Global Doctors for Choice (GDC) is an international network of physicians who advocate for reproductive rights and access to comprehensive reproductive health care, including safe abortion and contraception. We foster transnational collaboration, support and the exchange of best practices in reproductive health advocacy by connecting physicians from all over the world and from all medical disciplines. Together, we advocate for access to comprehensive reproductive health and rights and defend women’s autonomy to control their reproductive lives.

**Research Overview**

Physicians working in different contexts define “self-management” of medication abortion in very different ways. To further examine these differences, GDC researched the multiple extant models of self-managed medication abortion (SMMA) and found that clinical concerns with SMMA vary widely according to legal and infrastructural context. The result of our research is a nuanced framework for context influences the risks of self-management. The framework highlights clinical concerns and advocacy opportunities for each of the components of self-management: drug procurement, eligibility assessment, ingestion, support and management of complications, and follow up.

**Key Concerns**

- Screening and eligibility
  - Screening for contraindications
  - Assessing gestational age
  - Pretreatment ultrasounds
  - Ectopic pregnancies
  - Rhesus testing
- Safety and efficacy
  - Up to 10 weeks
  - At or above 10 weeks
- Follow up procedures
  - Assessing abortion completion
  - Post-abortion contraception
  - Managing complications
- Other concerns
  - Medication quality
  - Mode of access
  - Online access to medications
  - Pharmacy provision
  - Literacy and label comprehension
  - Informational quality of label
  - Tissue disposal
  - Health system monitoring and evaluation

**Categories of Self-Managed Medication Abortion (SMMA)**

For the purpose of this research, we defined ‘self-managed abortion’ as abortions where one or more of the following components are self-managed:

- **How and where** the drugs are procured
- **How, by whom, and where** eligibility was determined
- **The location** where medications are ingested
- **Who** administers the drugs
- **What clinical supervision or supports** were available before, during, and after the procedure
- **How, by whom, and where** abortion completion was assessed

**Who We Are**

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**What We Do**

GDC believes physicians are uniquely positioned to advocate for their patients. They contribute scientific authority, a commitment to their patients’ best interests, familiarity with health systems, and firsthand experience with the devastating consequences of lack of access to reproductive health care and unsafe abortion. GDC enables doctors’ voices and advocacy efforts to have a broader, collective, and more powerful impact on reproductive health and people’s lives by cultivating a global network of physician-advocates, training physicians as advocates, serving as a resource to transfer best practices in advocacy across borders, and creating opportunities for doctors to engage in policy change initiatives, to learn from one another, and to be active in additional local, regional, and global initiatives.

**Where We Work**

GDC works directly with partner organizations in Brazil, Colombia, Ghana, Ireland, Kenya, Malta, Mexico, and South Africa as well as with physician advocates from all over the world including South Korea, Australia, India, Ethiopia, Zambia, Nigeria, Morocco, Spain, Italy, Moldova, Great Britain, Canada, Venezuela, Guyana, Ecuador, Peru, Uruguay, Argentina and Chile.

"Healthcare providers are in a unique position to advocate for systems that support patient-centered abortion care, which provides the services and information people need in a way that respectfully supports autonomy, dignity, privacy, and physical and emotional safety."

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