National Abortion Federation's Role in Introducing Mifepristone to Providers and Women in the United States

Ann J. Gerhardt & Vicki Saporta

Presented at ICMA Forum South Africa, October 17-20, 2004
Ann J. Gerhardt, MPH
Medical Abortion Education Director
National Abortion Federation
USA

- Ann J. Gerhardt & Vicki Saporta
- Presented at ICMA Forum South Africa, October 17-20, 2004
- Ann J. Gerhardt, MPH
- National Abortion Federation's Role in Introducing Mifepristone to Providers and Women in the United States
- Medical Abortion Education Director
- National Abortion Federation
- USA

Background

- 1.3 million abortions each year in U.S.
- 58% of all abortions ≤8 weeks
- Mifepristone approved for early abortion by FDA on September 28, 2000
- Mifepristone became available in November 2000

- 1.3 million abortions each year in U.S.
- 58% of all abortions <8 weeks
- Mifepristone approved for early abortion by FDA on September 28, 2000
- Mifepristone became available in November 2000

Abortion in US: Current Clinical Settings

- 90% Freestanding Clinics
- 7% Hospitals
- 3% Physician's Offices

Henshaw. Fam Plan Perspect 1998

National Abortion Federation

- Professional & Medical Association of Abortion Providers
 - 47 US States
 - 8 Canadian Provinces
- Over 400 Members
 - Private and non-profit clinics
 - Women's health centers
 - Physicians' offices
 - Public and teaching hospitals
 - Planned Parenthood affiliates
- Provide over 50% of abortions in U.S.

Medical Abortion Initiative

- Develop and Disseminate Protocol
- Develop and Disseminate Educational Materials
- Educate Health Care Professionals
- Educate Women

Protocol Includes FDA-Approved and Evidence-Based Regimens

	FDA-Approved Regimen	Evidence- Based Alternatives
Mifepristone dosage	600 mg (three 200- mg tablets)	200 mg (one 200-mg tablet)
Misoprostol dosage	400 μg PO	800 μg PV
Where misoprostol taken	At doctor's office or clinic	At home
When misoprostol taken	Day 3	
Timing of initial follow-up examination	Approximately Day 14	Day 2-4 From Day 4-14 Up to 63 days LMP
Gestational limit	49 days LMP	ONLY in studies using 800µg VAGINAL misoprostol

NAF Protocol Outline

- Eligibility
- Counseling, education and informed consent
- Medical history and physical examination
- Ultrasound examination
- Laboratory evaluation
- Medication and follow-up
 - FDA-approved label
 - Evidence-based alternative regimens
- Conclusion of treatment
- Selected studies on regimens with mifepristone/misoprostol

Educational Materials for Providers

NAF educational materials for health care providers

- American Journal of Obstetrics & Gynecology
 Supplement on Medical Abortion
- Early Options Medical Education Series
 - CME Self-Study Guide
 - CME Online Program (<u>www.earlyoptions.org</u>)
 - CME Interactive CD ROM
 - Educational Slide Program on CD ROM
 - Video Series
 - Training and Resource Binder

Dissemination of Educational Materials

- Distributing educational materials
 - NAF and PPFA members
 - Residency program directors
 - Medical schools
 - Professional organizations
 - Ads in professional publications
 - Website (<u>www.earlyoptions.org</u>)
- Exhibiting at medical association conferences (80)
 - Obstetricians & Gynecologists
 - Family Practice Physicians
 - Advanced Practice Clinicians
 - Other Diverse Specialties

Training Abortion Providers

- One day regional seminars to train full staff
 - Clinicians
 - Administrators
 - Counselors and front-line staff
 - Ultrasound for medical abortion
- NAF Annual Meetings Medical Abortion Track

Educating Abortion Providers: Transvaginal Ultrasound Seminars

- Clinical diagnosis of pregnancy
- Introduction to transvaginal ultrasound
- Ultrasound landmarks of non-pregnant uterus
- Ultrasound imaging in early pregnancy
- Estimating gestational age
- Monitoring medical abortion
- Recognizing abnormal pregnancy
- Orientation to ultrasound machines
- Didactic and hands-on practicum

Challenges to success

- Administrative issues: billing, role of APCs
- Counseling issues: training front-line staff
- Clinical issues:
 - Moving to 63 days LMP
 - Questions about ectopic
 - Concern about complications
 - Bleeding
 - Transvaginal Ultrasound training
- Provider bias

