

# Now what? Roles for the Internist in the post- Dobbs era

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# Objectives

- Identify where and how abortion services are being limited across the country and in our region
- Integrate reproductive health services into the care we already provide
- Describe training landscape for rising physicians and implications for future service availability locally and nationally
- Identify opportunities and effective strategies for physician advocacy

# **We are all providing reproductive health care, even if we “aren’t”**

- Do you see patients 15-45 years old in your practice?
- Do you prescribe teratogenic medications?
- Could a disease process you treat impact a pregnancy?

Given this...

- Do you know if your patient could become pregnant?
- Do you know if your patient *would want* to be pregnant?
- Is the care you provide aligned?

# Current Landscape of Abortion Care





# In Washington:

**Abortion policies currently in effect in Washington include the following:**

- Abortion is banned at fetal viability, generally 24–26 weeks of pregnancy
- State Medicaid funds cover abortion
- Private health insurance plans are required to cover abortion
- Qualified health care professionals, not solely physicians, can provide abortions
- Protections for patients and abortion clinic staff

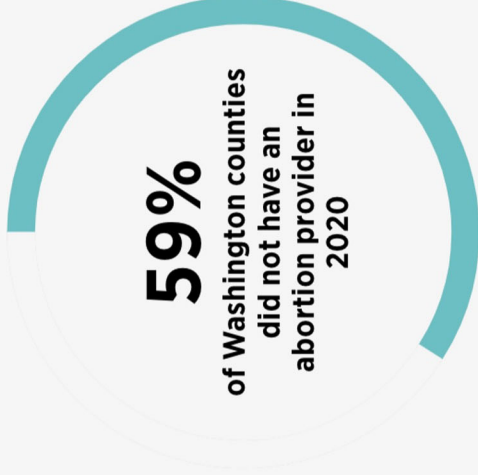
<https://states.guttmacher.org/policies/washington/abortion-policies>



**40**

## **CLINICS**

provided abortion  
care in Washington in 2020



**10%**

of women aged 15-44  
in Washington lived in a  
county without an  
abortion provider in  
2020

**BEFORE 12 WEEKS**



**6 MILES**

Average one-way driving  
distance for women aged  
15-49 in Washington to the  
nearest clinic that performs  
abortions up to 12 weeks =  
6 miles

**BEFORE 14 WEEKS**



**10 MILES**

Average one-way driving  
distance for women aged  
15-49 in Washington to the  
nearest clinic that performs  
abortions up to 14 weeks =  
10 miles

**BEFORE 20 WEEKS**



**14 MILES**

Average one-way driving  
distance for women aged  
15-49 in Washington to the  
nearest clinic that performs  
abortions up to 20 weeks =  
14 miles

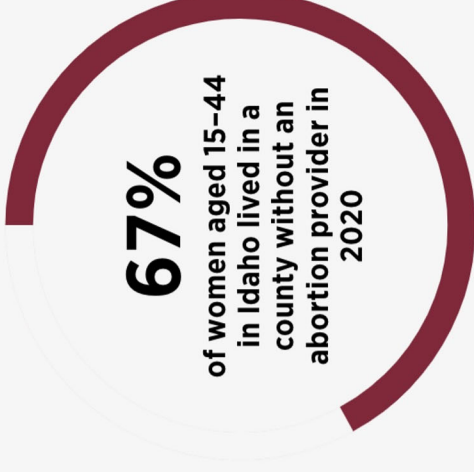
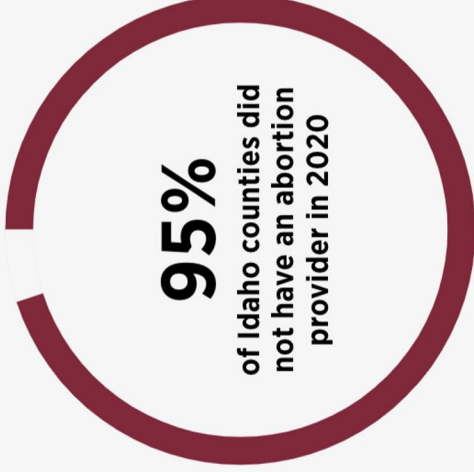
## **In Idaho:**

- Abortion is completely banned with very limited exceptions
- Patients forced to wait 24 hours after counseling (not required to be in-person) to obtain an abortion
- State Medicaid coverage of abortion care is banned except in very limited circumstances
- Private health insurance of abortion is banned except in very limited circumstances
- Parental consent or notice is required for a minor's abortion
- Only physicians can provide abortions and not other qualified health care professional





**3 CLINICS**  
provided abortion  
care in Idaho in 2020



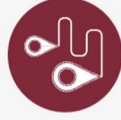
**BEFORE 12 WEEKS**



**21 MILES**

Average one-way driving  
distance for women aged  
15-49 in Idaho to the  
nearest clinic that performs  
abortions up to 12 weeks =  
21 miles

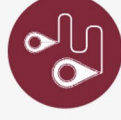
**BEFORE 20 WEEKS**



**36 MILES**

Average one-way driving  
distance for women aged  
15-49 in Idaho to the  
nearest clinic that performs  
abortions up to 20 weeks =  
36 miles

**BEFORE 22 WEEKS**



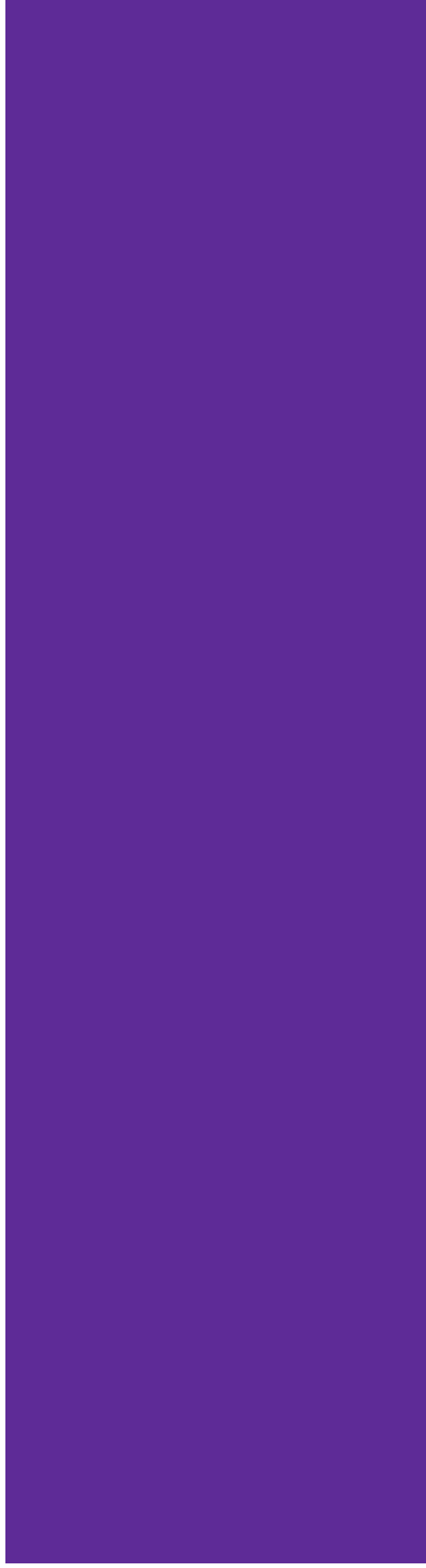
**286 MILES**

Average one-way driving  
distance for women aged  
15-49 in Idaho to the  
nearest clinic that performs  
abortions up to 22 weeks =  
286 miles

