

Mifegymiso

2020 Pharmacist
Counselling for Medical
Abortion: Using the
Pharmacist Checklist and
Resource Guide



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Housekeeping slide

- Session will be approximately 75 minutes:
 - 60 minutes from all of our speakers, 15 minutes for audience Q&A
- Accredited for 1.25 CEUs under CCCEP file #: 8002-2020-3005-L-P;
a Statement of Completion will be emailed after the webinar
- All material will be publicly posted on the CPhA website after the webinar,
links will be emailed to you
- Use questions box for technical support at anytime and for Q&A at end
- A post-webinar survey will pop up on your screen at the end of the webinar
- Only speakers and host will be on camera & audio



POLL QUESTION

Have you dispensed Mifegymiso?

- a) Yes
- b) No



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POLL QUESTION

Does your pharmacy currently stock Mifegymiso?

- a) Yes
- b) No
- c) Don't Know



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 - We have received a speaker's fee from CPhA for this learning activity



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Learning Objectives

Following this presentation, the participant will be able to:

1. Understand the process to safely induce a first trimester medical abortion;
2. Describe the Health Canada updates regarding prescribing and dispensing Mifegymiso;
3. Prevent and manage any adverse effects or patient complications;
4. Initiate an effective contraceptive plan post-abortion;
5. Utilize the Mifegymiso Pharmacist Checklist and Resource Guide to counsel patients; and
6. Register a pharmacy on a MIFE map accessed by physicians and pharmacists only.
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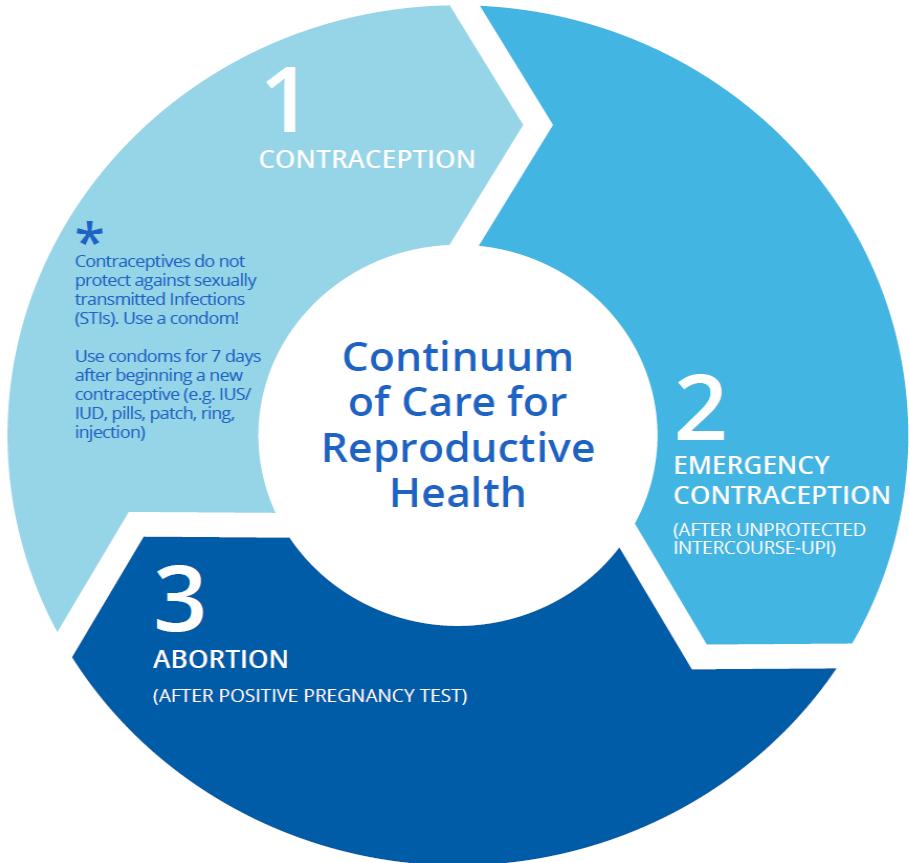
Medical Abortion



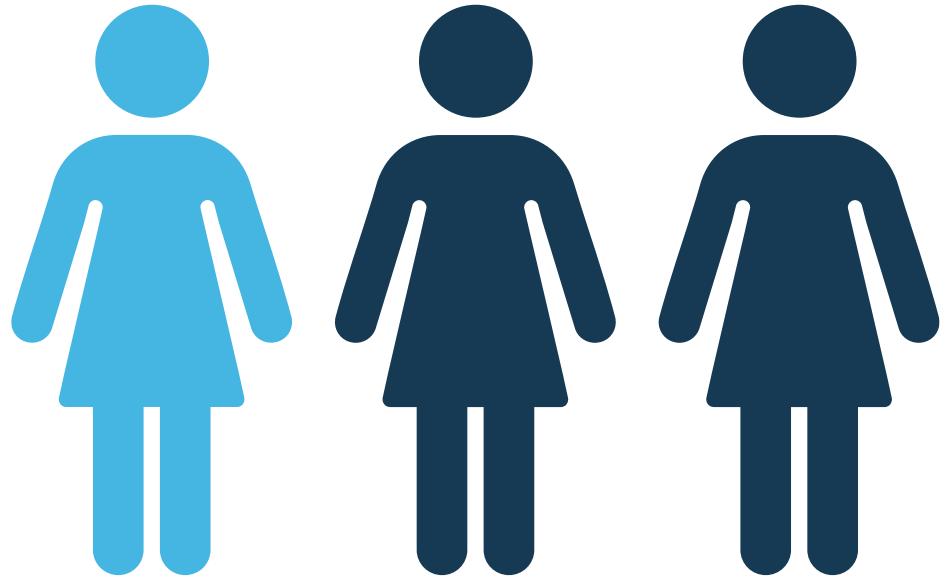
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Continuum of Care for Reproductive Health



