

# Anemia

Hemoglobin should be over 9.5 g/dL before starting medication abortion.

If suspected severe anemia or hemoglobinopathy, order complete blood count.

## Intrauterine device (IUD)

If the pregnancy has resulted from a failed IUD:

- The risk of ectopic pregnancy is high, and **ectopic pregnancy must be quickly ruled out** with ultrasound.
- IUD must be removed prior to providing medication abortion.

## Antibiotic prophylaxis

Routine prophylactic antibiotics are not necessarily superior to screen-and-treat approach. Neither the National Abortion Federation, the American College of Obstetricians and Gynecologists, the Society of Family Planning nor the World Health Organization recommend routine prophylactic antibiotic use after medication abortion.

When possible, **screen-and-treat is preferred over routine prophylactic antibiotic use after medication abortion**. Patients should always be advised to monitor symptoms and signs of infection in the week following medication abortion and consult their provider or emergency care in case of concern.

## STI testing

- Order STI testing with a urine sample or cervical / vaginal swab to **test for chlamydia and gonorrhea**.
- Note that **patients have the right to decline** STI testing, and still receive medication abortion.
- **Treatment should be provided** if positive.



**Note:** For virtual consultation, **consider remote testing** if risk factors are present and discuss the potential need for antibiotic treatment.

Consider offering or referring patients to comprehensive sexual health screening, as some patients might have recently engaged in sexual activity without barrier protection.

## REFERENCES:

Costescu D, Guilbert E et al. Medical abortion. Journal of Obstetrics and Gynaecology Canada, 2016; Volume 38, Issue 4, 366 – 389.