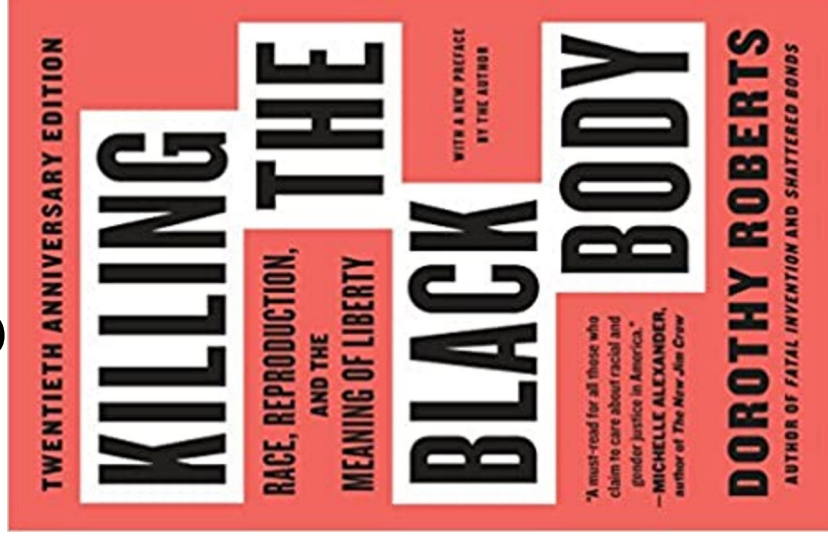
# Ways that abortion is limited or restricted:

- Physician and hospital requirements (32 states)
- Gestational limits (43 states)
- Public funding (Only 16 states allow use)
- Coverage by private insurance (12 states restrict private insurance coverage)
- Refusal (45 states allow individual providers to refuse, 42 states allow institutions to refuse ie Catholic health systems)
- Mandated counseling (17 states) on ability of a fetus to feel pain at 12 weeks, or long term mental health consequences for the patient
- Waiting periods
- Parental involvement (36 states)
- Parental consent (27 states)

# Elephants in the (clinic) room



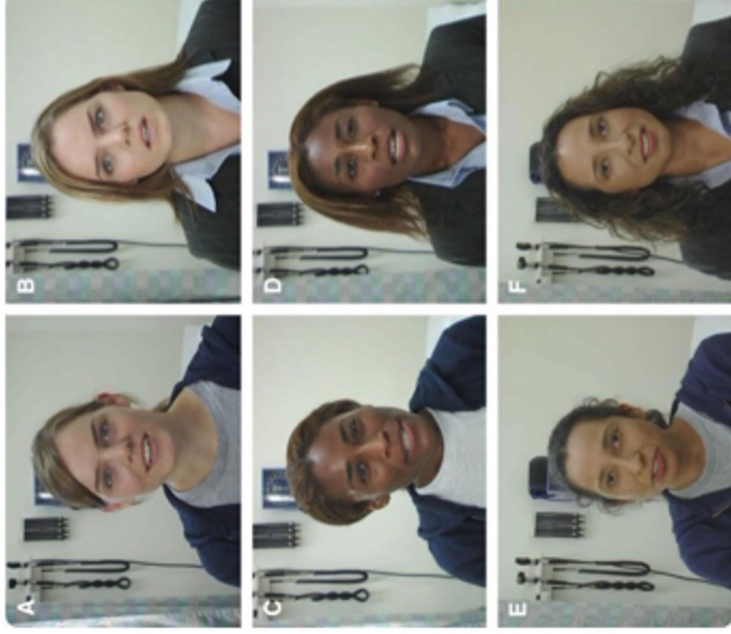
Consider the historical (and present) context  
others bring



## **Consider what you bring: What are your immediate thoughts about:**

1. A woman with developmental delay and seizure disorder wishes to become pregnant
2. A person who is currently unhoused “would be ok either way” if they became pregnant
3. A person with an a1c of 10 and uncontrolled HTN tells you they would like to become pregnant
4. A 18yo you treat for opiate use disorder, currently engages in transactional sex work, comes to you because they are pregnant and haven't decided yet if they want to become a parent. They are 10w pregnant today.

# Bias impacts the counseling physicians give:



Dehlendorf, Am J Obstet Gynecol, 2016 (N=524)

Zuckerberg San Francisco General

36

**The Goal: Reproductive Justice**

# **Sister Songs**

**Women of Color Reproductive  
Justice Collective**

**What can you do in your own  
clinical practice?**





# Supporting patients along the continuum



Planning

Plan your care to match their reproductive “goals” and values

Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

Abortion

Learn to prescribe medication abortions

Post Abortion Care

Be prepared to care for someone who needs care after an abortion

# Planning: Give patients information


- Talk to your patients about their medications or chronic health conditions in pregnancy
- Include pregnancy discussions into counseling about a new medication or a refill. Consider: will it impact fertility? Reduce efficacy of contraception? Is it a teratogen? Do you recommend your patient have birth control while they take it?
- Try: “Would you like to become pregnant in the next year?”

# **Preventing Pregnancy: Help prevent pregnancy for people who do not desire one**

- Check with them if they want to or could become pregnant!
- Connect people with resources for contraception
- Include a statement about availability of abortion and allyship into your contraceptive counseling
- Emergency contraception for everyone



# Abortion Care: Connect your patient with abortion services

 Because of a U.S. Supreme Court ruling, laws are in effect that restrict abortion access in some states. But abortion is legal in other states. The Supreme Court ruling does NOT mean that abortion is illegal nationwide. It is still legal to travel to states where abortion is legal. [Learn more](#)

**Abortion Finder**

[Find Abortion Services](#)

[Types of Abortion](#) ▾

[State-by-State Guide](#)

[FAQs](#)

[About Us](#)

[Español](#)

## Find a Verified Abortion Provider

Your information is private and confidential. ⓘ [Why we ask about your age and last period](#)

Location  
Enter address, ZIP, or city

First Day Of Last Period  
Select date

Your Age  
18 or older

Find a Provider

I don't know the first day of my last period.

*With more than 700 health centers, [AbortionFinder.org](https://www.abortionfinder.org) features the most comprehensive directory of trusted (and verified) abortion service providers in the United States.*

<https://www.abortionfinder.org/>

# **Connect your patient with services:**

At UW we have two different family planning clinics:

Women's Health Care Center at Roosevelt (complex family planning ob/gyns, IM docs providing medication abortion)

Northgate Clinic (Family Medicine, medical and procedural abortions)

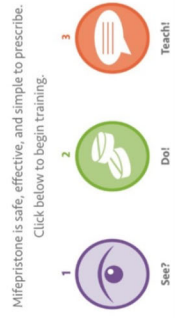
# Abortion Care: Learn to prescribe medication abortion



About Funding Education Resources Connect Donate  
GET UPDATES INFO@RHEDI.ORG

## Abortion Pill CME

TEACH developed this video-based online training about the use of mifepristone for early abortion or miscarriage management. TEACH collaborated with UC Davis, Brown University, Bixby Center for Reproductive Health, SFP among others on this innovative and free Abortion Pill CME.



