

Medication Abortion and the Internist

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Disclosures

- Internal Medicine Cluster Leader, Reproductive Health Access Network

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Learning Objectives

- (1) Describe prevalence of early abortion and current restrictions that impede equity in access in the US
- (2) Diagnose pregnancy, rule out complications, and offer options counseling
- (3) Describe the protocol for medication abortion using mifepristone and misoprostol
- (4) Describe elements of post-abortion care, including expected post-medication abortion course from rare complications

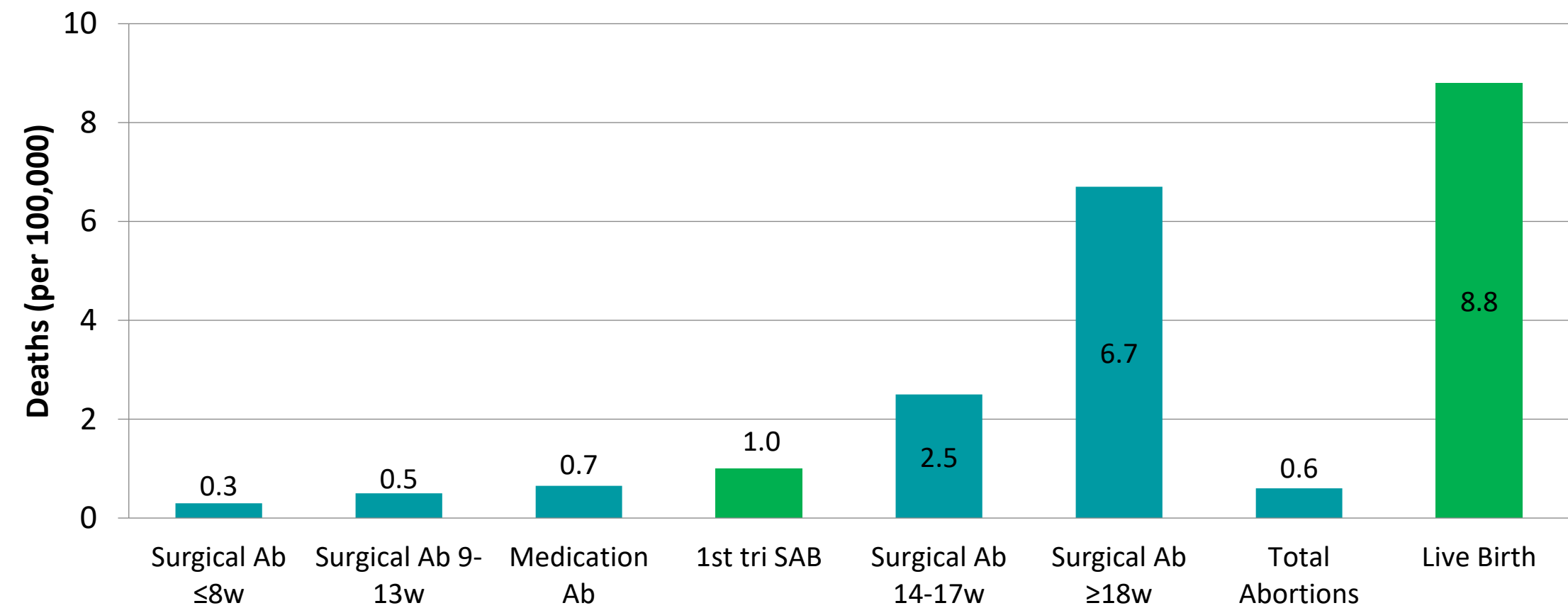
1 in 5

Pregnancies in the US result in abortion

1 in 4

Women will have abortion
by age 45

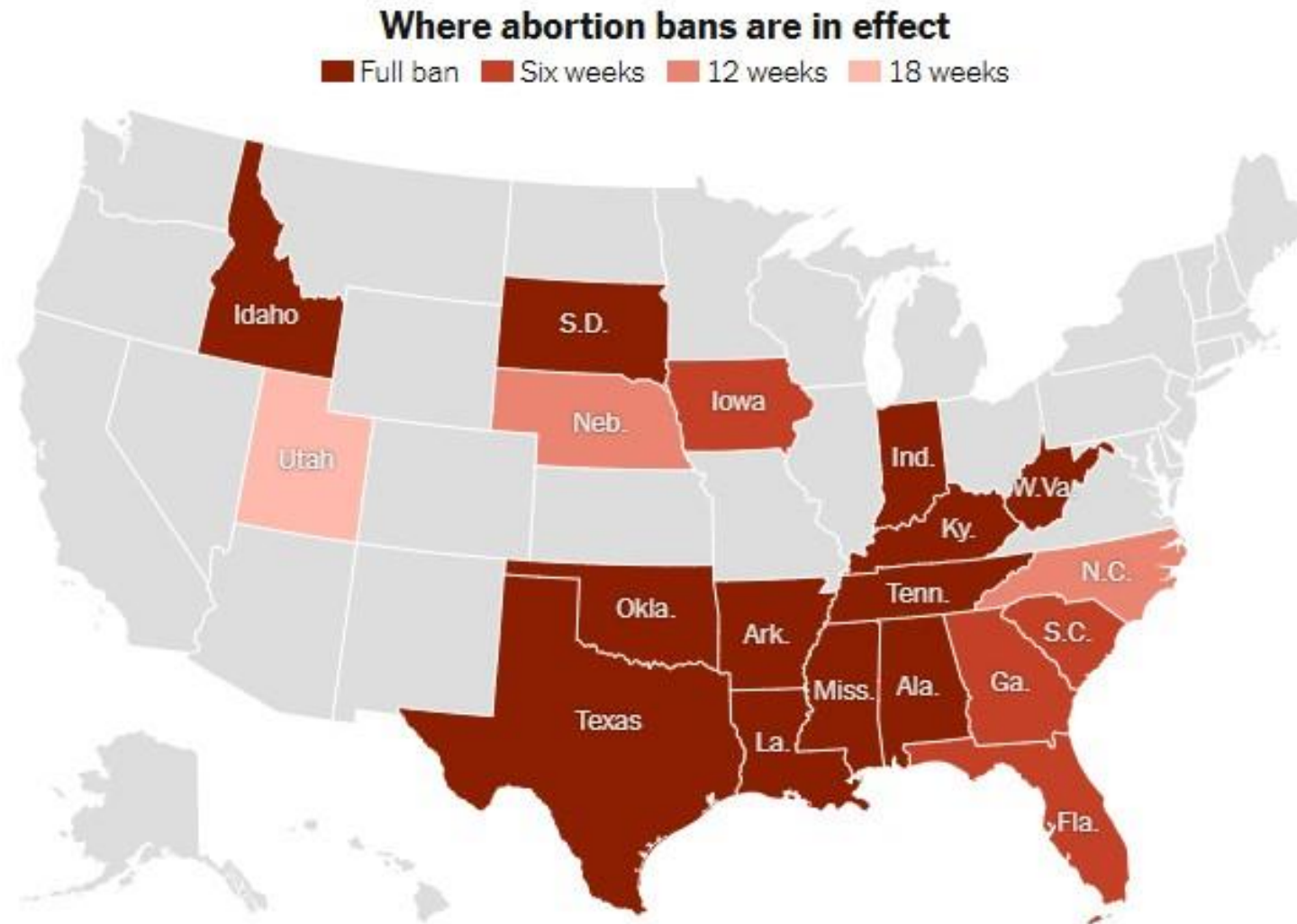
Abortion is associated with less mortality than live birth



