**Abortion Learning Objectives**

1. Identify relative and absolute contraindications to medication abortion
2. Counsel patients on options for medication abortion and correct administration of medications
3. Identify adverse effects of medical abortions and when patients should be referred for emergency care or surgical abortion
4. Locate your local laws and institutional guidelines regarding prescription of medication abortion

**Pre/Post Quiz**

1. What are absolute contraindications to medication abortion?

1. IUD in place
2. Anemia with Hb <9
3. Ectopic pregnancy
4. A and B
5. A and C

2. What is the first step in confirming pregnancy prior to initiating a medication abortion?

1. Pregnancy does not need to be confirmed prior to initiating a medication abortion
2. Urine or blood hCG
3. Ultrasound
4. Attempt to calculate the first day of the last menstrual period

3. What is the correct administration of combination mifepristone and misoprostol for a patient with estimated gestational age of 9-11 weeks?

1. Mifepristone 200mg oral followed by misoprostol 800mg buccal or vaginal 24-48 hours later
2. Mifepristone 200mg oral followed by misoprostol 800mg buccal or vaginal 24-48 hours later followed by a second dose of misoprostol 6 hours after the first dose
3. Mifepristone 200mg buccal or vaginal followed by misoprostol 800mg oral 24-48 hours later
4. Mifepristone 200mg buccal or vaginal followed by misoprostol 800mg oral 24-48 hours later followed by a second dose of misoprostol 6 hours after the first dose

4. Which of the following is NOT an indication for emergent care after medication abortion?

1. Fevers/chills and flushing 2-4 hours after taking misoprostol
2. Bleeding through >2 pads for hour for 2 consecutive hours
3. Fevers/chills and worsening abdominal pain >24 hours after taking misoprostol
4. Dizziness/lightheadedness upon standing and exertional dyspnea
5. All of the above are indications for referral to the emergency department