[Abortion\\_Pill\\_CME](#)

[#MEDICATION ABORTION](#)

<https://rhedi.org/abortion-pill-cme/>

## Post-Abortion Care

- Complications are rare (<1%), but include incomplete abortion, haemorrhage, infection, uterine perforation, anaesthesia-related complications, uterine rupture.
- Provide non-judgmental post abortion care when the need for it is recognized
- Post-abortion hotlines are available



# Miscarriage Management Resources



**TEAMM**  
Training,  
Education,  
& Advocacy  
in Miscarriage  
Management

<https://www.miscarriagemanagement.org/>

# Any care you provide *is* reproductive health care

Planning

Plan your care to match their reproductive “goals”

Pregnancy Prevention

Prevent pregnancy for those who do not wish to become pregnant

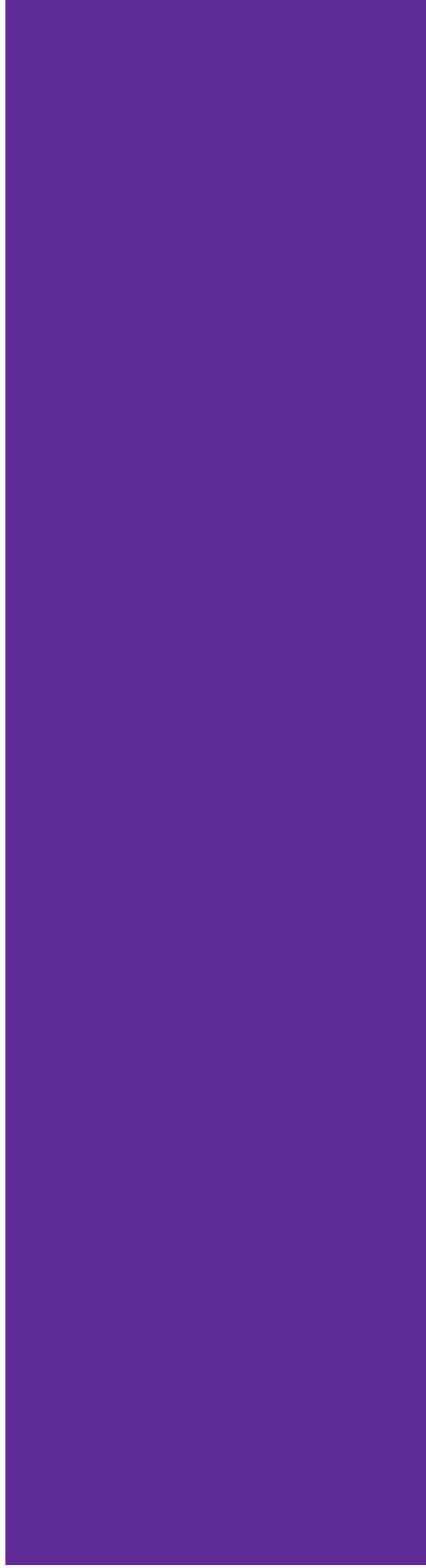
Abortion

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# Training to Provide Medication Abortion



## Prior studies have shown that:

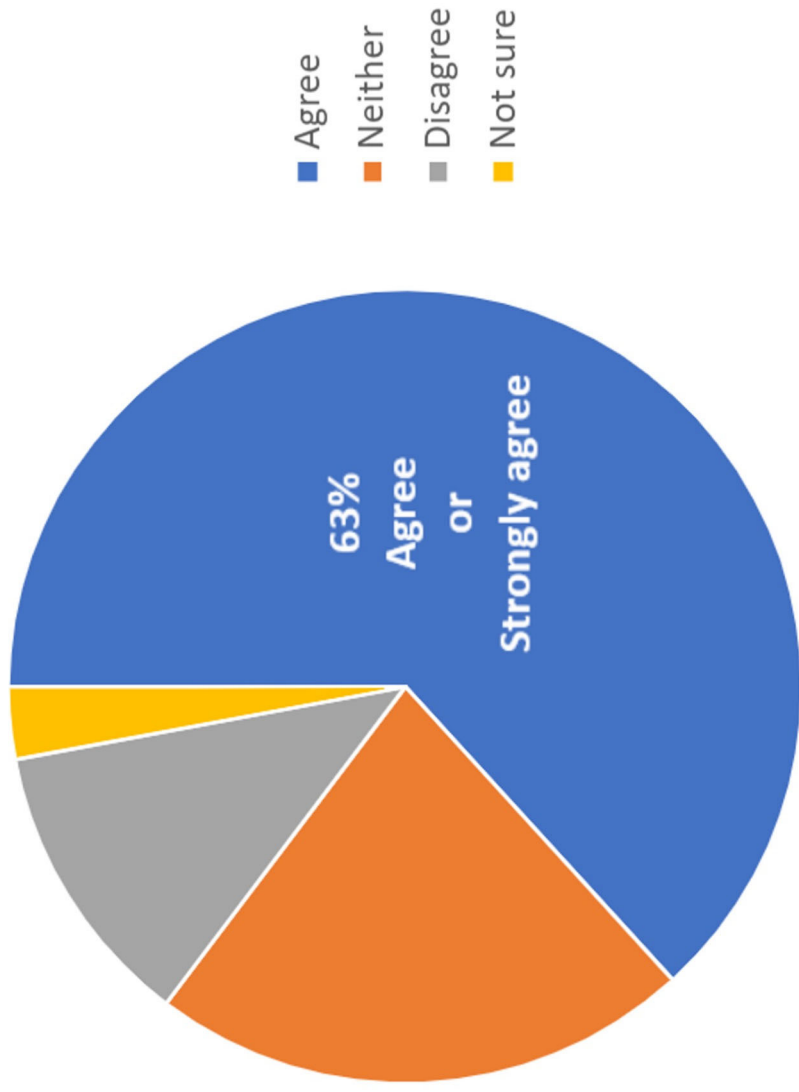
- **Patients** are interested in receiving medication abortion from their primary care provider
- **Trainees** believe medication abortion is within scope of practice and would like to provide this care
- **Faculty** would provide medication abortion if trained, and would precept residents in medication abortion cases



