

Medical Abortion Prescriber Checklist

Patient Name:	Tel:
DOB:	Age:
Health Card:	

1. Counselling

- Pregnancy options counselling provided
- Surgical vs. medical abortions discussed
- Medical abortion protocol explained
 - Reviewed timing of: ultrasound (if indicated), lab tests (if indicated), medications, follow-up appointment
 - Reviewed effectiveness, side effects and potential complications
- Contraception plan: _____ start date: ____/____/____

2. Determine Eligibility for a Medical Abortion

- Confirm All Inclusion Criteria**
- Expresses clear decision to have an abortion
 - No indication of being coerced into abortion
 - Informed consent process completed
 - Understands expected side effects (bleeding, cramping)
 - Agrees to comply with the visit schedule
 - Agrees to a surgical abortion should pregnancy continue
 - Understands when and where to consult in case of emergent complications
 - Has access to a telephone, transportation, and emergency medical care
 - Review of current medications
 - Allergies: _____

- Absolute Contraindications (exclude all)**
- Chronic adrenal failure
 - Inherited porphyria
 - Uncontrolled asthma
 - Allergy to mifepristone or misoprostol
 - Ectopic pregnancy
 - Coagulopathy or current anticoagulant therapy
- Consider and Manage Relative Contraindications:**
- Long term corticosteroid use
 - Anemia with hemoglobin Hb < 95 g/L
 - IUD in situ (no longer a contraindication if removed)

3. Assessment of Pregnancy & Gestational Age

- LMP: ____/____/____
- G: ____ T: ____ P: ____ A: ____ L: ____
- Vital signs (if indicated): BP ____, HR ____
- Gestational age on ____/____/____ is: ____wks ____days
 - confirmed clinically/by history and with urine test
 - confirmed by ultrasound
- β hCG done or planned (see section 4, Labs)
- β hCG not done, or not indicated
- Pregnancy of unknown location, plan to R/O ectopic pregnancy
- Follow-up appointment scheduled ____/____/____ (date)

4. Initial Labs, Anti-D provision, and Imaging, if indicated

- No Yes**
- ABO RH ____
 - Antibody Screen ____
 - 120 or 300 μ g Rho(D) IG given
 - Hemoglobin ____
 - Baseline β hCG ____ IU on ____/____/____
 - Gonorrhea and chlamydia
 - Dating ultrasound requisition, appointment on ____/____/____

5. Provision of Mifegymiso®

- Review results for any indicated tests with the patient and agree to proceed
- Prescribe Mifegymiso® (indicate on prescription a "dispense before" date appropriate for gestational age.)
 - Planned date for mifepristone ____/____/____ (date)
 - Planned date for misoprostol ____/____/____ (date) If indicated: date for 2nd dose misoprostol ____/____/____
- Review how and where to take the medication, timing
- Review pain and bleeding management and side effects with the patient and prescribe pain medication _____
- For patients with PUL, review plan to R/O ectopic, signs and symptoms, and emergency care plan if needed
- Provide written/electronic information about follow-up, when/where to seek emergency care, and who to call for questions
- Other discussion** _____

Initial Appointment Signatures:

Signature of healthcare professional providing counselling:	Date:
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6. Follow-up Appointment(s)

Follow-Up Appointment (7-14 days post treatment, or optionally, 3 days post treatment with PUL)

Date: ___/___/___ = _____ days since mifepristone

Review actual dates medication used:

Date mifepristone taken: ___/___/___

Date 1st dose misoprostol taken: ___/___/___

Date 2nd dose misoprostol (if taken): ___/___/___

Screen for complications (_____)

Reviewed contraception plan: (_____)

Complete at least one of the following three tests:

Serum β hCG

Review pre-abortion β hCG on ___/___/___ result _____ IU

Post-abortion β hCG on ___/___/___ result _____ IU

Day 3 (PUL only): β hCG > 50% drop from baseline at 3 days post Mife → successful pregnancy termination

Day 3 (PUL only): β hCG < 50% drop from baseline at 3 days post Mife → follow up 7 days post Mife

Day 7-14: β hCG > 80% drop from baseline at 7 days post Mife → successful pregnancy termination

Day 7-14: β hCG < 80% drop from baseline at 7 days post Mife → order ultrasound

Ultrasound result on ___/___/___ (date): _____ (if done)

High sensitivity urine pregnancy test

Instructed the patient to perform a high sensitivity urine pregnancy test 4 weeks after taking most recent dose of misoprostol on ___/___/___ (date)

Reviewed results at second follow up appointment on ___/___/___ (date) = _____ days since mifepristone

High sensitivity urine pregnancy test on ___/___/___ result _____

negative → successful pregnancy termination

positive → consider evaluation with ultrasound and/or serum hCGs if there are signs and symptoms of retained product of conception, ongoing pregnancy or ectopic pregnancy → instruct patient to perform a qualitative urine pregnancy test 5 weeks after taking last dose of misoprostol on ___/___/___ (date)

Signature of healthcare professional conducting follow-up:

Date:

Notes

Signature of prescribing healthcare professional:

Date:

References: Costescu D et al. [Medical abortion](#). *J Obstet Gynaecol Can.* 2016;38(4):366–89; Costescu D et al. [Induced abortion: updated guidance during pandemics and periods of social disruption](#); Guilbert E et al.. [Canadian protocol for the provision of medical abortion via telemedicine](#)