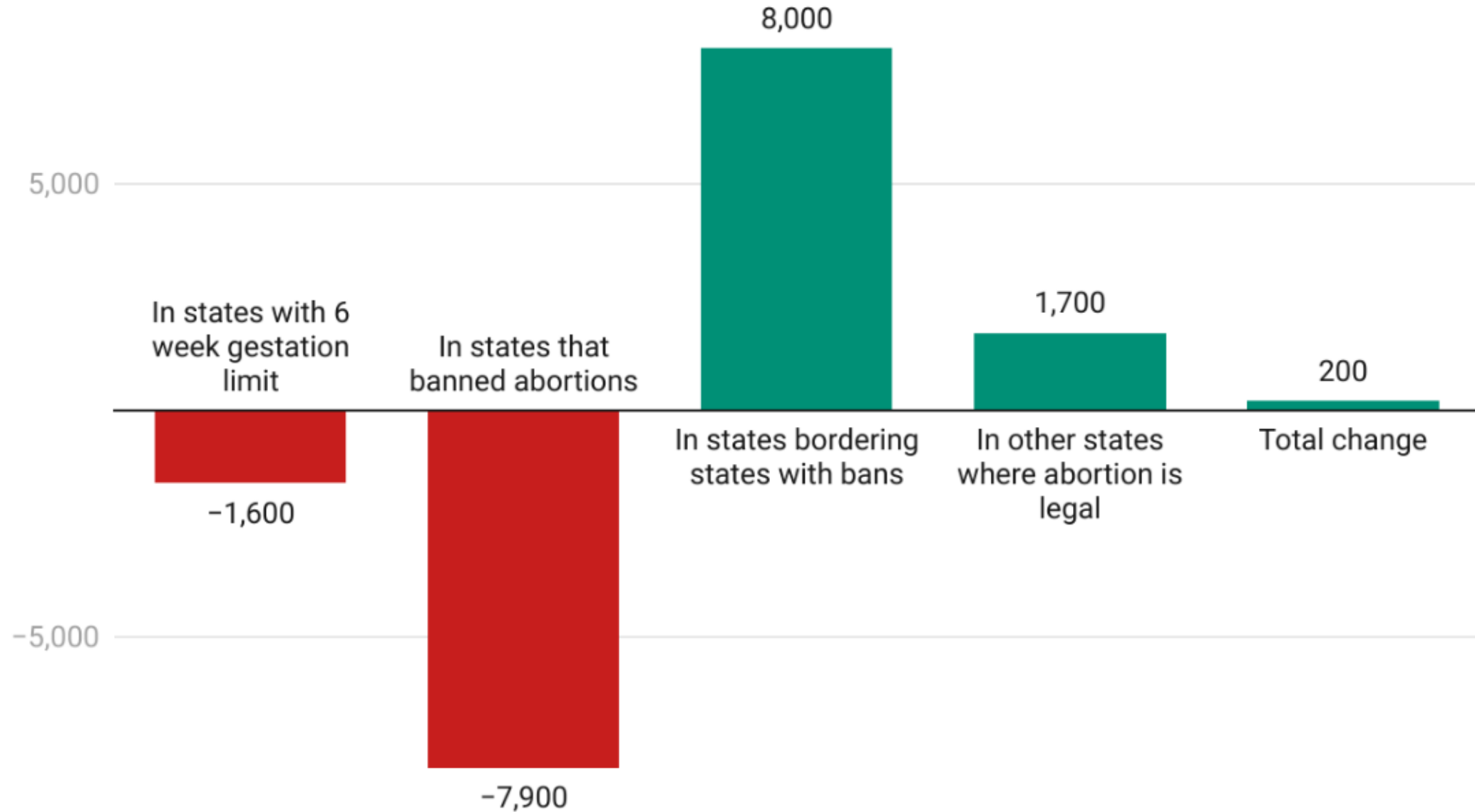
Zane S et al. Abortion-Related Mortality in the United States: 1998-2010. *Obstet Gynecol*, Vol 126, No. 2, August 2015.
Analysis of Medication Abortion Risk. Mifepristone safety: Issue Brief. ANSIRH 2019.