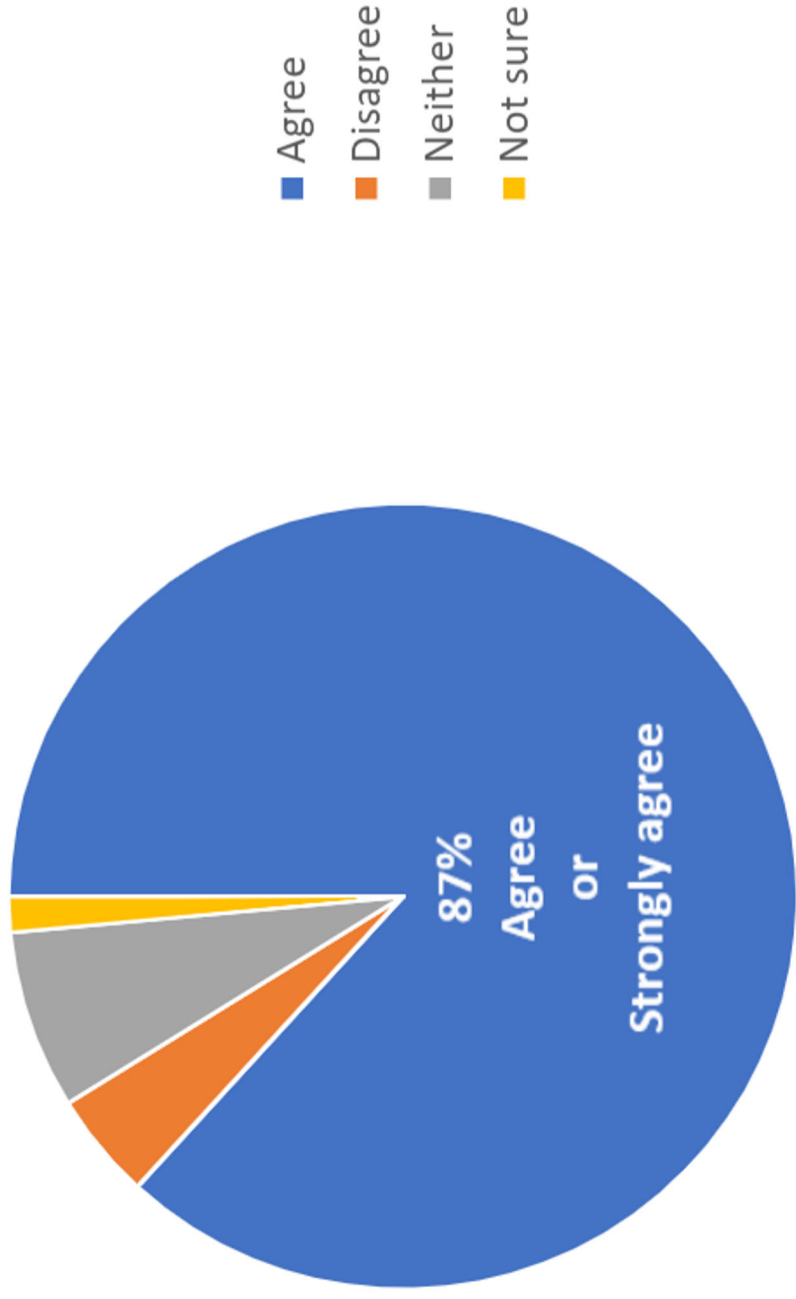
## **IM training in medication abortion**

- Anonymous survey of internal medicine primary care residency program leaders
- Training to provide medications for: abortion, opioid use disorder, PrEP, gender affirming care
- 28% response rate, uniform across regions sampled
- Prior to Dobbs v. Jackson Women's Health Organization