Lifetime Prevalence of Abortion^{1,2}



“Abortion is never an emergency”

Dr. Garson Romalis, Vancouver BC

Design: Jimi Galvão 2017



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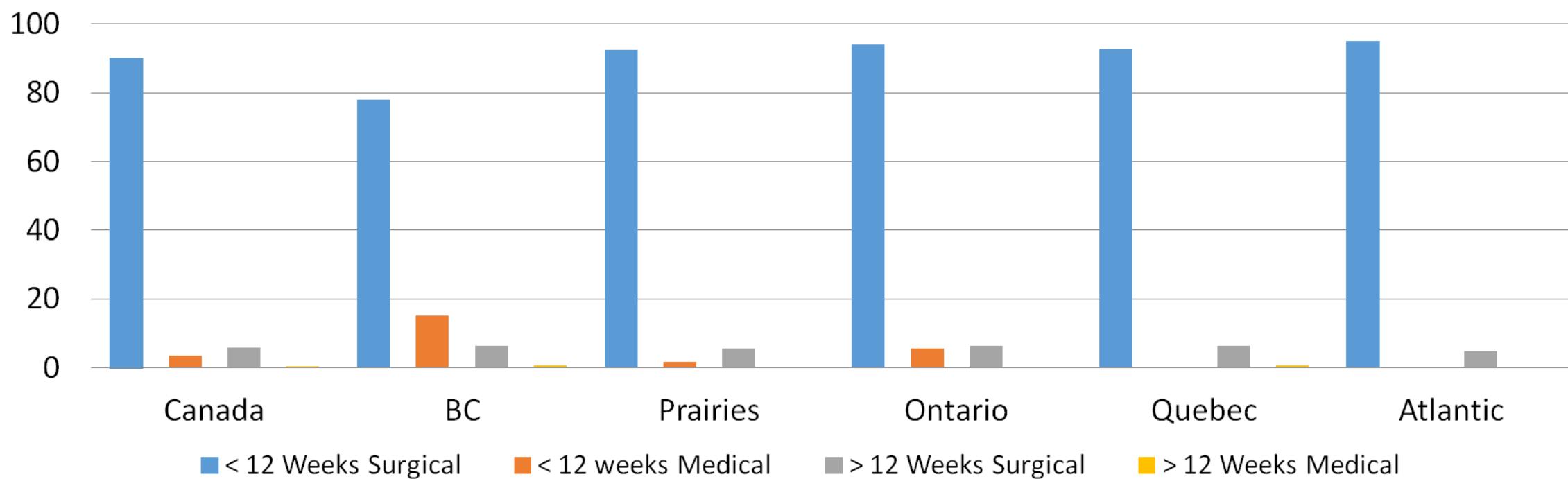
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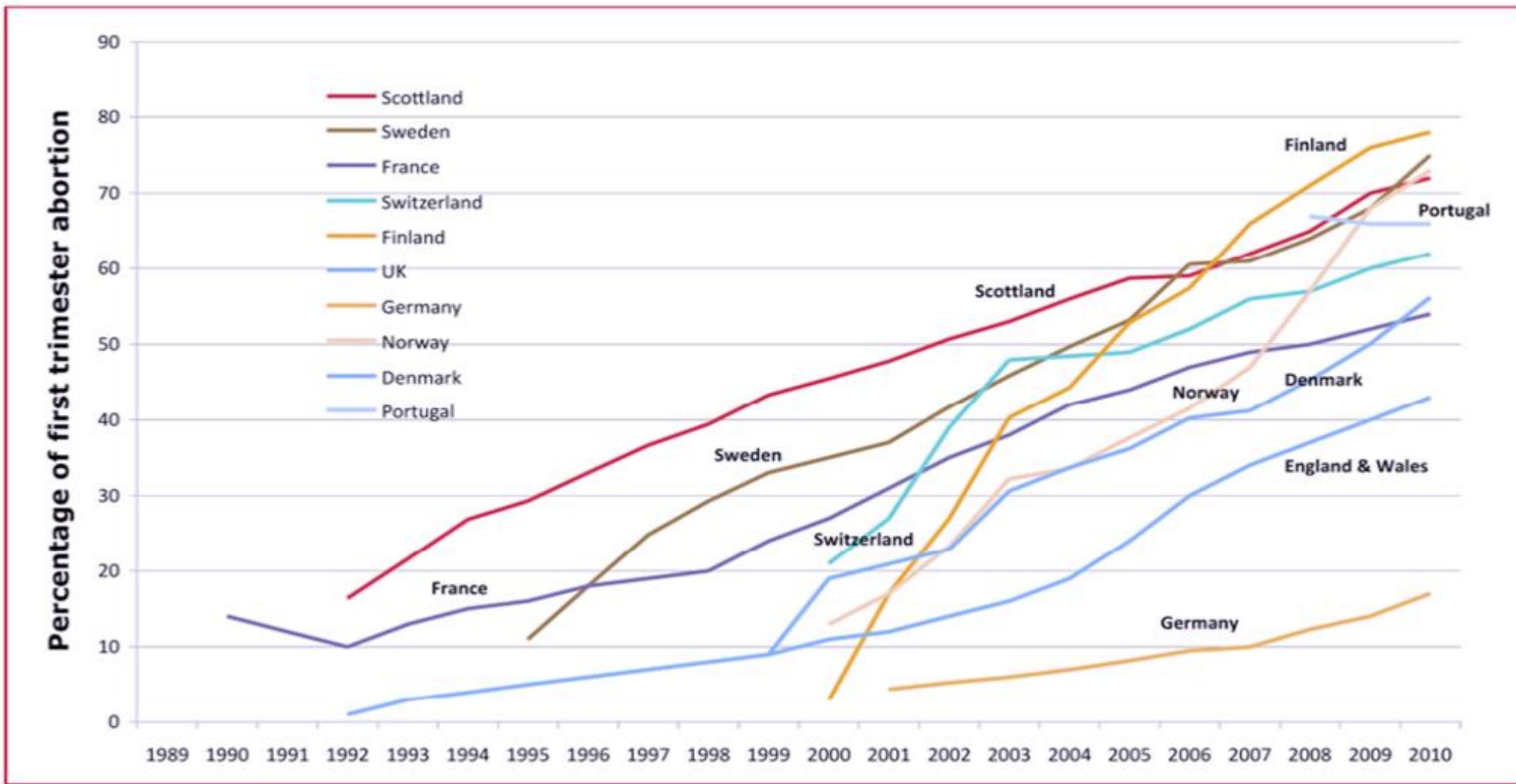
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Abortion in Canada³

