

Mifepristone use among Massachusetts obstetrician-gynecologists

Abortion

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Complex Family Planning Fellowship Research

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Planned Parenthood League of Massachusetts

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Mifepristone followed by misoprostol is a safe, highly effective (> 95%) method for medical termination of early pregnancy. New data reveals that administering mifepristone prior to misoprostol also has superior efficacy than misoprostol alone in the treatment of miscarriage, and practice recommendations have been updated to reflect this practice. Despite its safety and efficacy, few generalist OB/gyns use mifepristone for medication abortion in their own practices, and data on the adoption of mifepristone for early pregnancy loss (EPL) are lacking. In addition to the typical implementation gap between evidence generation and adoption of new clinical practices, mifepristone use may be impeded by factors such as abortion-related stigma and logistical barriers posed by the FDA Risk Evaluation and Mitigation Strategy (REMS).

This study will characterize mifepristone use among generalist obstetrician-gynecologists in Massachusetts. Our primary objective is to estimate the proportion of generalist obstetrician-gynecologists utilizing mifepristone for EPL or abortion in Massachusetts and identify specific social, policy, and logistical factors that contribute to use or non-use for each of these indications. Secondary objectives include comparing the odds of mifepristone use for EPL

by generalist OB/gyns who offer any abortion care to their patients to use by those who do not offer any abortion. We will also describe Massachusetts gynecologists' knowledge of REMs and their perception of abortion access in their communities. We hypothesize that Mifepristone use for EPL among generalist obstetrician-gynecologists will be 6-8%, and will be strongly correlated with use of mifepristone for abortion.

Methods and Potential Impact: This is a cross-sectional survey of Obstetrician-Gynecologists in Massachusetts. An anonymous, web-based survey will be emailed to all Massachusetts obstetrician-gynecologists listed in the American Medical Association Physician Masterfile (the AMA Masterfile), an accurate census of US physicians used in previous similar research. To observe a population proportion of 6% mifepristone use for EPL with a 95% confidence interval of 5% width will require 388 survey responses. Assuming there are approximately 870 Massachusetts generalist OB/Gyns in the AMA Masterfile, and that it is 90% accurate, we will survey 786 generalist OB/Gyns, requiring a 49% response rate to achieve our desired sample size. In addition to survey items regarding mifepristone use for EPL and abortion, providers will also be asked survey questions regarding their knowledge of the REMS and their patient's ease accessing abortion care.

Understanding what factors enable OB/Gyns to incorporate evidence-based mifepristone use into their practice will allow us to construct interventions that address the needs and motivations of our ob/gyn community. Increased evidence-based mifepristone use has the potential to improve care for the large number of patients experiencing EPL and to expand access to medication abortion. This will be increasingly important to ensure access to care in light of restrictive laws and closure of specialty reproductive health clinics.

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