# Medication abortion is within the scope of primary care

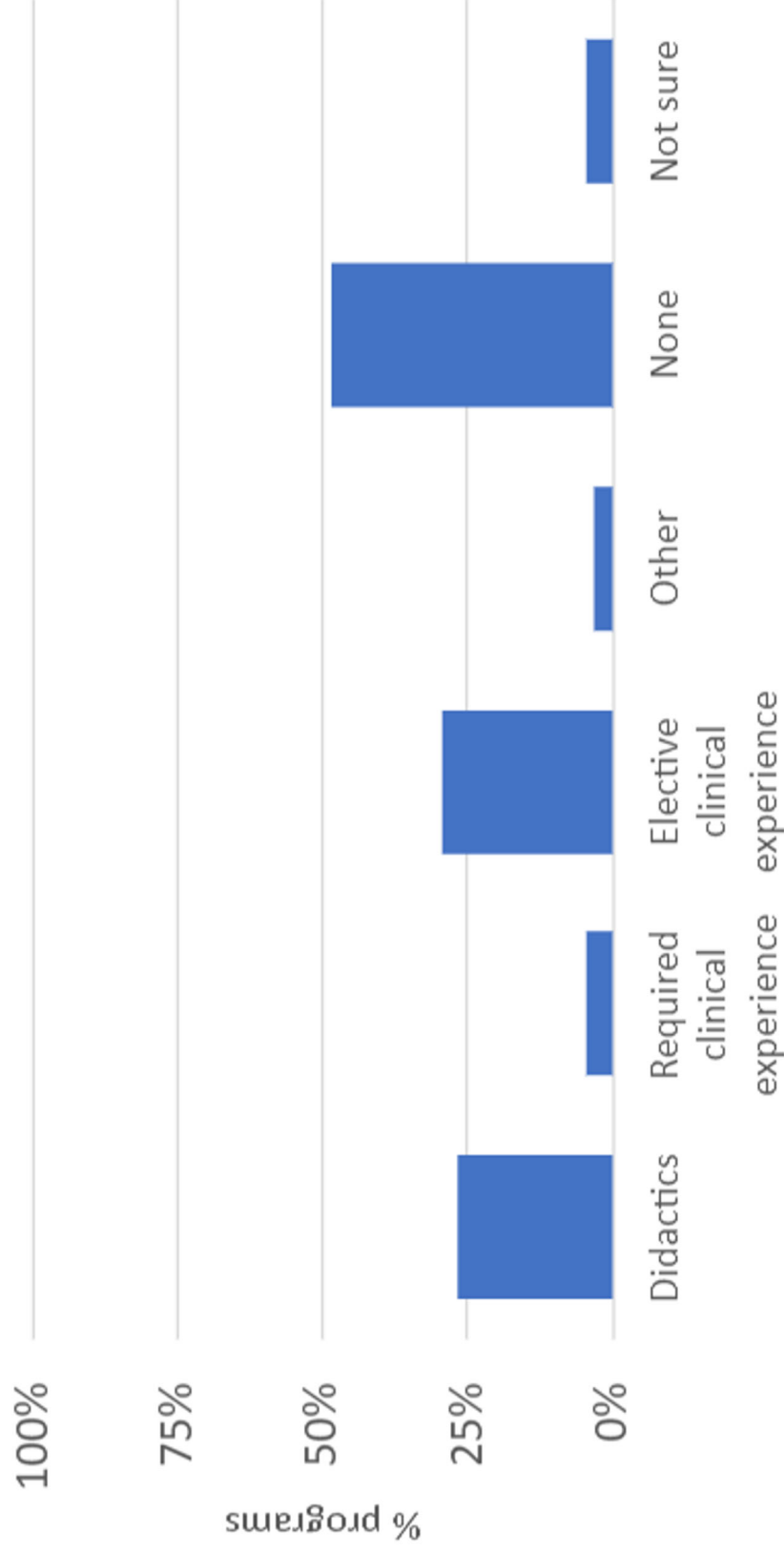


# Access to medication abortion is limited in primary care settings

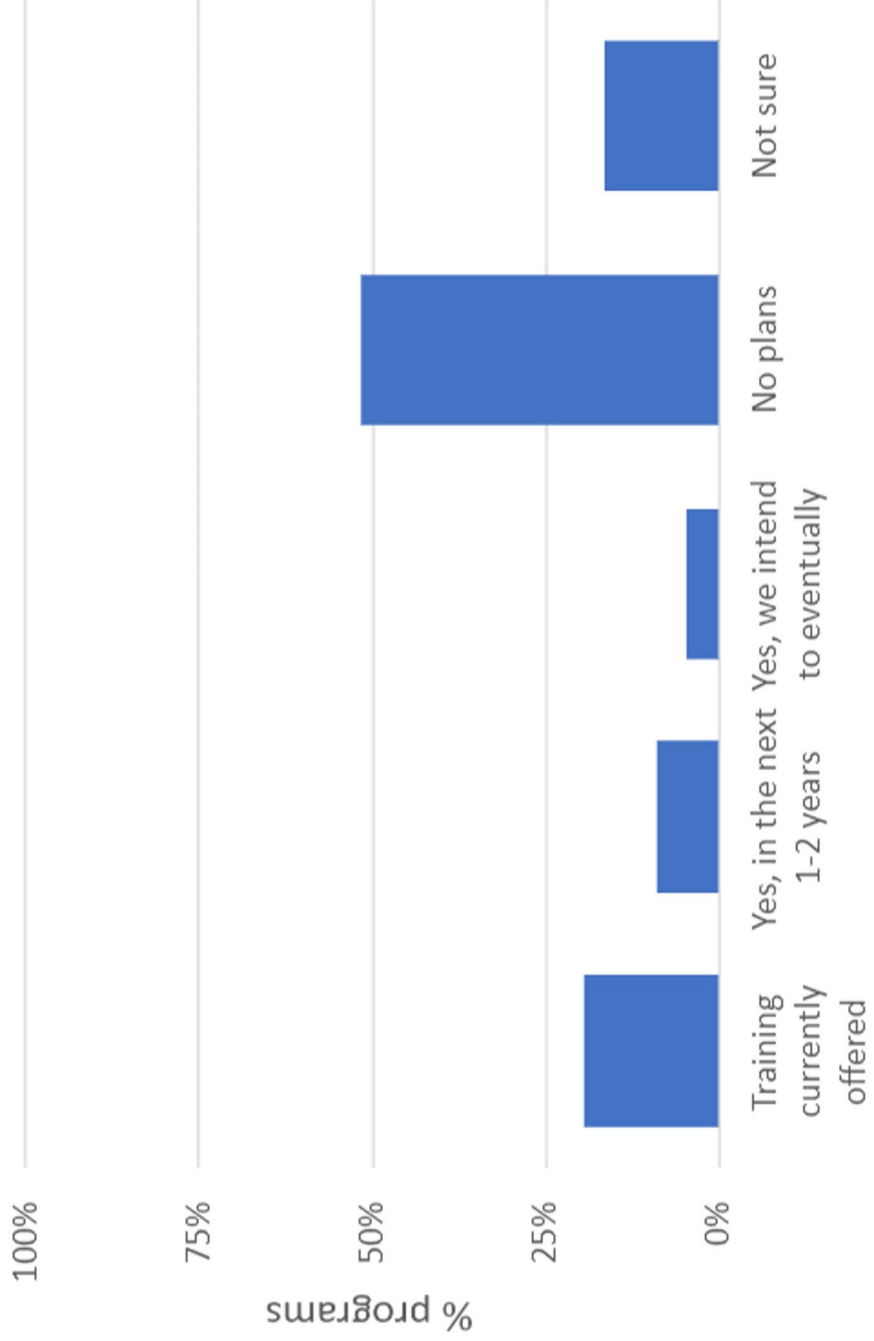




# What training is currently offered?



# Are there plans to offer training?



**What are the perceived barriers to training?**

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## Resource barriers

“OB Gyn faculty [are] overwhelmed training their residents and family medicine residents and have no room for IM residents.”

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## Resource barriers

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Prioritize reproductive healthcare as routine care

Build collaborative relationships with other specialties

ACCESS,  
**DELIVERED**

A TOOLKIT FOR PROVIDERS  
OFFERING MEDICATION ABORTION

# **What are the perceived barriers to training?**

Institutional barriers

“Faculty not trained in addition to hospital not supporting”

# What are the perceived barriers to training?

## Institutional barriers

“Faculty not trained in addition to hospital not supporting”

Meet with  
institutional  
leadership

Discuss with staff  
during the hiring  
process

Ensure training  
is not affected  
by mergers

# What are the perceived barriers to training?

Regulatory barriers

“We are at an FQHC, which does not allow abortions to be done”



# What are the perceived barriers to training?

Regulatory barriers

“We are at an FQHC, which does not allow abortions to be done”

Education re:  
laws and  
regulations

Advocacy

The background of the text is a yellow sunburst pattern with rays emanating from the top center, creating a bright, energetic feel.

**abortion  
is primary  
care**

# Providing medication abortion

## Dating

Last menstrual period:  $\leq 70$  days

Ultrasound if:

- suspected ectopic pregnancy
- unsure of LMP

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## Medical hx

Contraindications:

- bleeding/clotting disorder
- ectopic pregnancy
- IUD in place
- adrenal insufficiency or porphyria
- steroid use
- anemia

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## Labs

No need for Rh testing or Rh Ig in first trimester (JAMA, Horvath 2023)

Can consider serum Hcg for monitoring

Mifepristone

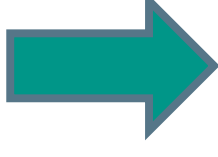
Anti-progestin



Misoprostol

Prostaglandin E1 analog

200 mg PO x 1



24-72 hours later

800mcg  
(200 mcg x 4 tabs)

buccally or vaginally

# What is the rate of ongoing pregnancy?

	Continuation of pregnancy (%)
Mifepristone + Misoprostol (Only FDA-approved method)	1-2% (GA <7w) <sup>2, 3</sup>
	2-5% (GA 8w) <sup>2, 3</sup>
	5-7% (GA 9w) <sup>2, 3</sup>

1. Raymond EG, Harrison MS, Weaver MA. Efficacy of Misoprostol Alone for First-Trimester Medical Abortion: A Systematic Review. *Obstet Gynecol.* 2019;133(1):137-147.
2. Chen MJ, Creinin MD. Mifepristone With Buccal Misoprostol for Medical Abortion: A Systematic Review. *Obstet Gynecol.* 2015;126(1):12-21.
3. Society of Family Planning. Medication Abortion Up to 70 Days of Gestation. October 2020. <https://doi.org/10.1016/j.contraception.2020.08.004>