Educating Abortion Providers: In-Service and Technical Assistance

- Audience: NAF member clinics
- Goal: Fully integrate medical abortion in NAF member clinics
- Assumption: Every clinic's situation and needs are different
- Publicized to NAF members
 - Fax
 - Listserv
 - Newsletters
 - Annual Meetings

Features of Technical Assistance Program

- One-on-one consultation with skilled staff person
- No travel expenses or faculty honoraria required
- Questions answered on an as-needed basis
- Follow-up
- Consultation with skilled staff person or clinician
- Mailing of relevant resources (journal articles, fact sheets)

Examples of Technical Assistance

Protocol

- Establishing initial protocol
- Modifying protocol to incorporate evidence based alternatives
 - Extending gestational age limits
 - Timing and route of misoprostol administration

Clinical

- -bleeding patterns
- -post medical ultrasounds
- -patients with specific medical conditions

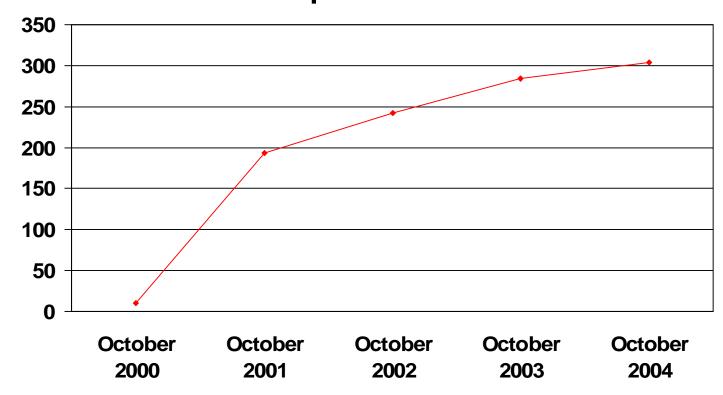
Examples of Technical Assistance

- Administrative
 - Billing third party payers
 - Costing out medical abortion services
 - Marketing the service
 - State regulations
 - Purchasing the drug
 - Reporting adverse events
 - State regulations
- Counseling
 - Phone screening
 - Consent
 - Staff values clarification

Participation in Educational Programs for Abortion Providers

Type of Program	# of Progr	ams # Participants
Mifepristone	64	3,631
Ultrasound	17	299
Annual Meetings	7	2,004
In-services	28	558
Technical Assistance		300
TOTAL		6,792

NAF Member Facilities Offering Mifepristone



 Nearly 80% of NAF Member Facilities Currently Offer Abortions Using Mifepristone/Misoprostol

Outreach to Health Care Professionals

- Medical Abortion Education presentations -->6,000 reached in over 100 programs
 - Grand Rounds
 - Medical Student
 - Nursing Associations
- Exhibiting at medical association conferences (80)
 - Obstetrics & Gynecologists
 - Family Practice
 - Advanced Practice Clinicians
- Distributing educational materials
 - NAF and PPFA
 - Residency program directors
 - Medical schools
 - Ads in professional publications

Reach of Programs

- Panels and sessions at national and regional medical meetings
- Presentations in medical schools, grand rounds, other professional venues
- National and regional mifepristone & transvaginal ultrasound trainings
- On-site in-service and technical assistance programs
- 13,000 health care professionals trained since 2000 through these programs

Educating Women

Patient Education Materials

- Brochure (6 languages)
 - English
 - Spanish
 - Vietnamese
 - Chinese
 - Russian
 - Bosnian, Serbo-Croatian
- Video
 - English
 - Spanish
- Fact Sheets
- Websites
 - www.earlyoptions.org
 - www.prochoice.org

How are Women Responding?

- 350,000 mifepristone abortions since FDA approval (Danco 2004)
- % eligible women who choose medical abortion
 - Based on sales, 17% of eligible women choose medical abortion (Danco, 2004)
 - Based on surveys of NAF members, 1-80% of eligible women choose medical abortion (NAF, 2004)
- Mifepristone has been chosen by women from many diverse backgrounds and socio-economic situations

Lessons Learned

- Training and education results in greater integration of medical abortion service
- Training needs change over time
- Identifying and addressing specific barriers at facilities are key to the successful integration of mifepristone
- Disseminating best practices through peer networking and education increases the acceptability of mifepristone
- Communicating answers to common questions through newsletters, e-mails, and meetings is effective
- Usage increases as more medical professionals and women have experience with mifepristone
- Medical abortion is successful in a variety of settings and circumstances

Mifepristone is an important reproductive option for women

National Abortion Federation www.prochoice.org