic abortion without restriction, so long as they have recovered well from their donor procedure.

→ **...has a skin condition?**

- ◆ Dermatological conditions, such as acne, rosacea, eczema, seborrheic dermatitis, and psoriasis are not contraindications for in-clinic or medication abortion care.
- ◆ Some uncommon treatments for severe psoriasis and seborrheic dermatitis may be a contraindication for medication abortion. Prepare patients for the possibility of an in-clinic abortion in those cases.

→ **...has lupus?**

- ◆ While lupus can cause significant complications in a pregnancy carried to term, it does not carry specific risks for abortion. *However*, be aware that lupus often comes with other comorbidities, or other medical conditions that are often found in people with a certain medical condition - these include high blood pressure, kidney disease, stroke, and respiratory problems. Be sure the patient's lupus is well-controlled.
- ◆ If the patient is on medication for lupus, document what medications. Encourage the patient to continue taking them as directed.

→ **...has cancer?**

- ◆ If the patient *currently* has cancer, ask what type of cancer it is and what (if any) treatment they are undergoing. Advise them to consult with their oncologist about the timing of treatment vs. the timing of the abortion.
- ◆ If the patient has a *history* of cancer but is in remission, no special action is needed. Document this history in the appointment notes.

→ **...has a history of complicated pregnancies?**

- ◆ It is *extremely rare* that a history of complications with pregnancy or delivery will impact a patient's abortion plans. Patients who have had gestational diabetes, gestational hypertension, preeclampsia, eclampsia, forceps- or vacuum-assisted deliveries, ectopic pregnancies, and molar pregnancies may all proceed with medication or in-clinic abortion.
- ◆ Patients who have had a postpartum hemorrhage, especially one that required a blood transfusion, will require a hemoglobin in the clinic.
- ◆ See the c-section protocol for a breakdown of when a referral to a hospital setting is appropriate for patients with a c-section history.