# Serious complications are rare

Blood transfusion 0.03-0.6%

Hospitalization 0.04-1.3%

Infection 0.01-0.9%



# Follow up after medication abortion

7 days after

- Serum hCG (if tracking):
  - 50% in 3 days
  - 80% in 7 days

4 weeks after



Pregnancy symptoms resolve  
Bleeding resolves

# Opportunities and Strategies for the Future

For both physicians and patients

# An Ever-Shifting Landscape



Good reproductive health policy starts with credible research

OUR WORK TOPICS REGIONS ABOUT

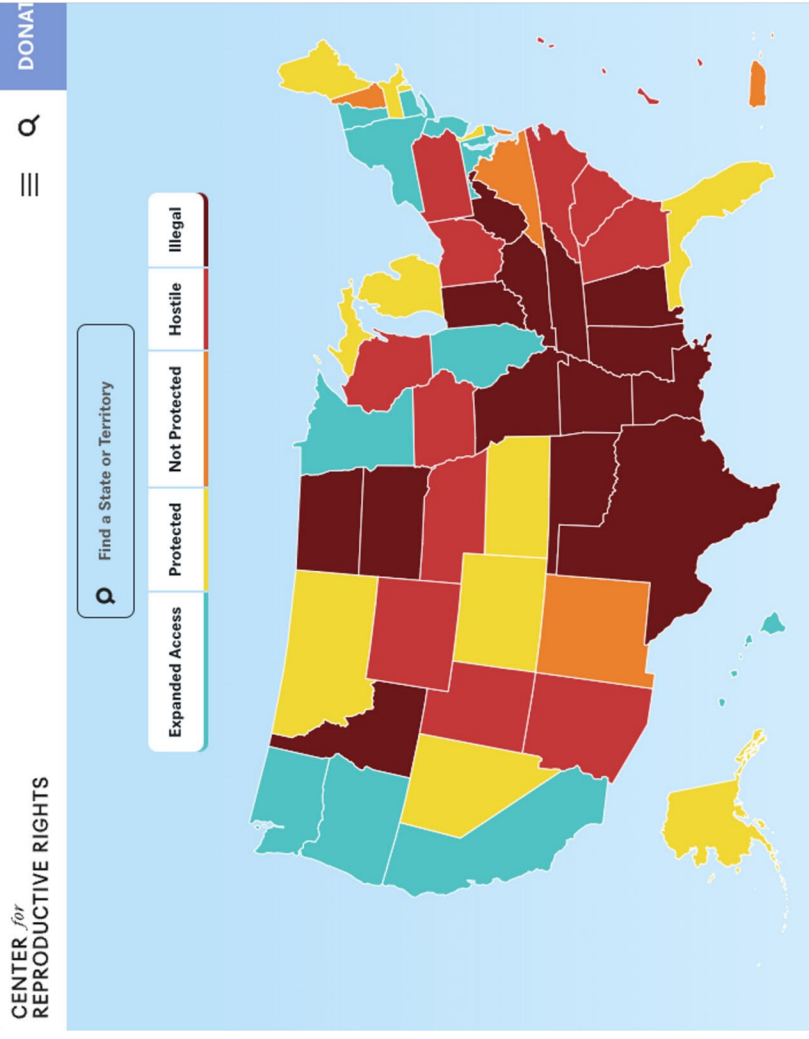
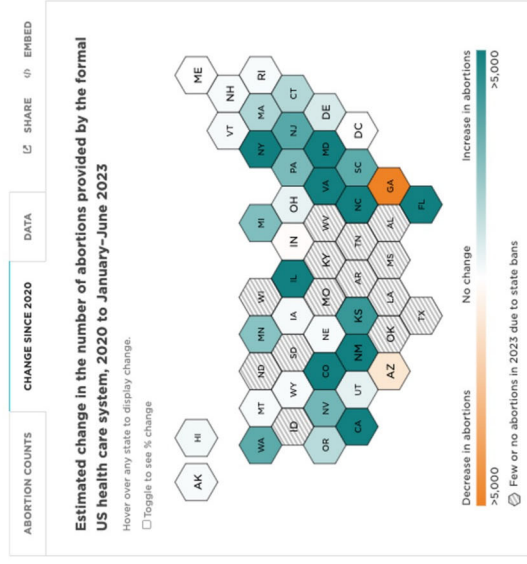
DONATE NOW

Facebook, Twitter, YouTube, Instagram, LinkedIn icons

Search bar with magnifying glass icon

## Monthly Abortion Provision Study

The Monthly Abortion Provision Study produces national and state estimates of the number of abortions provided within the formal health care system in the United States. This ongoing project reveals current trends and aims to put timely data in the hands of policymakers, advocates and providers.



Center for Reproductive Rights - After Roe Fell  
(accessed 10.2023)

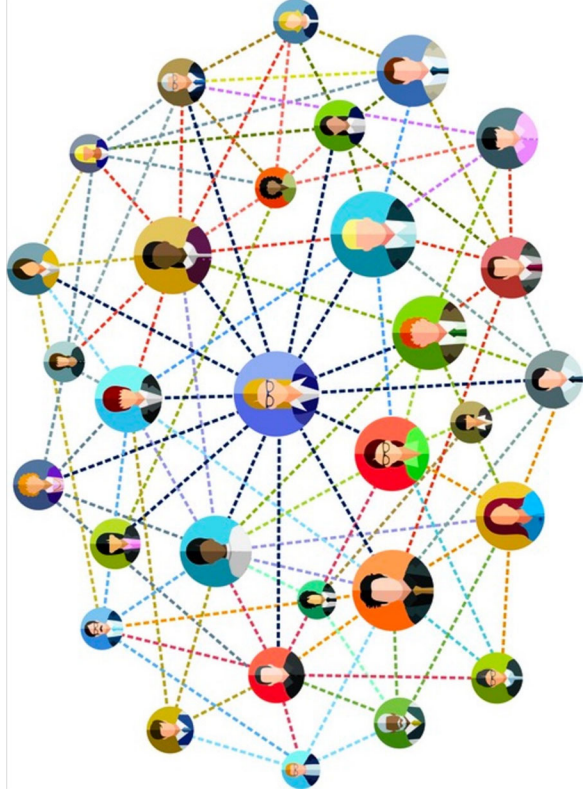
# Navigating this uncertainty requires networks and allies