Legal Status of Abortion in the United States

Updated July 2, at 11:15 AM EST



Change in legal abortions one-year post-Dobbs



Since Dobbs

Travel for abortion

Medication
abortion

Telehealth abortion

Self managed
abortion

Abortions in states
with complete or 6
week bans

Since Dobbs

Now what?

Roles for the Internist

Supporting patients along the continuum

Planning

Plan your care to match their reproductive “goals” and values

Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

Abortion

Provide options counseling and connect patients to abortion care

Learn to prescribe medication abortions

Post Pregnancy Care

Be prepared to care for someone who needs care after an abortion

Leena is a 34 y.o. cis-female patient with DM and HTN who presents for a pregnancy test following a missed period.

How do you prepare a patient for a pregnancy test? What language do you use to disclose a positive result?

Prepare, disclose, offer to review options

- Let the patient know you will support them whatever the result AND whatever they choose to do with their pregnancy
- Clearly disclose the result with a neutral tone
- Validate and normalize patient response, including ambivalence
- Offer to review pregnancy options, which include:
 - Continuing the pregnancy: Adoption or parenting
 - Ending the pregnancy: Medication abortion, abortion procedure, or self managed abortion*

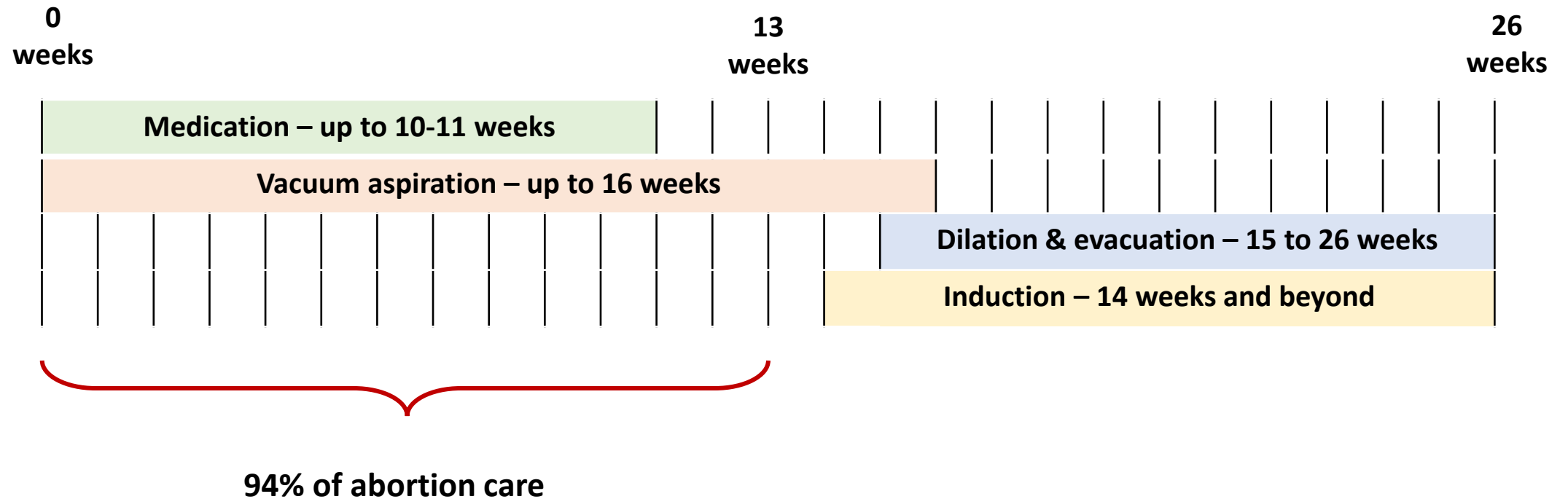
Always assess patient safety and health in pregnancy

- Unilateral or severe pelvic pain
- Vaginal bleeding
- Reproductive coercion and intimate partner violence

Leena does not wish to continue the pregnancy.

What values or priorities might you explore to support her decision making process around abortion options?