Percentage Distribution of Induced Abortions in Canada by Gestational Age in 2012³ (96% Surgical and 4% Medical)



Mifepristone Abortion Uptake in Europe⁴



PrMifegymiso mifepristone/ misoprostol



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Pharmacist Checklist for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

NOTE: The information in this checklist and the accompanying [guide](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion with MIFE/MISO.

I. Pharmacist Prescription Assessment

NECESSARY

Confirm **indication** for medical abortion

SAFE

Identify patient will have **access to help** (personal support system, transportation, phone, emergency medical care)

ADHERENCE

Confirm patient is making a **clear decision to complete treatment** for a medical abortion

(consider if external pressure is being placed on the patient and if there are feelings of hesitancy; address as required)

Confirm patient is able to **take MISO 24-48 hours** after MIFE

Confirm patient is able to attend **prescriber follow-up 7-14 days** after starting treatment

II. Patient Counselling

DIRECTIONS FOR USE – review appropriate administration

Day 1 MIFE (green box label): *take 1 tablet orally and swallow with water.*

Day 2 (24-48 hours) MISO (orange box label): *place 4 tablets between the cheek and gum (2 on each side of mouth). Leave in place for 30 minutes, then swallow leftover fragments with water. ALWAYS take MISO, even if bleeding starts after MIFE.*

EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING

Side Effect

What to expect...

What can you do...

When to seek help...

| | | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Vaginal Bleeding & Discharge | <input type="checkbox"/> Starts 1-48 hours after MISO (minimal bleeding after MIFE) | <input type="checkbox"/> Use sanitary pads for heavy bleeding (should diminish upon pregnancy termination) | <input type="checkbox"/> Heavy vaginal bleeding (saturates ≥ 2 large sanitary pads per hour for 2 consecutive hours) |
| | <input type="checkbox"/> Heavier than menstrual period | <input type="checkbox"/> Do not use tampons | <input type="checkbox"/> Dizziness or racing heart rate |
| | <input type="checkbox"/> Heavy bleeding lasts 2-4 hours (light bleeding/spotting can last until next menstrual period) | <input type="checkbox"/> Use panty liners for light bleeding (up to 30 days after treatment) | <input type="checkbox"/> Heavy bleeding > 16 days |
| | <input type="checkbox"/> May contain blood clots | | <input type="checkbox"/> Foul-smelling vaginal discharge |
| Pain & Cramping | <input type="checkbox"/> Starts within 4 hours of MISO | <input type="checkbox"/> Comfort care (rest, hot pack, abdominal/lower back massage) | <input type="checkbox"/> Prolonged cramping > 16 days |
| | <input type="checkbox"/> Greater than menstrual period | <input type="checkbox"/> OTC options: ibuprofen, naproxen (acetaminophen is less effective alone; may be combined with codeine) | <input type="checkbox"/> Cramping/pain not improved with pain medications |
| Other | <input type="checkbox"/> Increased pain up to 24 hours; discomfort may persist | <input type="checkbox"/> Possible gastrointestinal side effects (nausea, vomiting, diarrhea), headache, or fever/chills | <input type="checkbox"/> Chills/fever > 38°C for > 6 hours and malaise (weakness, nausea, vomiting, diarrhea) |
| | <input type="checkbox"/> Self-limiting (usually after MISO) | <input type="checkbox"/> Can manage with OTC options (if pregnancy nausea is present, take anti-nauseant before MIFE and MISO) | <input type="checkbox"/> Feeling sick with/without fever > 24 hours after MISO (possible infection) |

MISSED DOSES

If **MISO is forgotten and > 48 hours has passed since MIFE:** take MISO right away and inform prescriber at follow-up

If vomiting occurs: i. **< 1 hour after taking MIFE or during buccal absorption of MISO:** contact prescriber/pharmacist for assessment
ii. after swallowing MISO fragments 30 minutes following buccal administration: no action required

CONSIDERATIONS FOR START DATE

Refer to schedule in section 4.4 of the [Pharmacist Resource Guide for Medical Abortion](#)

III. Supportive Care Checklist – ensure your patient has these before leaving...

Sanitary pads and liners

MIFE start date: dd-mm-yyyy; MISO start date: dd-mm-yyyy

Pain medications and/or anti-nauseants (OTC or Rx)

Pharmacist Notes:

Contraceptive plan (fertility can return within 8 days)

Scheduled prescriber follow-up

Organized personal support (e.g. childcare, transportation)

Reviewed when and where to go for emergency complications

IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date)

Does patient consent to follow-up? date: dd-mm-yyyy at 00:00 AM/PM; method: phone call/text message/e-mail via number/e-mail

Check appropriate administration

Review contraceptive plan

Review side effect management

Reinforce prescriber follow-up

Pharmacist Signature:

Patient Initials:

Date:

Pharmacist Resource Guide for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

Introduction

This guide is intended for use by community pharmacists dispensing medications for first trimester induced medical abortions (MA) to patients in community practice. The information in this guide and the accompanying [Pharmacist Checklist for Medical Abortion](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion using mifepristone (MIFE) and misoprostol (MISO), (sold under brand name Mifegymiso® in Canada); other drug regimens are outlined in the SOGC guidelines.

