

MEDICATION ABORTION CARE PROCESS

	 PRE-PANDEMIC CARE PROTOCOL ⁽¹⁾	 PANDEMIC CARE PROTOCOL*	 ONGOING BARRIERS TO ABORTION CARE
STEP 1  Contact, Consultation, & Counseling	Patient contacts provider		<ul style="list-style-type: none"> ✗ Direct costs (clinical care, lack of insurance coverage) ✗ Indirect costs (childcare, time off work, transportation, accommodation)* ✗ Mandatory delays and unnecessary clinic trip requirements* ✗ Distance to clinic⁽²⁾
	Options counseling in a clinic OR Options counseling in a clinic via phone or video	Options counseling at home via phone or video OR Options counseling at home via recorded video (currently only available through Choix)	
	Provider confirms the gestational age of pregnancy through screening questions, ultrasound, pelvic exam, and/or blood test	Patient and provider confirm the gestational age of pregnancy through screening questions and at-home pregnancy test	
STEP 2  Prescribe & Dispense Medication	Patient receives medication in the clinic	Provider mails ⁽³⁾ medication directly to patient (along with a pregnancy test sometimes) OR Provider sends prescription to mail-order pharmacy ⁽⁴⁾ to send medication to patient	<ul style="list-style-type: none"> ✗ FDA restrictions limit who can prescribe mifepristone and where patients can pick up the medication⁽⁵⁾ ✗ State laws may restrict the types of providers that can offer abortion care, require patients to make multiple visits, and ban medication abortion care via telemedicine⁽⁶⁾
	Patient takes mifepristone at the clinic or at home	Patient takes mifepristone at home	
STEP 3  Patient Takes Medication	Patient takes misoprostol at home 24-48 hours later & Patient repeats misoprostol dose if needed		
	In-person clinic visit scheduled for 14 days after starting medication abortion care Provider confirms complete abortion with ultrasound, blood test, physical exam and/or screening questions	Phone or video consultation 24 hours after patient uses misoprostol Patient confirms complete abortion with home pregnancy test and screening questions 3-4 weeks later	
STEP 4  Follow Up Care	Medication abortion care cycle is complete		

*** A note on access:** These measures were put in place in response to the public health emergency and are being evaluated on an ongoing basis. They may continue as the standard of care beyond the COVID-19 pandemic. Even under the pandemic care protocol, barriers to medication abortion care persist. While mailing prescriptions may be safe and convenient for some people, some people may not have a mailbox or be able to receive and take the medication at home. Others may not have smartphone devices or the internet access necessary for telehealth care. Gaps in information also remain a problem, especially in medically underserved areas.

Sources: [Guttmacher Institute](#); [Gynuity Telaboration Study](#); [Kaiser Family Foundation](#); [National Abortion Federation](#); [Reproductive Health Access Project](#)

(1) Some changes to the medication abortion care protocol such as using home pregnancy tests and screen question to confirm gestational age, taking mifepristone at home instead of at the clinic, etc. were already underway before COVID-19. However, these changes went into broader practice as a result of the pandemic.
 (2) 90% of U.S. counties do not have an abortion provider.
 (3) The Telaboration research study was permitted to send mifepristone by mail by FDA waiver before 2020 protocol changes.
 (4) Mail-order pharmacies include Honeybee Health and American Mail Order Pharmacy.
 (5) A temporary injunction in ACOG v. FDA has suspended the in-person dispensing requirements for mifepristone during the remainder of the national public health emergency.
 (6) The COVID model is only available in 22 states due to state laws that restrict access to medication abortion via telemedicine. 5 states explicitly ban telemedicine for medication abortion (AR, AZ, LA, MO, WV); 14 states require the prescribing clinician be physically present with the patient, effectively banning telemedicine (ND, SD, NE, OK, TX, MS, AL, TN, KY, IN, WI, NC, SC, KS). 9 states require patients receive an ultrasound before an abortion or in-person counseling requirements, limiting providers' ability to offer care using the COVID model.