Abortion Methods by Gestational Age



Choices at <10 weeks gestational age:

Medication abortion



Image from reproductiveaccess.org

- Pregnancy expelled at home
- Heavy bleeding & cramping x hours-days
- Bleeding for days-weeks
- High success rate (~95%)
- Requires follow-up to confirm completion

Choices at <10 weeks gestational age:

Aspiration procedure

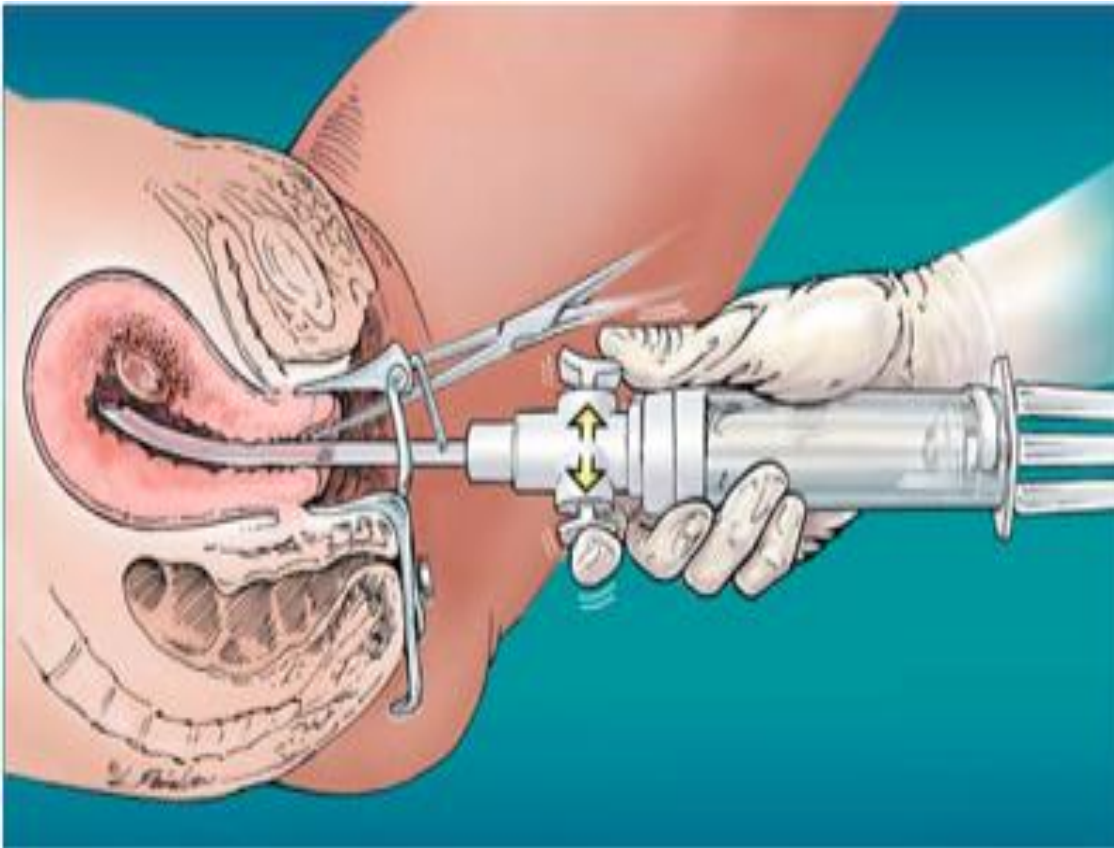


Image from reproductiveaccess.org

- Invasive procedure
- Allows for sedation if desired
- Light bleeding post-procedure
- Slightly higher success rate (~99%)
- Abortion completion immediately confirmed/no follow-up required in most cases

Leena prefers to pursue a
medication abortion.

What evaluation might you consider? What, broadly, do you tell her to expect?