- Decrease in training for abortion care and miscarriage

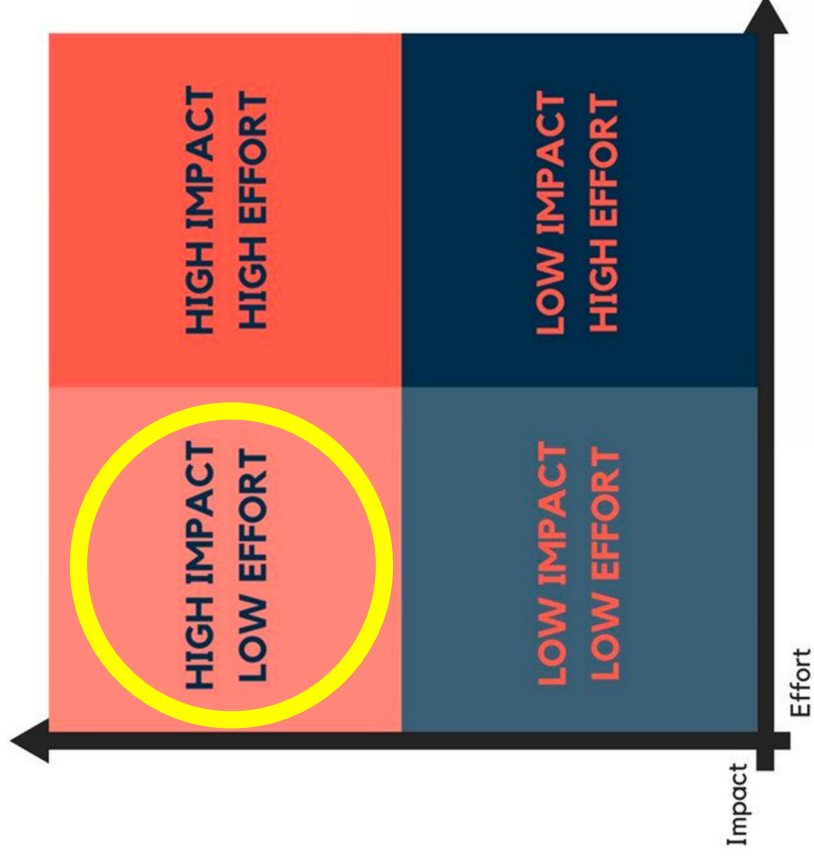
- Increased morbidity and mortality associated with pregnancy

- Shifts in patient care
  - Where abortion care takes place (e.g., primary care, ER)
  - Increase in care across state lines
  - Increase in self-managed abortion

- Legal resources are needed

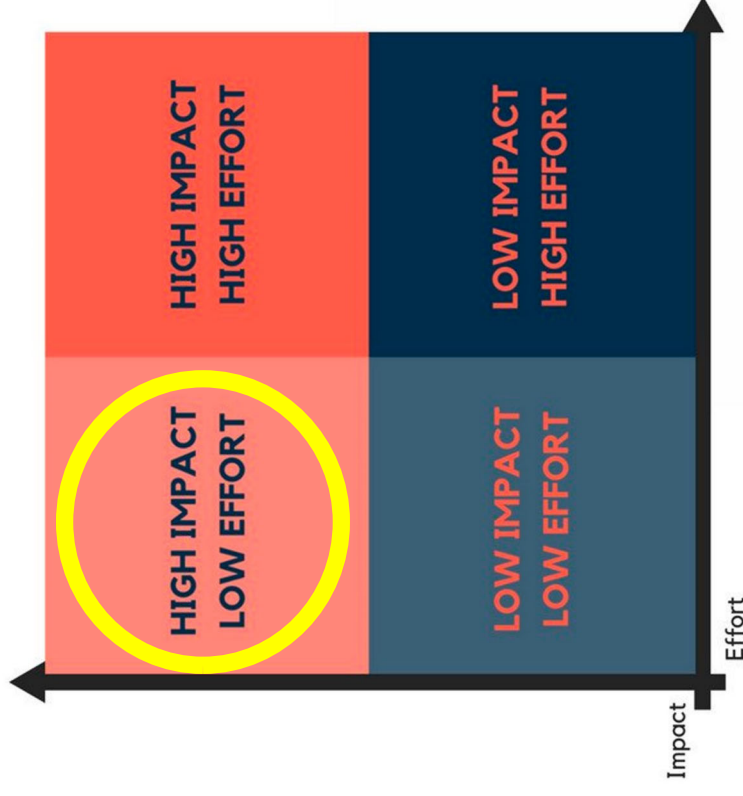


# What to do after this talk?



## 3 Concrete Ways to Engage

1. Talk to a colleague, friend, or family member to share something you learned
1. Join an online advocacy network
  - a. Reproductive Health Access Project (RHAP) IM and regional clusters - email [network@reproductiveaccess.org](mailto:network@reproductiveaccess.org)
1. Sign up for action alerts on abortion care
  - a. Care Collective
  - b. Guttmacher Institute



**Join the Network!**



## **Physician-Focused Opportunities**

- Local and state efforts and examples
- Sign-on letters
- Leadership training and CME

## **Patient-Focused**

# Case Study: NYC and New Mexico Abortion Hotlines



[Ver esta página en español](#) | [閱讀此頁面的繁體中文版本](#) | [閱讀本頁的簡體中文版本](#)

## Abortion

### Abortion Access Hub

The New York City Abortion Access Hub provides confidential help finding an abortion provider, scheduling an appointment, getting financial assistance, and finding transportation and lodging. This help is available regardless of immigration status. You do not need to live in New York City to contact the Abortion Access Hub or receive a referral.

- Phone: 1-877-NYC-AHUB (1-877-692-2482)
- Hours: Monday through Friday, 8 a.m. to 8 p.m.

The Hub does not collect or record any of your identifying information, and your phone number will be hidden.

### What To Expect

When you contact the Abortion Access Hub, you will be connected to a staff member who will ask you simple questions to assess how far along your pregnancy is, what [type of abortion service](#) you prefer, what borough you would like services in, and when.

## Abortion & Reproductive Health

**Abortion is legal and accessible in New Mexico.**

### New Mexico Reproductive Health Hotline: [1-833-76-REPRO \(1-833-767-3776\)](#)

Call the NM Reproductive Health Hotline for help when looking for abortion information. Your safety and health are important. We do not share your information with anyone. The hotline is staffed by nurses who can answer questions and connect you to health care. The hotline is open weekdays from 7 a.m. to 8 p.m. MST and weekends 10 a.m. to 4 p.m. Help is available for people of all genders and ages. We can help people from any state. You will not be asked any information about citizenship. Multiple languages are available, including Spanish.

### Línea directa de salud reproductiva de Nuevo México:

**[1-833-76-REPRO \(1-833-767-3776\)](#)**

Llame a la Línea Directa de Salud Reproductiva de NM para obtener ayuda cuando esté buscando información sobre el aborto. Su seguridad y su salud son importantes. No compartimos su información con nadie. La línea directa está atendida por enfermeras



**PRH** Physicians for Reproductive Health | About Us | Our Focus | Provider Resources | Take Action | PRH in Action

SEPTEMBER 13TH 2022

## Over 600 Join PRH in Asking Media: Stop Quoting Antis

Today, Physicians for Reproductive Health released a public letter signed by over 600 individuals and organizations making a clear ask to the media: stop featuring dangerous anti-abortion extremists in interviews and segments about abortion care. The letter was signed by people who have had abortions, people who provide abortions, state and national reproductive health, rights, and justice organizations, faith leaders, and abortion advocates.

One of the signers who is a Fellow with Physicians for Reproductive Health, Dr. Christina Bourne, reflects on the letter.

*"It is time for the media to act in allyship with abortion advocates by centering the experts in abortion care: people who have and provide abortions. As an abortion provider in Wichita, Kansas, the clinic where I work, my coworkers, and the patients who come to get care at our clinic are all constantly under real threat of anti-abortion groups harassing us day in and day out. To see the media validate these violent protestors' claims is not only disheartening, it's dangerous."*

# Sign-On Letters

Planned Parenthood | LEARN | GE

Press Releases > ICYMI: More Than 500 Pharmaceutical Executives ...

