Self-Managed Abortion: Context and Safety

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Who We Are

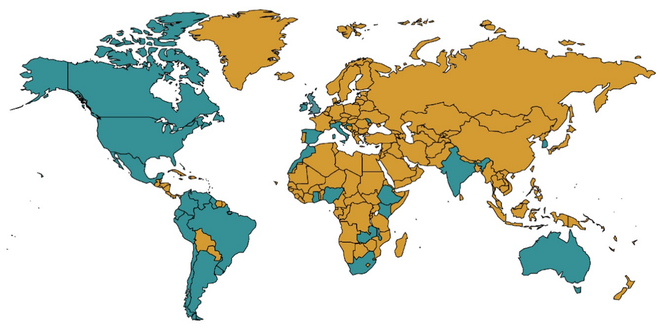
Global Doctors for Choice (GDC) is an international network of physicians who advocate for reproductive rights and access to comprehensive reproductive health care, including safe abortion and contraception. We foster transnational collaboration, support and the exchange of best practices in reproductive 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.

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."

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 self-managed medication abortion that considers how 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.

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

	Procurement – how and where	Gestational Age Assessment	Screening for Contraindications	Where were drugs taken?	Support and Management of Complications	Assessment of abortion success
Category 1	Self-sourced	Self-assessed	Unknown	Outside of a formal medical setting (e.g. at home)	None/unknown	None/unknown
Category 2	Self-sourced via online pharmacy, OTC, drug seller, or personal network	Self-assessed	Unknown	Outside of a formal medical setting (e.g. at home)	Lay support, incl. written guidance, in-person accompaniment, safe abortion hotline, websites/mobile apps.	Self-assessment based on resources or guidance provided by lay support, pharmacy worker, or community health worker
		Assessed using LMP with support of trained layperson (e.g. community health worker, pharmacy worker)	Assessed in consultation with trained layperson (e.g. community health worker, pharmacy worker)			
Category 3	Self-sourced via online pharmacy, OTC, drug seller, or personal network	In-person or virtual, clinical assessment (within formal healthcare system)	In-person, clinical assessment	Outside of a formal medical setting (e.g. at home)	Advance guidance from clinicians, could include lay support (e.g. written guidance, in-person accompaniment, safe abortion hotline, websites/mobile apps)	In-person or remote clinical assessment (within formal healthcare system)
						Self-assessment based on resources or guidance from pharmacy worker/community health worker (outside of formal healthcare system)
Category 4	Prescribed by physician remotely (outside formal healthcare system)	Review of patient-reported LMP by physician	Online intake form with clinical symptoms/medical history reviewed by physician	Outside of a formal medical setting (e.g. at home)	Access to 24-hr hotline staffed by trained, lay support	Self-assessment based on resources or guidance provided by medical and lay support team
Category 5	Prescribed by physician remotely (within formal healthcare system)	Ultrasound or physical examination with results sent to prescribing physician	In-person testing if indicated with results sent to prescribing physician	Outside of a formal medical setting (e.g. at home)	Remote access to physician or clinic, including formal referrals to care.	Formal ultrasound assessment
						In-person serum or urine HCG test
		Remote assessment by physician using patient-reported LMP	Remote telephone or video assessment using clinical symptoms/medical history			Urine test performed at home in combination with self-assessment of symptoms and/or remote clinical assessment of symptoms
Category 6	Prescribed by physician in person	In-person clinical exam using ultrasound or bimanual examination	In-person testing if clinically indicated	At least one medication/dose taken at home	Standard in-person clinical support	In-person clinical assessment

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

Recommendations for Physician Advocacy

Areas of clinical concern and potential physician advocacy include:

- Managing complications and follow up care
  - Clinicians should be trained in recognizing and managing post-abortion complications and prepared to refer patients to emergency care when needed
- Informational quality
  - Clinicians should provide patients with comprehensive information about medication abortion (within the limits of the law) and share additional resources such as hardcopy or online guidance or the number of a local safe abortion hotline
- Medication quality
  - Clinicians should inform patients about the risks associated with unregulated quality and decreased potency of self-sourced abortion medications
- Assessing successful abortion
  - Clinicians should be prepared to advise patients about how to obtain and use a commercially-available urine pregnancy test
- Post-abortion contraception
  - Clinicians should be aware that individuals who obtain abortion medications outside of the formal healthcare system may need post-abortion follow up, including contraceptive information and or counselling and should incorporate post-abortion contraceptive access into any follow-up visits, including referrals for options that require in-person care (e.g. LARCs)
- Screening for gestational age and contraindications
  - If legal context allows, clinicians should tailor information about abortion medications to the patient's gestational age and any other risk factors

In all resource contexts and legal environments, GDC urges physician advocates to:

- *Advocate for information about medication abortion to be incorporated into curricula in medical schools and other clinical training programs (midwifery, nursing, pharmacy, and others).*
- *Advocate for professional societies, national health department, and other standard-setting bodies to endorse evidence-based protocols for pre- and post-abortion care. In contexts with legal restrictions on abortion provision, advocates may be able to build on the existing post-abortion care consensus.*
- *Advocate for workforce development efforts led by clinical education bodies to encourage collaboration and task-sharing with other cadres of providers.*

Dragoman, M., Fofie, C., Bergen, S., & Chavkin, W. (2022). Integrating self-managed medication abortion with medical care. *Contraception*.