Medication Abortion Evaluation

Estimate Gestational Age

Using Last menstrual period: ≤ 70 days

Ultrasound if:

- suspect ectopic
- LMP uncertain
- irregular cycles
- legally mandated

Medical History

Contraindications:

- bleeding/clotting disorder
- ectopic pregnancy
- IUD in place
- adrenal insuff or chronic steroid use
- porphyria
- Hgb < 9.0

Labs

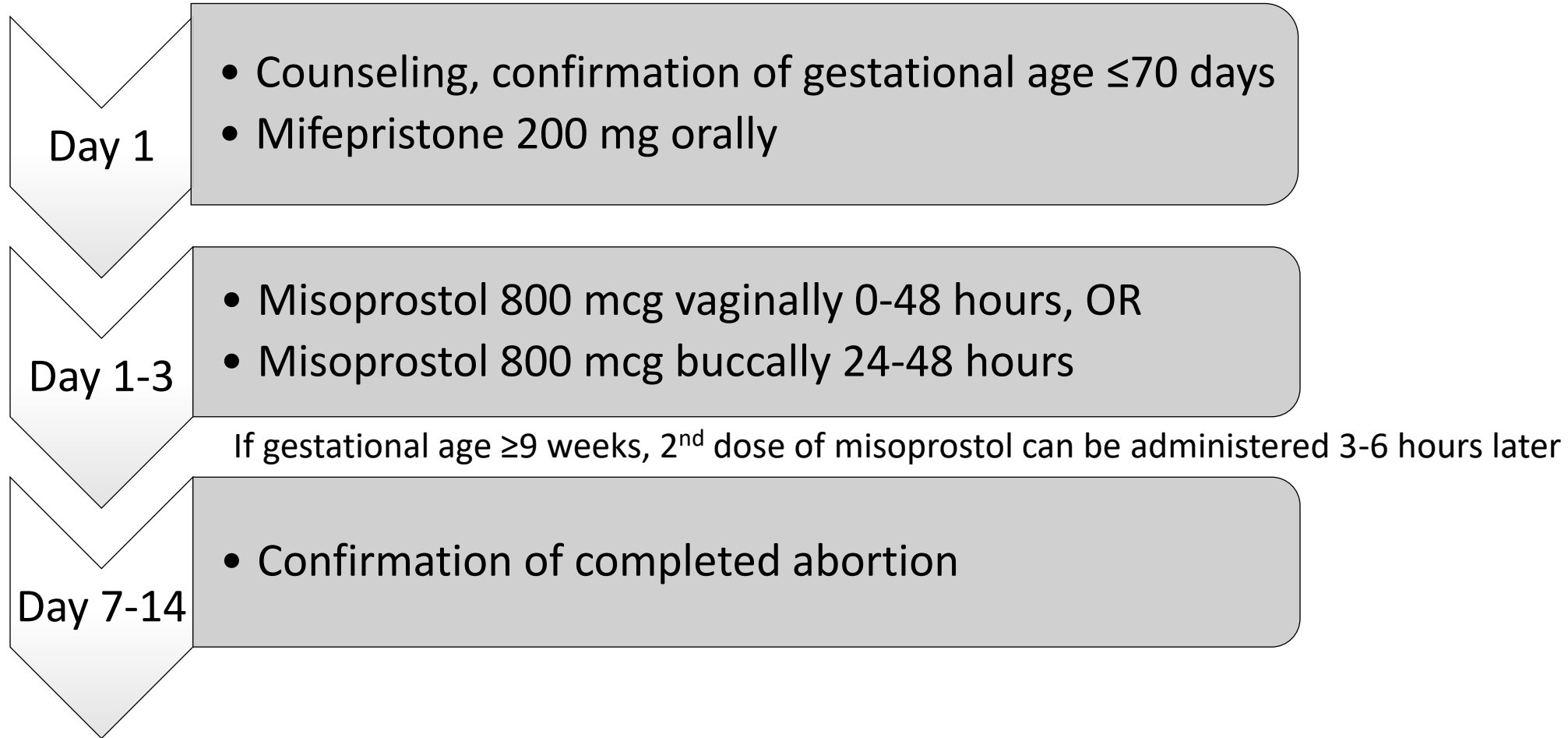
None required

- Hgb if anemia suspected
- No need for Rh testing or Rh Ig in first trimester¹
- HCG if using to confirm abortion completion

Leena reports her LMP was 6 wks ago, and she takes progesterone only contraceptive pills. What evaluation is medically indicated before proceeding with a medication abortion?