## ICYMI: More Than 500 Pharmaceutical Executives Sign Letter Condemning Texas Federal Judge's Mifepristone Ruling

For Immediate Release: April 11, 2023

Share This



Washington, D.C. – Yesterday, more than 500 executives at pharmaceutical and biotech companies signed on to a letter rebuking the decision by Judge Matthew Kacsmaryk to block the FDA's 22-year-old approval of mifepristone. The letter has been signed by leaders of prominent companies in the pharmaceutical industry, including Pfizer, Biogen, Merck, Bayer, Novartis, and AbbVie Ventures.

Noting that "the decision ignores decades of scientific evidence and legal precedent," the authors write, "Judge Kacsmaryk's act of judicial interference has set a precedent for diminishing FDA's authority over drug approvals, and in doing so, creates uncertainty for the entire biopharma industry. As an industry we count on the FDA's autonomy and authority to bring new medicines to patients under a reliable regulatory process for drug evaluation and approval."

Ultraviolet, Drive Remover | About Us | Our Work | Press | IV Action | JOIN US

SEPTEMBER 14TH 2022

## Google Maps and Crisis Pregnancy Centers Sign On Letter

September 14, 2022

Sundar Pichai  
Chief Executive Officer  
Alphabet, Inc.

Christopher Phillips  
VP & General Manager, Geo  
Google

Dear Mr. Pichai and Mr. Phillips:

We are writing to ask that Google stop accepting advertisements from anti-abortion clinics, including Crisis Pregnancy Centers, due to their intentionally misleading and harmful impacts on people seeking reproductive health services.

As you know, the Supreme Court's ruling on *Dobbs v. Jackson Women's Health Organization* opened the door for states across the country to enact restrictions on abortion care, including outright bans and criminalization.

### PREGNANT WORKERS FAIRNESS ACT (PWFA)

**WHAT IS PWFA?**  
The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide "reasonable accommodations" to a qualified worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer substantial difficulty or expense.

**WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?**

- Being able to sit or drink water
- Receiving closer parking
- Having flexible hours
- Receiving appropriately sized uniforms and safety apparel
- Receiving additional break time to use the bathroom, eat, and rest
- Taking leave or time off to recover from childbirth
- Receiving accommodations from restrictions activities and/or exposure to chemicals not safe for pregnancy

**WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS?**

- ADA, which prohibits employment discrimination based on sex.
- OSHA, which prohibits employment discrimination based on sex.
- The Family and Medical Leave Act, which provides unpaid leave for certain employees of federal, state, and local governments and for certain employees of private employers.
- The Equal Employment Opportunity Commission (EEOC) provides guidance on pregnancy discrimination.

Learn more at [www.EEOC.gov/PregnancyDiscrimination](https://www.EEOC.gov/PregnancyDiscrimination)

### HEAL Week of Action

Join us in recruiting partners and activists to push for HEAL within the halls of Congress.

- Mon 9/25 9am ET Social Media Kick-off**  
Share your story and find out why we need the HEAL for Immigrant Families Act.
- Tue 9/26 12pm ET NYC HEAL Petition Delivery, World Contraception Day**  
We're celebrating World Contraception Day, ramping up our lobbying efforts, and delivering our petition.
- Wed 9/27 6:30pm-8:00pm ET Virtual HEALing event and Townhall**  
Join our healing circle and let's talk about the real impact this legislation can have on our community.
- Thu 9/28 HEAL Hybrid Lobby Day with Activists**  
Join us in recruiting partners and activists to push for HEAL within the halls of Congress.
- Fri 9/29 12pm ET Social Media Power Hour**  
Join us in recruiting partners and activists to push for HEAL on a strong note and dialing our digital advocacy up to the max.

Learn more at [www.healaction.org](https://www.healaction.org)

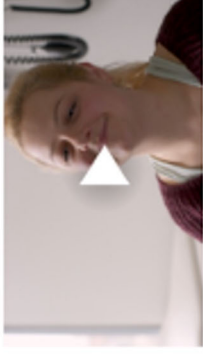
# Additional Training Opportunities



**Mentioning Mifepristone**



**Mifepristone Day**



**Follow-up Day**

<https://abortionpillcme.teachtraining.org/>

The website header for the Leadership Training Academy features a dark blue background with a faint architectural pattern. On the left, the PRH logo is displayed with the text "Physicians for Reproductive Health". A navigation menu includes links for "About Us", "Our Focus", "Provider Resources", "Take Action", "PRH in Action", "Accessibility", and a search icon. The main title "Leadership Training Academy" is centered in a large, white, serif font. Below the title, there are four links: "Connect with the Academy", "Program Highlights", "Program Impact", and "Latest News".

## Physician-Focused Opportunities

- Local and state efforts and examples
- Sign-on letters
- Leadership training and CME

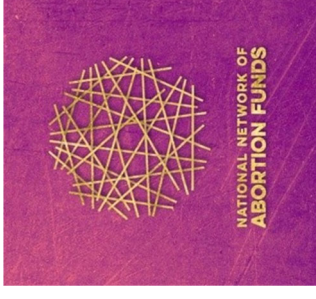
## Patient-Focused

- Knowledge about patient resources
- Learn about practical service organizations
- Support for people self-managing their abortions

# Patient Resources

*Know how to support your patients*

- Help patients utilize abortion funds
  - AbortionFinder.org
- Provide direct referrals for patients
  - Get to know your local clinics, offer support for medical transfers or consults if needed
- Know the hotlines for patients
  - Options counseling: All-Options (1-888-493-0092)
  - After abortion: Exhale - can call 1-866-4-Exhale or text



## Find Verified Abortion Care & Support



**ALL-OPTIONS**  
pregnancy • parenting • abortion • adoption



# I Need an Abortion (or I Need an A)



I need an a.com

¿Hable español?

**We're here to help you understand how to get an abortion.**

First, we'll need a little bit of information to help find what's most relevant for you. None of this information will be stored or shared, ever. [Learn why we ask for this.](#)

Zipcode \*Required

What's your zipcode?



Weeks since last period

Choose



Age

How old are you?

Search

Advanced Search

# Self-Managed Abortions: M+A Hotline



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[HOW TO USE ABORTION PILLS](#)

[RESOURCES](#)

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If you need support to self-manage your miscarriage or abortion, call or text:

## The Miscarriage and Abortion Hotline

**1-833-246-2632**

*This hotline does not sell abortion pills. See the resources below to get information about finding abortion pills.*



[How to Use Abortion Pills \(English\)](#)  
[Como Usar Pastillas Abortivas \(Español\)](#)

# Summary

- Abortion services are limited through legal and structural mechanisms that reduce service availability or create obstacles to access
- Any care you provide *is* reproductive health care
- Medication abortion can be within our scope of practice
- Abortion training barriers are surmountable
- Choose a high impact, low effort strategy to support advocacy efforts in a way that is meaningful to you

# Thank you!!

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**Please evaluate this talk for our promotion!**

Abortion Provision and Advocacy  
for the Internist



OR

<https://forms.office.com/r/ehuWv6RtYW>