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# Integration of Medication Abortion into Primary Care Practice and Teaching

An Intersection of Patient Care,  
Reproductive Justice, and Advocacy

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Who has counseled patients about  
abortion care?

Who has provided abortion care?

Who has been involved with  
advocacy/activism around abortion  
access?

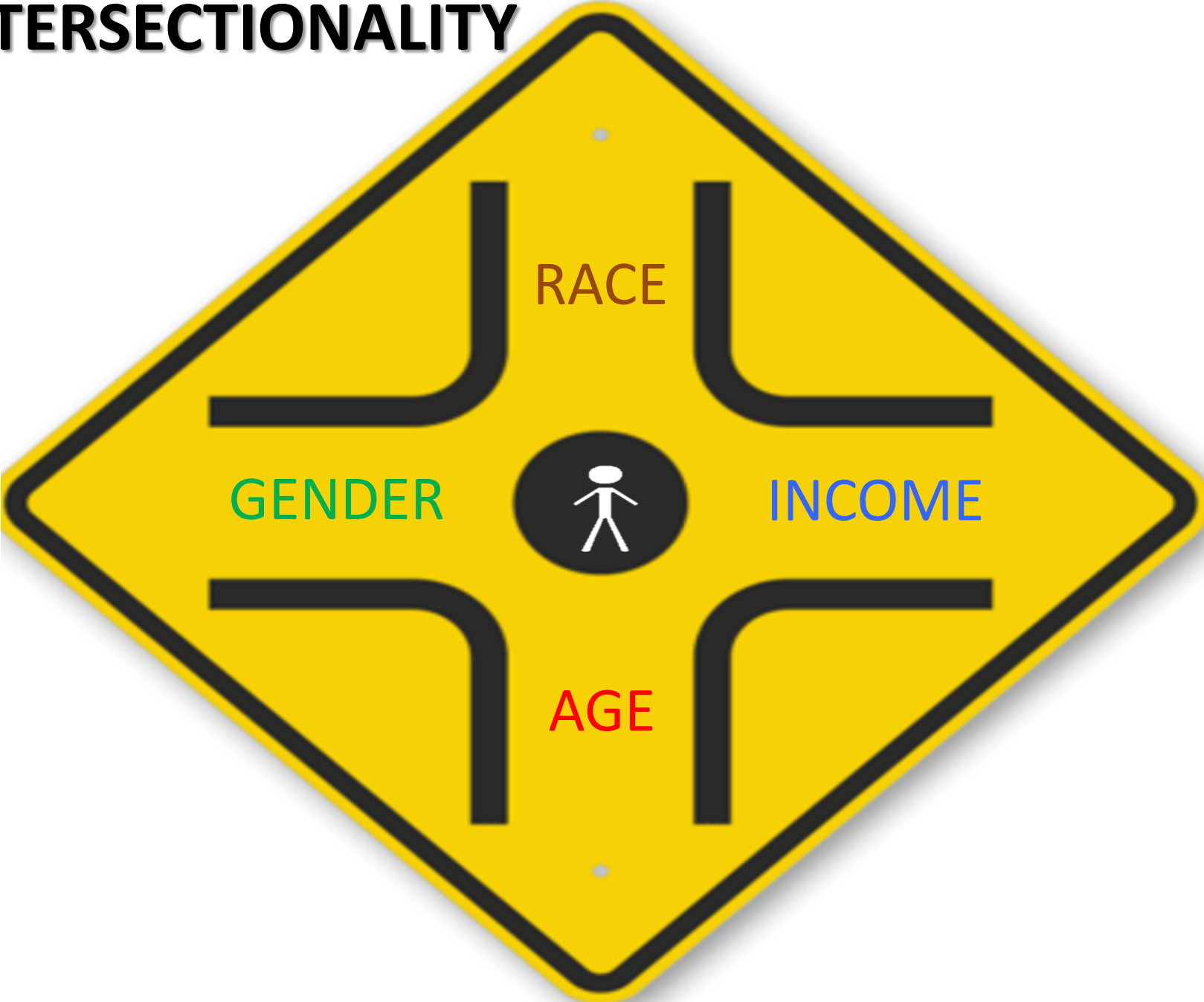
Who has heard of reproductive justice?

# Reproductive rights...

Focuses on protecting legal rights to abortion and contraception and the freedom to make reproductive choices



# INTERSECTIONALITY



# Reproductive Justice

- Reproductive rights...
  - focuses on protecting legal rights to abortion and contraception and the freedom to make reproductive choices
- **Reproductive justice...**
  - extends beyond rights and choice to address historical, social and economic factors contributing to the disempowerment of women
  - gives a voice to poor women, women of color, incarcerated women, immigrants, youth, women with disabilities and other women and girls on the margins who have been subject to reproductive coercion and discrimination

# Reproductive Justice

Addresses the influence of social, economic, and political inequalities on reproductive choices and decision-making ability

- The right not to have a child
- The right to have a child
- The right to parent children in safe and healthy environments
- The right to maintain personal bodily autonomy



So What's Happening in Pennsylvania?