- A) Gonorrhea/chlamydia screen, pelvic ultrasound
- B) Pelvic ultrasound, CBC, type and screen, quantitative serum hCG
- C) Pelvic ultrasound only
- D) Quantitative hCG only

Medication abortion: mifepristone & misoprostol



You refer Leena to a medication abortion provider. She comes back to see you 10 days later for BP follow up.

She had 2 days of heavy cramping and bleeding, and now has some very light spotting. She took a home pregnancy test and it was positive.

She wants to know if it's normal to have a positive pregnancy test, and if the bleeding is normal. What do you say?

Supporting patients along the continuum

Planning

Plan your care to match their reproductive “goals” and values

Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

Abortion

Provide options counseling and connect patients to abortion care

Learn to prescribe medication abortions

Post Pregnancy Care

Be prepared to care for someone who needs care after an abortion

Post medication abortion care

Confirm completion

- Serum hCG (80% drop by 1 wk after mife)
- Urine hCG (neg at 4-5 wks after mife)
- Pelvic US

Assess for complications

- Hemorrhage (2 pads/h x 2 hours)
- Retained products (prolonged cramping/bleeding > 4 wks)
- Infection

Provide contraception (if desired)

- Pill, patch, ring, injection, and implant can be initiated same day as mife
- IUD can be placed as soon as completion confirmed

You reassure Leena that this light spotting is likely normal. She is interested in resuming her prior form of contraception. Do you:

- A) Advise her that she must wait until she has a negative pregnancy test to start taking her progesterone only pills.
- B) Advise her that she can resume her progesterone only pills after her next normal period.
- C) Advise her to resume her progesterone only pills today.
- D) Recommend an IUD for contraception because of its superior effectiveness.

Key take home points

- Medication abortion is common and safe
- Restrictions on abortion have shifted abortion to border states and telemedicine
- Provide patient-centered options counseling AFTER disclosure of a positive pregnancy
- Patients are eligible for medication abortion up to 10 wks gestational age in the absence of relatively rare contraindications
- Mifepristone and misoprostol administered over 24-48 hours comprise the most effective medication abortion regimen
- Post abortion care includes confirming completion of abortion, exclusion of rare contraindications, and contraception if desired

