

University of New Mexico Abortion Training and Opt-Out Policy

See original policy online at: <http://unmfm.pbworks.com/w/page/60407079/Abortion%20Care>

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<http://unmfm.pbworks.com/w/page/60407079/Abortion%20Care?mode=embedded>

Abortion Care

Family Medicine

Maternal, Child, and Reproductive Health Handbook

Abortion Care

Department Philosophy Statement

Graduate medical education and service to the community are explicit in the mission of the University of New Mexico Health Sciences Center. The provision of abortion services, including patient counseling, the provision of medical and surgical abortions, and the management of complications, is an important aspect of women's health care. Those residents in Obstetrics and Gynecology and Family Medicine graduating from the University of New Mexico who wish to provide these services to their patients must receive the training necessary to provide competent and safe medical and surgical abortions. As with any medical or surgical technique, extensive experience is necessary for the resident to become skilled in the procedures and in managing such complications that might arise.

Therefore, abortion services are an important aspect of the scope of care provided by the Obstetrics and Gynecology Department and Family Medicine Department. We provide these services not only as a component of comprehensive women's health care but in accordance with our mandate to provide comprehensive, high quality training to our resident staff.

Approved January 2001 by UNM Dept. of Family and Community Medicine & UNM Dept. of Obstetrics and Gynecology.

Opt-Out Letter/Policy

Your Ambulatory Women's Health rotation includes training in pregnancy options counseling, first trimester dating ultrasound, and medical and surgical abortion. The training goals are for graduates to be able to:

1. Provide appropriate pregnancy options counseling and management of abortion complications.
2. Use ultrasound, cervical dilation and curettage and related gynecological skills in other areas of family medicine.
3. Provide first trimester medical and surgical abortion in their practices after graduation, if desired.

As 25% of pregnancies result in pregnancy termination and over 40% of women will have an elective abortion during their reproductive life, abortion care is an important part of primary care. The options counseling, pregnancy dating, and gynecology procedural skills are extremely useful regardless of a resident's future plans regarding the inclusion of abortion services as part of their practice. The Family Medicine RRC considers the surgical management of an incomplete abortion a core skill.

It is our expectation that all residents will receive instruction in contraception and abortion counseling techniques, and that residents will be able to perform abortions with appropriate faculty supervision. Training sites include:

- Planned Parenthood (Dr. Shauna Jamison)

- UNM Family Medicine Center (Drs. Gopman, Lemon, Hooper, Grant, and MCH fellows)
- UNM Center for Reproductive Health (Drs. Leeman, Phillips, Hooper, Tam, Espey, Singh, & Ogburn)

It is not the department's policy that residents will be required to perform abortions. Residents with a strong religious or moral conflict with providing abortions may conscientiously object. A resident wishing to exercise this option will meet with Drs. Leeman or Hooper, co-coordinators of the ambulatory women's health rotation to design an alternative curriculum. All residents will be required to learn about medical and surgical abortion and be able to provide options counseling and management of patients following either procedure, including complications.

Residents may opt out of performing surgical or medical abortion. All residents need to be trained in options counseling and how to follow-up any complications after medical or surgical abortion.

Medication Abortion

- Each resident will have the opportunity to learn about medical abortion with mifepristone during their Ambulatory Women's Health rotation. Mifepristone and 1st trimester U/S are available through a

Wednesday morning clinic at the Family Medicine Center and Thursday and Friday Family Medicine clinics at the Center for Reproductive Health. The physician prescribing mifepristone must be registered with the drug manufacturer and UNM pharmacy. For a woman to qualify she must not have reached her 63rd day of pregnancy. The treatment has strict criteria which must be followed to complete the pregnancy termination:

1. The patient will receive a urine HCG test to confirm pregnancy if she has not had a home pregnancy test.
 2. She may have an U/S to confirm that she has not been pregnant for more than 63 days. This may be done in the clinic and mifepristone given that same day.
 3. Each woman must be fully aware of her options: adoption, parenthood, surgical abortion or medical abortion.
 4. The patient is given a 200mg dose of mifepristone po, in the presence of the MD. This dosage will terminate the pregnancy.
 5. Within 24-72 hours, the woman will place 800 mcg misoprostol buccally (or vaginally) at home. This dosage will expel the pregnancy.
 6. Within 1-2 weeks after taking the mifepristone, the patient will return for a follow-up ultrasound and/or HCG test. If the HCG results are <50% of the initial level, the termination is complete; if >50%, the termination is not complete. In cases where the termination is unsuccessful, the woman will have the choice to take more medication or to have a surgical abortion.
 7. Mifepristone is 97-99% successful, however, a small percentage of patients require uterine aspiration to stop excessive bleeding or due to an ongoing pregnancy.
 8. All patients are given information about birth control and emergency contraceptives (see detailed protocol distributed 7/1/02).
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- A list of patients in process of termination with mifepristone should be maintained by the resident on the Ambulatory Women's Health rotation.
 - Andrea Baca is to maintain a logbook with medical abortion checklist indicating HCG level, initial U/S findings, and f/u U/S findings for patients from FMC Weds. a.m. clinic.

- All calls from medical abortion patients are to be directed to the MCH reproductive health pager, with backup being the MCH on-call pager. This includes evenings and weekends. Residents who take vacation during their Ambulatory Women's Health rotation must arrange to have another resident who has already done the rotation carry the repro pager in their place.
- Residents accepting calls from mifepristone or misoprostol patients should review management recommendations with the MCH attending on-call. If the MCH attending is unfamiliar with medical abortion, the call should be directed to Drs. Leeman, Gopman, Lemon, Phillips, Hooper, or Grant.