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1. Communication about Medical Abortion

Abortion is common in Canada: one in three females will have an abortion. Women and trans men, especially those who are younger, face a number of barriers to abortion access including stigmatization and lack of information. As a pharmacist, you are in a unique role to **provide a safe and supportive** environment for a patient coming in to pick up medications for a medical abortion, as well as **provide information and resources** about safe medical abortion practices.

1.1 Key actions for creating a safe and supportive environment

- Provide a private space for counselling and ensure confidentiality
- Demonstrate an openness to listen and address any concerns or feelings of unease
- Be ready to discuss the patient's personal and emotional needs, values and coping strategies [*resources for referrals provided on page 5*]
- Help the patient identify resources including: a) personal support system and b) community and emergency resources
- Help clarify any myths and misconceptions about abortion
- Use non-stigmatizing language

1.2 Use of language

| SUGGESTED MESSAGES | NON-STIGMATIZING TERMS |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Abortion is a common medical procedure | <input type="checkbox"/> Use this... <i>End a pregnancy; have an abortion</i> Rather than this... <i>Abort a child</i> |
| <input type="checkbox"/> Abortion is a legal and safe procedure | <input type="checkbox"/> Choose abortion; decide to end a pregnancy Get rid of... |
| <input type="checkbox"/> All pregnant people have the right to make decisions about their bodies and decide if, when, and how to have a child | <input type="checkbox"/> (Choose to) continue the pregnancy Keep the baby/child |
| <input type="checkbox"/> Pregnant person | <input type="checkbox"/> Service/abortion/healthcare provider Abortionist |
| <input type="checkbox"/> Partner of pregnant person | <input type="checkbox"/> Pregnancy Baby |
| <input type="checkbox"/> Prevent/reduce unintended pregnancies | <input type="checkbox"/> Embryo (< 10 weeks) or fetus (> 10 weeks) Unborn baby or child / dead fetus |
| <input type="checkbox"/> Anti-choice/anti-abortion | <input type="checkbox"/> Pregnant person Mother |
| <input type="checkbox"/> More than one abortion | <input type="checkbox"/> Partner Father |
| | <input type="checkbox"/> Parent Parent |
| | <input type="checkbox"/> Reduce abortion Pro-life |
| | <input type="checkbox"/> Repeat/multiple abortion |

Responsibilities of Prescribing Healthcare Provider⁵

- Ensure have adequate knowledge of the use of these medications
 - Caution: know your drop-in clinic prescribers – may give incomplete information
- Confirm Gestational Age:
 - Positive office-based urine β hCG + reasonably certain LMP
 - Clinical physical exam by experienced provider within 9 week window – 98% accurate
- Ectopic Pregnancy:
 - Women who have risk factors for pregnancy and/or clinical symptoms, e.g. *abdominal pain and vaginal bleeding* should have an ultrasound and adequately followed.

Table 4. Risk factors of ectopic pregnancy

| History | Clinical symptoms |
|-----------------------------------------------------------|-------------------|
| Previous ectopic pregnancy | Abdominal pain |
| Tubal surgery | Vaginal bleeding |
| Pregnancy conceived with assisted reproduction techniques | |
| Tubal ligation | |
| IUD in place | |
| History of salpingitis or pelvic inflammatory disease | |

IUD: intrauterine device.

Adapted from Barnhart K, van Mello NM, Bourne T, Kirk E, Van Calster B, Bottomley C, et al. Pregnancy of unknown location: a consensus statement of nomenclature, definitions, and outcome. *Fertil Steril* 2011;95:857–66.¹¹²



Responsibilities of Prescribing Healthcare Provider⁵ cont'd

- Medical history:
 - Vaginal bleeding; medications (e.g. birth control); STIs; bleeding disorders; steroid dependent asthma; allergies, psychosocial history
- Physical exam:
 - Vital signs; pelvic and abdominal exam; signs of STIs
- Lab testing:
 - Hgb levels; Rhesus (Rh) blood typing; serum β hCG; urine/swabs for STIs
- Counsel patient on abortion process, including side effects and risks
- Set-up follow-up appointment to evaluate completion (7 – 14 days)



Exclusion Criteria⁵ (Mifegymiso Resource Guide 2.2)

2.2 Exclusion criteria

| ABSOLUTE CONTRAINDICATIONS | RATIONALE |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambivalence* | MA should only be initiated when the patient is certain of their decision. |
| Ectopic pregnancy | MA is not an appropriate treatment for a current ectopic pregnancy and the consequences of a missed diagnosis could be life threatening. |
| Chronic adrenal failure | MIFE is an anti-glucocorticoid and can impair the action of cortisol replacement therapy in those with adrenal insufficiency. |
| Inherited porphyria | MIFE can induce δ-aminolevulinic synthetase; the rate limiting enzyme in heme biosynthesis. |
| Severe uncontrolled asthma* | MIFE is an anti-glucocorticoid and can compromise control of severe asthmatic attacks. |
| Hypersensitivity to ingredients* | Allergic reaction is rare (<0.01%) [refer to Non-medicinal Ingredients on page 3]. |
| RELATIVE CONTRAINDICATIONS | RATIONALE AND MANAGEMENT |
| Unconfirmed gestational age (GA) | If GA is uncertain, ultrasound should be performed or other methods to date the pregnancy should be undertaken by the prescriber. |
| Intrauterine device (IUD) in place* | Pregnancies with IUDs in situ are more likely to be ectopic, which must be excluded. If an ultrasound indicates an intrauterine pregnancy, the IUD should be removed before MA . |
| Long term corticosteroid use* | Steroid effectiveness may be reduced for 3-4 days post-MIFE and therapy should be adjusted. |
| Hemorrhagic disorders or current anticoagulant therapy | MA routinely results in blood loss. Precautionary measures may be appropriate. |
| Anemia with hemoglobin < 95 g/L* | In many studies, anemic women did not obtain MA; precaution may be appropriate. |

*Can be directly identified or addressed by a pharmacist.