Resources

Clinical resources: reproductiveaccess.org

Patient resources: plancpills.org

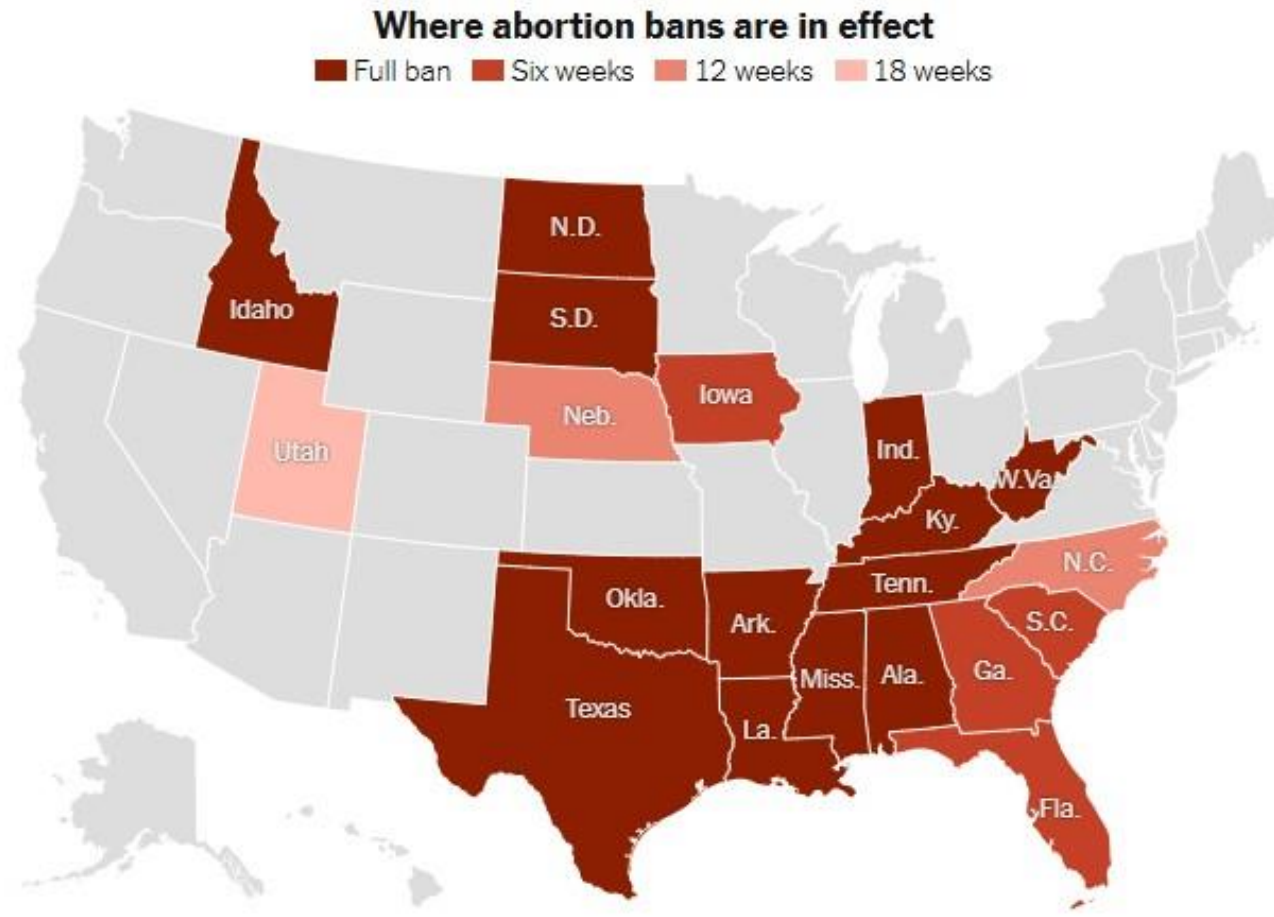
State Laws and Policy: guttmacher.org

Medication Abortion and the Internist

Updates for May 2026

Legal Status of Abortion in the United States

Updated May 25, 2026 at 12:02PM EST



Legal Status of Abortion in the US: Louisiana v FDA

- Mifepristone required to be dispensed in-person September 2000 through March 2020
- In-person dispensing requirements were temporarily lifted during COVID-19 pandemic to ensure access to abortion care, making mifepristone available:
 - In certified brick-and-mortar pharmacies
 - By mail
- In-person dispensing requirement permanently lifted in 2023, however...
- Louisiana v FDA seeks to reinstate in-person dispensing requirements

Misoprostol-only medication abortion protocol is safe and effective

- Protocol: Misoprostol 800mcg buccally/sublingually/vaginally q3 hours x 3 doses
- Eligibility: GA up to 12 wks*
- Effectiveness: 80-100% of participants*
- Safety: Serious complications are rare (< 1%)
- Side effects: Nausea, diarrhea, fever/chills
- Return precautions and follow up: Identical to mifepristone and misoprostol protocol

Key take home points

- Mifepristone remains accessible by mail and at pharmacies at this time
- Misoprostol only medication abortion protocols are safe and effective
- Follow up for misoprostol only medication abortion is identical to that for mifepristone and misoprostol regimens

Resources

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Patient resources: plancpills.org

State Laws and Policy: guttmacher.org