# Hyde Amendment-1976

- Restricts the use of federal funds to pay for abortion
  - Abortion is not covered by ANY federal government-based insurance
  - Exceptions are rape, incest, and threat to maternal life
- 17 states allow for state government funds to cover abortion
  - Pennsylvania Medicaid does not cover abortion



# Pennsylvania Abortion Control Act of 1982

- 24 hour waiting period
- Required counseling
- Parental consent or judicial bypass
- Defines medical exceptions to the 24 hour waiting period
- Outlines reporting requirements for abortion

**Restrictive laws do not stop women from having abortions.**  
They mainly make the procedure clandestine and often unsafe.



So with all of this, what does a medication abortion look like in PA?

Patient is 19 yo cis-female, coming to see you, her primary care doctor, with a complaint of nausea and exhaustion for about 1 week.

- 24 hours later...

# Pennsylvania Abortion Control Act

- Offer state mandated materials
  - Book describing fetal development
  - Lists options for prenatal care, social, and economic support
- Inform her that the father of the pregnancy is responsible for child support even if he has offered to pay for the abortion
- Confirm that she is not under the influence of any substances
- Confirm that she is not being coerced to have the abortion
- If under 18, needs the consent of a parent or judicial bypass
  - Check ID and birth certificate
- Fill out abortion reporting form for each abortion
- Dip the urine for glucose/protein, get Rh, check hemoglobin

Jefferson Family Medicine  
PACA Information Session Physician Script

Hello, my name is Dr. \_\_\_\_\_. Before having an abortion procedure, the state of Pennsylvania requires that a doctor give you the following information.

1. The State has created materials describing fetal development and social services agencies that offer alternatives to abortion. You can see these materials if you request them and obtain a copy free of charge.
2. Medical assistance benefits may be available to you for prenatal care, childbirth and neonatal care, and more details about these benefits are contained in the State printed materials.
3. The person involved in the pregnancy is responsible financially to help you if you choose to continue the pregnancy, even if they offered to pay for the abortion.
4. You will need to sign that you received this information at least 24 hours before your abortion. If you want the State's printed materials, you will sign off that they were provided to you.
5. You cannot be forced to have an abortion. The decision is yours. The alternatives are to continue the pregnancy and to parent or to make an adoption plan.
6. We estimate the gestational age of the pregnancy from your last menstrual period. We will either examine your uterus or perform an ultrasound to confirm the gestational age.
7. Abortions can be performed by suction abortion (often call surgical or procedural abortion) or you can choose medication abortion. Medication abortion is offered up to 10 weeks of pregnancy and involves two types of pills. The first pill is provided in the office and stops the pregnancy, and the second set of pills is taken at home to help you pass the pregnancy. For suction abortions, the muscle that separates the vagina from the uterus, the cervix, is gently stretched open. A small plastic tube, like a straw, is inserted into the uterus and suction is used to remove the pregnancy. In later pregnancies, dilating sponges or additional medications may be used to dilate the cervix prior to the procedure. You can decide to have IV sedation (being asleep) or local anesthesia (being awake).
8. Pregnancy, whether it results in a miscarriage, an abortion, or childbirth, involves potential risks. Carrying a pregnancy to full term and giving birth is about 10 to 15 times more risky than having an abortion at 16 weeks or less. Abortion and full term pregnancy may have negative medical or psychological effects which cannot be predicted. Potential problems could include side effects from medications, infection, heavy bleeding or clots in the uterus needing removal or transfusion, and damage to the cervix, vagina, or uterus, or to other abdominal organs requiring hospitalization or additional surgery. For abortion, these risks are very low.

Do you have any questions?

# What triggers the abortion reporting form at Jefferson?

- OB dept has a process
- Family Medicine and Peds need to develop their own



# Need to insure both access and autonomy

- Maximize access to care
- Full range of options
- Patient preferences critical



# Integrating Med Ab: why bother?

- Comprehensive reproductive health care includes abortion
- Expand access to abortion services
- Enable patients to access services in a place comfortable and convenient for them
- Train residents to integrate medication abortion into primary care

# Why should we offer medication abortion when we can't do procedures?

- Much less training needed for clinicians
- No need for additional staff or equipment
- In Pennsylvania, fewer legal restrictions than for a procedural abortion

# WHAT DID YOU LIKE MOST ABOUT GETTING AN ABORTION IN THIS OFFICE [YOUR FAMILY MEDICINE CLINIC]?

## PERSONALIZED CARE

**“More personal attention”**

## CONFIDENTIAL

**“No one knows why I am here”**

## SAFETY

**“No one can harass outside the clinic”**

## FAMILIARITY

**“Been here since I was little”**

YOU DESERVE TO CHOOSE  
NOT TO PARENT  
REGARDLESS OF  
THE CIRCUMSTANCES  
OF YOUR PREGNANCY  
AND HOW MUCH  
MONEY YOU MAKE.  
AFFORDABLE ABORTION  
ACCESS IS REPRODUCTIVE  
JUSTICE.



REPEAL HYDE ART PROJECT

*“The thing about reproduction is that, more than anything else, it tells you how a society values people.”*

*-Dorothy Roberts*