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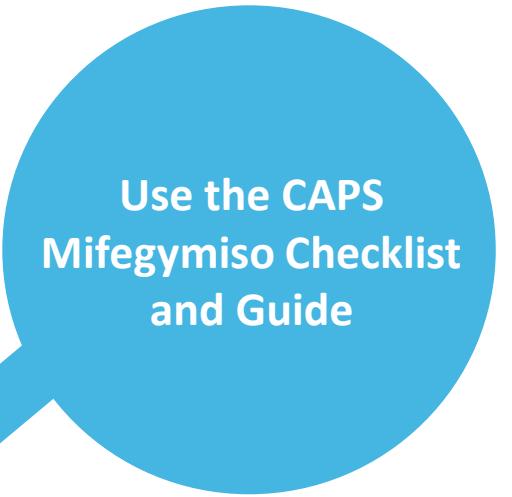
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Mifegymiso Pharmacist Responsibilities⁵

Pharmacist responsibilities:

- Receives Mifegymiso prescription from patient
- Confirms on-hand supply of Mifegymiso
- Dispenses Mifegymiso to patient with pharmacist prescription assessment
 - Counselling is provided in a private area focusing on:
 - safety double-check for presence of potential contraindications
 - *timing of when to initiate medications*
 - side effect management
 - potentially serious concerns requiring prescribing health professional follow-up
 - timing of follow-up appointment with prescribing health professional
 - reinforce need for *prompt* ongoing contraception e.g. IUDs at follow-up visit,
 - Depoprovera & Nexplanon implant – after misoprostol taken



Use the CAPS
Mifegymiso Checklist
and Guide



SHORT ANSWER QUESTION

When is it not safe to dispense Mifegymiso?



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Pharmacology and Mechanisms of Action^{5,6}

1. **Mifepristone (MIFE)** is a potent **progesterone receptor modulator**, with strong antiprogestin and antiglucocorticoid activity.
 - MIFE induces progestin blockade
 - Results in endometrial degeneration, uterine contractility, resumption of prostaglandin production, ↓ βhCG, cervical softening and dilation, and potential onset of bleeding
2. **Misoprostol (MISO)** is a potent synthetic prostaglandin that causes cervix to soften and the uterus to contract, causing expulsion of the pregnancy.
3. **Effectiveness of Mifegymiso (MIFE/MISO):** is 95 – 98% for gestational age up to 70 days
 - Return to ovulation is rapid, on average 20.6 ± 5.1 days
 - Following medical abortion, ovulation can take place **as early as 8 days.**



2020 Mife Update



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Lobbying “Behind the Scenes”⁷

CMAJ

COMMENTARY

Requiring physicians to dispense mifepristone: an unnecessary limit on safety and access to medical abortion

Wendy V. Norman MD MHS, Judith A. Soon RPh PhD

Mifepristone, the gold standard drug for medical abortion,¹ was approved by Health Canada on July 29, 2015.² Under the federal terms of approval, physicians who wish to prescribe this treatment for their patients are required to dispense the medication themselves, which may necessitate purchase from the manufacturer, management of inventory and retail sales to patients. Health Canada’s regulation bypasses the norm of drug dispensing by pharmacists, an important step in the process of ensuring medication safety. The regulation may put patients at risk and will likely limit women’s access to medical abortion.

tions need to apply to become “dispensing physicians” and may need to learn and comply with the infrastructure, labelling and process standards expected of pharmacists; they must also await approval from both their provincial college of physicians and surgeons and the provincial college of pharmacists.⁴ Although these systems will help to ensure that physicians dispense safely, it is not apparent that this form of dispensing will confer a safety advantage over the therapeutic double-check provided through the usual physician-prescribed, pharmacist-dispensed process.

It is likely that physician-only dispensing requirements will limit women’s access to mife-

Competing interests:
None declared.

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2020 Mife Update for Canadian Pharmacists

| Previous Restrictions | 2020 |
|----------------------------------------|------------------------------------------------------------------------------|
| Ultrasound mandatory | No ultrasound required |
| Patient observed taking first dose | No patient observation required |
| Physician only prescribing | Nurse practitioners can also prescribe |
| Physician only dispensing | Pharmacist stock/dispense Mifegymiso |
| Limited Mifegymiso stock, short expiry | Pharmacist role to stock and dispense Mifepristone like any other medication |
| Mifepristone initiation by 7 weeks | ≤ 9 weeks Health Canada ≤ 10 weeks SOGC Guidelines |
| Patient pays cost out of pocket | Universal cost coverage for resident |



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MIFEGYMILO: ACCESS AND COVERAGE IN CANADA



ACCESS

Since November 7, 2017 all pharmacists across Canada have been authorized to dispense Mifegymiso directly to patients.

