

Sample Guideline: Medication Management of Spontaneous Abortion Telephone Follow-Up

1. Purpose

To determine medication management success using a standardized checklist by telephone and confirmed by high-sensitivity urine pregnancy test. Telephone follow-up reduces the need for in-person or laboratory follow-up and is acceptable and safe for patients.

2. Patient Selection

- a. The patient received mifepristone and misoprostol for medication management of spontaneous abortion.
- b. Patient consents to telephone follow-up with high-sensitivity urine pregnancy testing for confirmation.
- c. The patient can be contacted approximately one week after taking misoprostol.
- d. Chart documents patient preferences, including:
 - i. Whether the caller should use the clinic name, staff name, or a code name.
 - ii. Preferred type of contact (e.g., call and leave message or text first).
 - iii. Time and date when the call will happen.

3. Procedure

- a. Use the standardized checklist to confirm the success of the medication in passing the pregnancy tissue.
- b. If responses indicate the medication has been successful, have the patient use a high-sensitivity urine pregnancy test that can be purchased at any pharmacy four weeks after using misoprostol to confirm the success. If the urine test is negative, no need for further follow-up. If the urine test is positive, have the patient call the clinic for further evaluation.
- c. If responses indicate that the pregnancy tissue has not successfully passed or that the patient is experiencing complications, have the patient return to the clinic for an in-person evaluation.
- d. If the patient has a birth control method, confirm a start date.

Reference:

Schmidt-Hansen M, Cameron S, Lohr PA, Hasler E. Follow-up strategies to confirm the success of medical abortion of pregnancies up to 10 weeks' gestation: A systematic review with meta-analysis. *AJOG*, 2019; [epub ahead of print]. <https://doi.org/10.1016/j.ajog.2019.11.1244>.

Follow-up Checklist

Instructions: Call patient one week after MISOPROSTOL

Patient information	
Patient Name:	Date mifepristone:
Date/time misoprostol:	Date/time call:
Question	Yes/No and Comments
1. Did you have cramping and bleeding heavier than a period within 24 hours of taking misoprostol?	
2. Do you feel like you passed the pregnancy tissue? <i>(Should report passing clots/tissue)</i>	
3. Are your pregnancy symptoms resolving? <i>(Example: nausea, vomiting, breast tenderness)</i>	
4. Is your bleeding lighter now than the heaviest bleeding after misoprostol? <i>(Bleeding should be lighter now but may continue for the next few weeks.)</i>	

Any other patient concerns? _____

If YES to ALL questions 1-4, reassure the patient that the medication is likely to have been successful in passing the pregnancy tissue. Take a high-sensitivity urine pregnancy test four weeks after misoprostol, like the kind you buy in the pharmacy, to confirm that the test is negative. Call back only if the pregnancy test is positive. If patient has a method of birth control, confirm start date.

If NO to ANY question 1-4 or patient concerns, return to clinic for evaluation.

Follow-up plan _____

Name of person taking call (please print) _____

Signature of person taking call _____