

SOP for provision of misoprostol for medication abortion

Gestational age up to and including 63 days (ie 9.0 weeks gestation and below):

1. Single dose of misoprostol 800mcg provided to patient in clinic, for home use. (See below for route and timing options.)
2. Optional 2nd dose externally prescribed:
 - Patients to be instructed to fill prescription if no or minimal bleeding within four hours of first dose.
 - If indicated, 2nd dose should be taken in same route as first dose and as close as possible to four hours after the first dose as possible.
 - Prescription to be printed and given to patient with other paperwork.

Gestational age 64-77 days (ie greater than 9.0 weeks):

1. Two separate doses of misoprostol 800mcg provided to patient in clinic, for home use. (See below for route and timing options.)
 - 2nd dose should be taken in same route as first dose, four hours after first dose.

(continued on next page)

Medication abortion: summary of misoprostol dosing/route options, follow-up options, and Rh/RhoGAM requirements

Gestational age / Pregnancy Interpretation	Miso route & timing (in hrs after mife)	# of miso doses ¹	Follow up options	Rh status ² / RhoGAM
PUL	Buccal 24-48 <i>or</i> Vaginal 6-48 ³	1 ⁵	Betas only, stat when possible	Neither Rh status nor RhoGAM needed if estimated gestational age (EGA) < 56 days based on clinician evaluation. ⁴
Probable IUP	Buccal 24-48 <i>or</i> Vaginal 0-48	1 ⁵	Betas only, non-stat	Neither Rh status nor RhoGAM needed if EGA < 56 days based on clinician evaluation. ⁴
Gestational age up to 55 days (<8.0 weeks)	Buccal 24-48 <i>or</i> Vaginal 0-48	1 ⁵	HSPT / telephone <i>or</i> In-person ultrasound <i>or</i> Betas, non-stat	Neither Rh status nor RhoGAM needed.
Gestational age 56 – 63 days (8.0 – 9.0 weeks)	Buccal 24-48 <i>or</i> Vaginal 0-48	1 ⁵	HSPT / telephone ⁽⁶⁾ <i>or</i> In-person ultrasound <i>or</i> Betas, non-stat	Need to know Rh status and receive RhoGAM if Rh negative.
Gestational age 64 – 70 days (9w1d – 10.0 weeks)	Buccal 24-48 <i>or</i> Vaginal 24-48 ³	2	HSPT / telephone ⁶ <i>or</i> In-person ultrasound <i>or</i> Betas, non-stat	Need to know Rh status and receive RhoGAM if Rh negative.
Gestational age 71 – 77 days (10w1d – 11.0 weeks)	Buccal 24-48 (NO vaginal option)	2	HSPT / telephone ⁶ <i>or</i> In-person ultrasound <i>or</i> Betas, non-stat	Need to know Rh status and receive RhoGAM if Rh negative.

1. If 2 doses, the 2nd dose of misoprostol is always 4 hours after first dose, preferably by same route as first dose.
2. When needed, Rh status can be determined by (1) prior Rh testing documented at PPIL or written documentation from outside source (2) patient self-report for Rh negative status, or (3) Eldoncard testing during visit.
3. Cannot use vaginal misoprostol at < 6 hours for PUL or at < 24 hours for gestational age 64-70 days.
4. EGA is estimated based on LMP, patient history, and clinical judgement.
5. For PUL, probable IUP, and for gestational age < 64 days, patients take home paper prescription for 2nd dose for prn use if no or minimal bleeding at 4 hours after first dose.
6. For patients at gestational age 63 – 77 days, if HSPT/phone follow-up is chosen, they must be told about risk of not detecting ongoing pregnancy until 14 weeks or later.