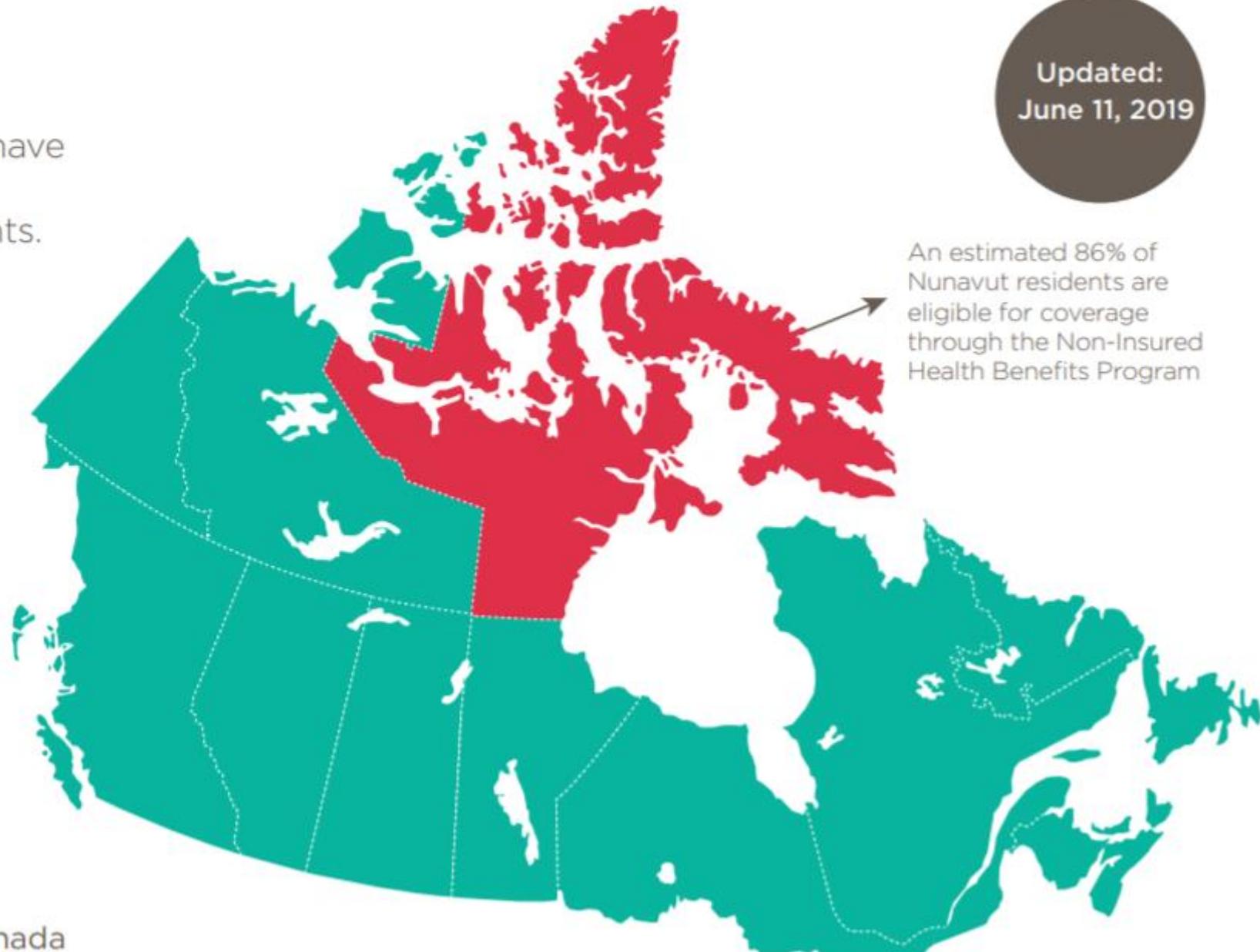
Updated:
June 11, 2019

PROVINCIAL/TERRITORIAL COVERAGE

- Universal Coverage
- No coverage

NATIONAL COVERAGE IS LIMITED TO:

- Non-insured Health Benefits Program
- Interim Federal Health Program
- Canadian Forces Health Services
- Programs for Correctional Services of Canada



Mifegymiso Checklist and Resource Guide for Pharmacists



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Pharmacist Checklist for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

NOTE: The information in this checklist and the accompanying [guide](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion with MIFE/MISO.

I. Pharmacist Prescription Assessment

| NECESSARY | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Confirm indication for medical abortion | <input type="checkbox"/> |
| EFFECTIVE | <input type="checkbox"/> |
| Verify appropriate written date for prescription (NOTE: if prescription was written \geq 7 days, ensure efficacy Health Canada indicate use up to 63 days from last menstrual period [LMP]; SOCG up to 70 days LMP) | <input type="checkbox"/> |
| SAFE | <input type="checkbox"/> |
| Identify patient will have access to help (personal support system, transportation, phone, emergency medical care) | <input type="checkbox"/> |
| Exclude absolute contraindications (uncontrolled severe asthma, adrenal failure, allergies, etc) | <input type="checkbox"/> |
| Consider and/or manage relative contraindications (IUD, long-term corticosteroid use, hemorrhagic disorders, anemia) | <input type="checkbox"/> |
| ADHERENCE | <input type="checkbox"/> |
| Confirm patient is making a clear decision to complete treatment for a medical abortion (consider if external pressure is being placed on the patient and if there are feelings of hesitancy; address as required) | <input type="checkbox"/> |
| Confirm patient able to take MISO 24-48 hours after MIFE | <input type="checkbox"/> |
| Confirm patient is able to attend prescriber follow-up 7-14 days after starting treatment | <input type="checkbox"/> |



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Pharmacist Resource Guide for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

Introduction

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Mifegymiso® Dosage and Administration

Mifegymiso is a pre-packaged combination package of:⁸

- 1 mifepristone (MIFE) oral tablet: 1 x 200mg
- 4 misoprostol (MISO) buccal tablets: 4 x 200mcg (total 800 mcg)

Day 1: Take mifepristone orally at home with a glass of water.

Day 2 – 3: 24 to 48 hours after taking MIFE, place 2 MISO tablets between cheek and gums on each side of your mouth (total 4 tablets). Leave in place for 30 minutes, and swallow remaining fragments with a glass of water. Rest for 3 hours. Cramping will begin ~2–4 hours.

Day 7 – 14: Follow-up **must** take place with physician to verify expulsion has been completed, and may involve clinical exam, ultrasound or βhCG.



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Mifegymiso® Dosage and Administration Checklist

II. Patient Counselling

DIRECTIONS FOR USE – review appropriate administration

Day 1 MIFE (green box label): take 1 tablet orally and swallow with water.

Day 2 (24-48 hours) MISO (orange box label): place 4 tablets between the cheek and gum (2 on each side of mouth). Leave in place for 30 minutes, then swallow leftover fragments with water. **ALWAYS** take MISO, even if bleeding starts after MIFE.



MISSED DOSES

If **MISO is forgotten and > 48 hours has passed since MIFE**: take MISO right away and inform prescriber at follow-up

If **vomiting occurs:**

- < 1 hour after taking MIFE or during buccal absorption of MISO: contact prescriber/pharmacist for assessment
- after swallowing MISO fragments 30 minutes following buccal administration: no action required



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Mifegymiso® Dosage and Administration Resource Guide

4.4 Administration considerations and recommended schedule

Due to the expected effects of inducing a medical abortion including vaginal bleeding and abdominal pain, it is important to consider the timing of medication administration in order to minimize patient discomfort and strain on activities of daily living. **Consider whether the patient may need to arrange personal support** (e.g. childcare, transportation, grocery shopping) over the weekend.

EXAMPLE ADMINISTRATION SCHEDULE *(For a typical 9-5 working schedule)*

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Day 1 Friday | Take MIFE in the morning. Minimal vaginal bleeding may occur; be prepared with panty liners. |
| Day 2 Saturday | Take MISO in the morning. Expect heavy bleeding and cramping to start within 1-48 hours and last throughout the day. Be prepared with large sanitary pads. |
| Day 3 Sunday | Bleeding is expected to continue through Sunday. Take the weekend to rest. If needed, the patient may consider taking the day off work on Monday. |



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What can Patients Expect? Checklist

| EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Side Effect | What to expect... | What can you do... | When to seek help... |
| Vaginal Bleeding & Discharge | <ul style="list-style-type: none"> <input type="checkbox"/> Starts 1-48 hours after MISO (minimal bleeding after MIFE) <input type="checkbox"/> Heavier than menstrual period <input type="checkbox"/> Heavy bleeding lasts 2-4 hours (light bleeding/spotting can last until next menstrual period) <input type="checkbox"/> May contain blood clots | <ul style="list-style-type: none"> <input type="checkbox"/> Use sanitary pads for heavy bleeding (should diminish upon pregnancy termination) <input type="checkbox"/> Do not use tampons <input type="checkbox"/> Use panty liners for light bleeding (up to 30 days after treatment) | <ul style="list-style-type: none"> <input type="checkbox"/> Heavy vaginal bleeding (saturates ≥ 2 large sanitary pads per hour for 2 consecutive hours) <input type="checkbox"/> Dizziness or racing heart rate <input type="checkbox"/> Heavy bleeding > 16 days <input type="checkbox"/> Foul-smelling vaginal discharge |
| Pain & Cramping | <ul style="list-style-type: none"> <input type="checkbox"/> Starts within 4 hours of MISO <input type="checkbox"/> Greater than menstrual period <input type="checkbox"/> Increased pain up to 24 hours; discomfort may persist | <ul style="list-style-type: none"> <input type="checkbox"/> Comfort care (rest, hot pack, abdominal/lower back massage) <input type="checkbox"/> OTC options: ibuprofen, naproxen (acetaminophen is less effective alone; may be combined with codeine) | <ul style="list-style-type: none"> <input type="checkbox"/> Prolonged cramping > 16 days <input type="checkbox"/> Cramping/pain not improved with pain medications |
| Other | <ul style="list-style-type: none"> <input type="checkbox"/> Possible gastrointestinal side effects (nausea, vomiting, diarrhea), headache, or fever/chills <input type="checkbox"/> Self-limiting (usually after MISO) | <ul style="list-style-type: none"> <input type="checkbox"/> Can manage with OTC options (if pregnancy nausea is present, take anti-nauseant before MIFE and MISO) <input type="checkbox"/> Can reduce gastrointestinal side effects by taking MISO <u>after</u> a snack | <ul style="list-style-type: none"> <input type="checkbox"/> Chills/fever > 38°C for > 6 hours and malaise (weakness, nausea, vomiting, diarrhea) <input type="checkbox"/> Feeling sick with/without fever > 24 hours after MISO (possible infection) |



Bleeding ...



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Follow-up Patient Care

III. Supportive Care Checklist – ensure your patient has these before leaving...

- | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Sanitary pads and liners | <input type="checkbox"/> MIFE start date: dd-mm-yyyy; MISO start date: dd-mm-yyyy |
| <input type="checkbox"/> Pain medications and/or anti-nauseants (OTC or Rx) | <input type="checkbox"/> Pharmacist Notes: _____ _____ |
| <input type="checkbox"/> Contraceptive plan (fertility can return within 8 days) | |
| <input type="checkbox"/> Scheduled prescriber follow-up | |
| <input type="checkbox"/> Organized personal support (e.g. childcare, transportation) | |
| <input type="checkbox"/> Reviewed when and where to go for emergency complications | |

IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date)

Does patient consent to follow-up? date: dd-mm-yyyy at 00:00 AM/PM; method: phone call/text message/e-mail via number/e-mail

- | | |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Check appropriate administration | <input type="checkbox"/> Review contraceptive plan |
| <input type="checkbox"/> Review side effect management | <input type="checkbox"/> Reinforce prescriber follow-up |

Pharmacist Signature:

Patient Initials:

Date:



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POLL QUESTION

When does the patient need to return to the prescribing healthcare provider for a follow-up visit after taking MIFE/MISO medications?

- a. 4 - 6 days
- b. 7 - 14 days
- c. 15 - 21 days
- d. 22 - 28 days





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POLL QUESTION

When can ovulation occur following a medical abortion?

- a) 3 days**
- b) 8 days**
- c) 14 days**
- d) 21 days**
- e) 28 days**



Follow-up after Medical Abortion⁸

Women **must** have follow-up 7 to 14 days after taking mifepristone

- Meticulous follow-up required as *birth defects* reported from MISO
- Symptoms of incomplete abortion – unexpected heavy bleeding or more severe cramping or absence of bleeding, ongoing pregnancy symptoms
- Women with ongoing pregnancy (3 – 5%) offered 2nd dose MISO or aspiration
- Pelvic infection < 1% – pelvic pain, foul-smelling vaginal discharge, fever/chills
- Telemedicine: serum or urine β hCG with symptom checklist
 - Within 24 hours after expulsion β hCG \downarrow 50%; 7 – 14 days \downarrow 80% drop
 - β hCG may be detected in urine \geq 1 month (23%)
- Contraceptive plan: develop at first visit, as ovulation can occur as early as 8 days
 - If progesterone-containing product, *initiate after taking MISO*
 - *Insert IUDs at follow-up visit confirming completion*



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Online Community of Support and Resources⁹

Join Canada's
online community
for health professionals
providing Mifepristone.

- Exchange tips, resources, and best practices
- Gain feedback from experts
- Locate pharmacies in your region

www.caps-cPCA.ubc.ca



Resources

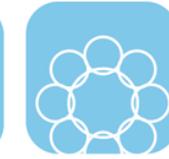
Tools & Tips



Clinical Guidelines



Tools & Tips



Organizations



Articles



Patient Resources



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CART-GRAC
Groupe de recherche sur
l'accès à la contraception

Locate a Pharmacy



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Could Mifegymiso address the urban-rural abortion access disparity in Canada?

Protocol for a national Implementation Research Study



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Mifegymiso Opportunities for Improvement

- Increase access to medical abortion at *family physician* practices
 - Patients can readily access a script for Mifegymiso
- Increase access to universally covered Mifegymiso at *community pharmacies*
 - The stock is readily available through distributors and patient does not pay out of pocket
- Increase *patient awareness* of how to access universally covered medical abortion, especially in rural and remote areas
 - Medical abortion is readily available and patient does not pay out of pocket \$\$ for Mifegymiso
 - Telehealth is widely accessible in BC; other provinces are investigating opportunities
- Improve timely access to *ongoing contraception* (e.g IUDs, Depo Provera + *implants soon*)
Callbacks for “no show” patients at *prescriber follow-up*
(e.g. *ongoing pregnancy, initiation of ongoing contraception*)



Educational Resources for Mifegymiso®

- SOGC/CFPC/CPhA Medical Abortion Training Program

<https://sogc.org/en/rise/Events/event-display.aspx?EventKey=MATP&WebsiteKey=4d1aa07b-5fc4-4673-9721-b91ff3c0be30>

- New Celopharma Free Medical Abortion Training Program

http://celopharma.com/wp-content/files_mf/training-program-EN.pdf

http://celopharma.com/wp-content/files_mf/training-program-FR.pdf

- *Medical Abortion Chapter 77 in Compendium of Therapeutic Resources (CTC 2019)*

- Once pharmacists have completed training (*strongly encouraged*):^{8,9}

- Register on Canadian Support Network site <https://www.caps-cPCA.ubc.ca>

- Able to register pharmacy on map (only registered physicians/pharmacists can see)

- Able to rapidly link to specialists with their questions

- Able to provide feedback on their experiences in follow-up surveys

- *Medical Abortion Clinical Guidelines for Pharmacists* in CPJ soon



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Medical Abortion 101

Medical abortion uses medications instead of surgery to end a pregnancy

1 It Is Highly Effective



Ends up to 98% of pregnancies if used in the first 10 weeks

Less effective in later pregnancy

Free in most Canadian provinces

Health Canada approves its use for up to 9 weeks

How to Take It

Start



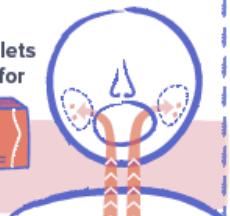
Take 1 mifepristone tablet with a glass of water

24-48h later

Put 2 misoprostol tablets in each cheek pouch for 30 mins



Swallow remnants with a glass of water

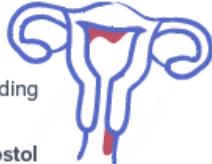


causes cervix to open and uterus to contract to push out pregnancy

2 What To Expect

After mifepristone

- may have some light bleeding
- many have no bleeding



within:

3 hrs

- strong, painful cramping
- bleeding heavier than a period
- may pass lemon-sized clots
- fever over 38°C

24 hrs

- nausea, headache, dizziness, diarrhea

2 weeks

- light bleeding

Won't see a fetus if less than 8 weeks gestation

3 Managing Side Effects



diarrhea



loperamide



vomiting/nausea



dimenhydrinate



cramping



naproxen
ibuprofen
opioid

Only use pads, not tampons

! Seek Urgent Care If

- soaking 2 maxi-pads per hour for more than 2 hrs
- clots larger than a lemon for more than 2 hrs

- pain doesn't improve with medication
- fever, nausea, diarrhea, or weakness

occurring 24 hrs after taking misoprostol

4 After the Abortion

ovulation can happen within 8 days of an abortion

can start birth control pills after taking misoprostol

can have IUD inserted 7-14 days after misoprostol

see abortion provider in 7-14 days to confirm the abortion is complete

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Role Play between Pharmacist and Patient presenting a script for Mifegymiso



Questions



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