

Post-Roe Gynecology

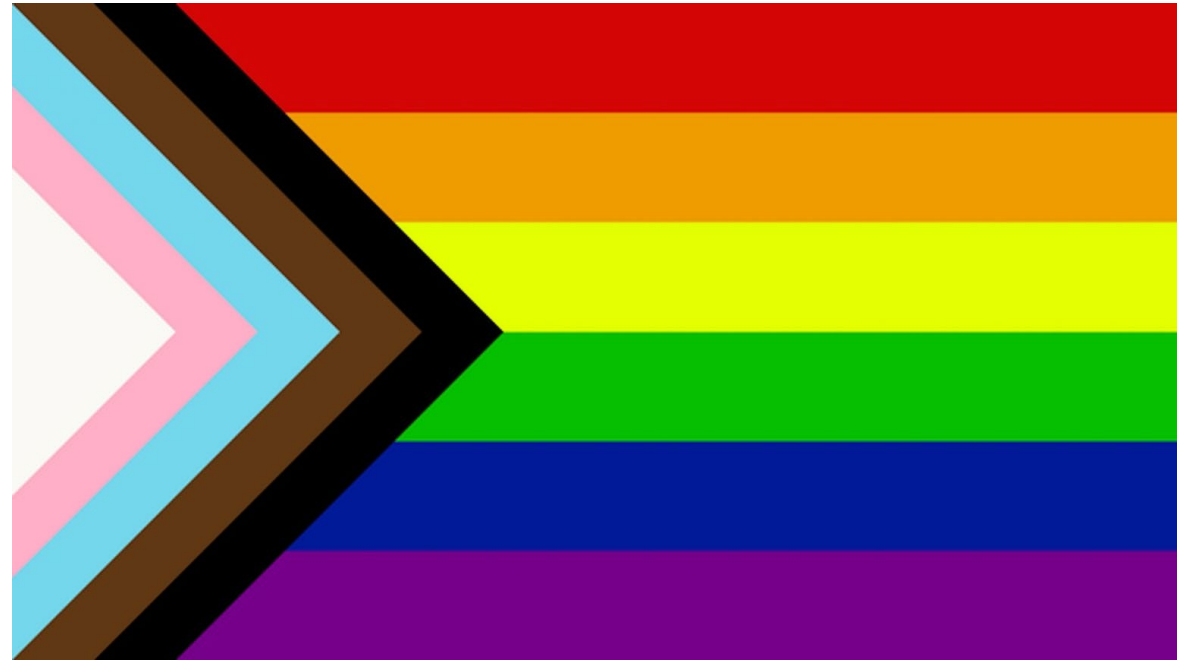
Jennifer Mayo, MD, FACOG

Objectives

- Historical context Roe v Wade
- Effect of Roe on care in Montana
- Review of abortion procedures
- Patient centered care post-Roe

Language

- Anyone with a uterus may become pregnant
- Not all identify as women
- Data may use “women of reproductive age” reflecting terminology of data source
- Gender-inclusive language advances health equity



Historical context

Roe v. Wade: January 1973

- Ruled that banning abortion was unconstitutional
- Constitution provides a fundamental “right to privacy”
- Protects a person’s right to choose whether to have an abortion
- Set the precedent for legalized abortion until fetal viability



Abortion is common.

1 in 4 women (24%) will have an abortion by age 45.

Roe v. Wade overturned: June 2022

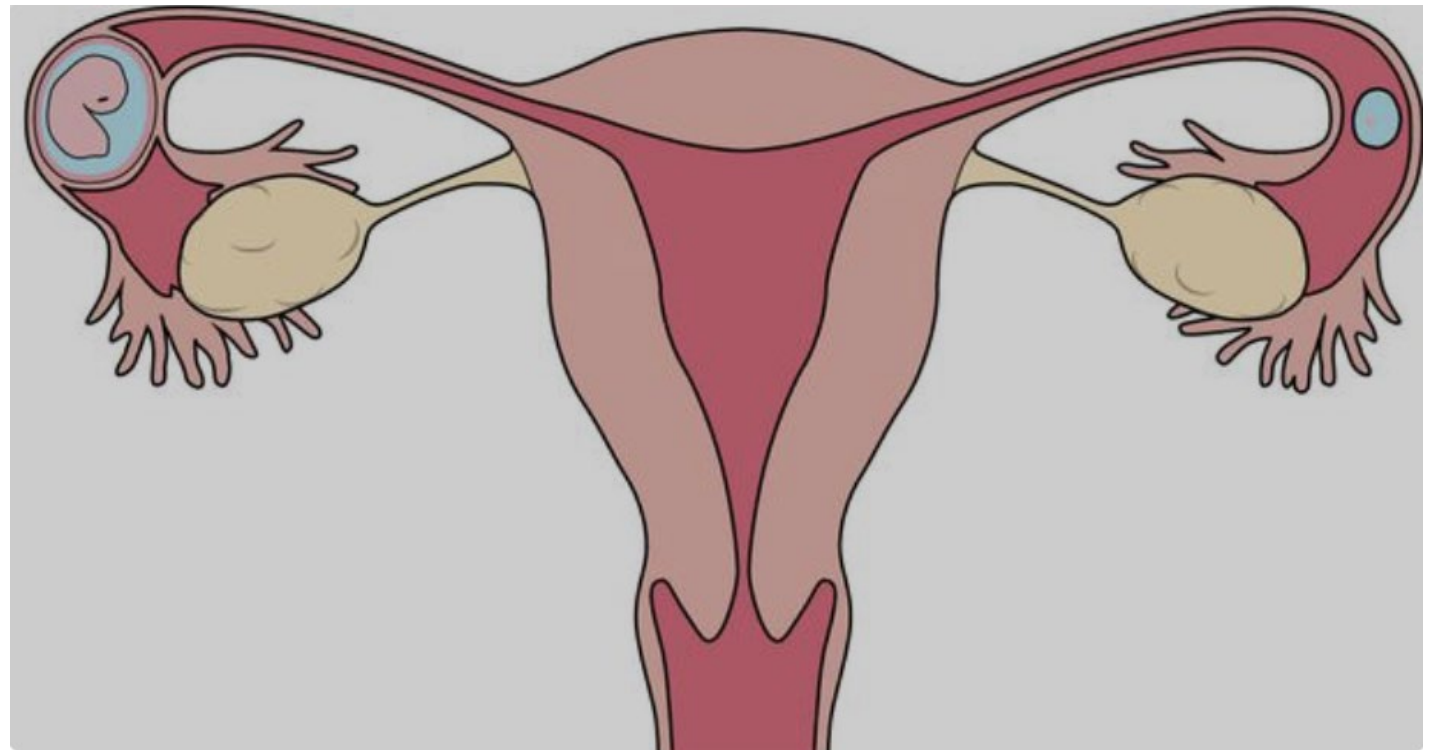
- Dobbs v Jackson Women's Health Organization
- Abortion is no longer a constitutionally protected right

72 million women of reproductive age (15-49)

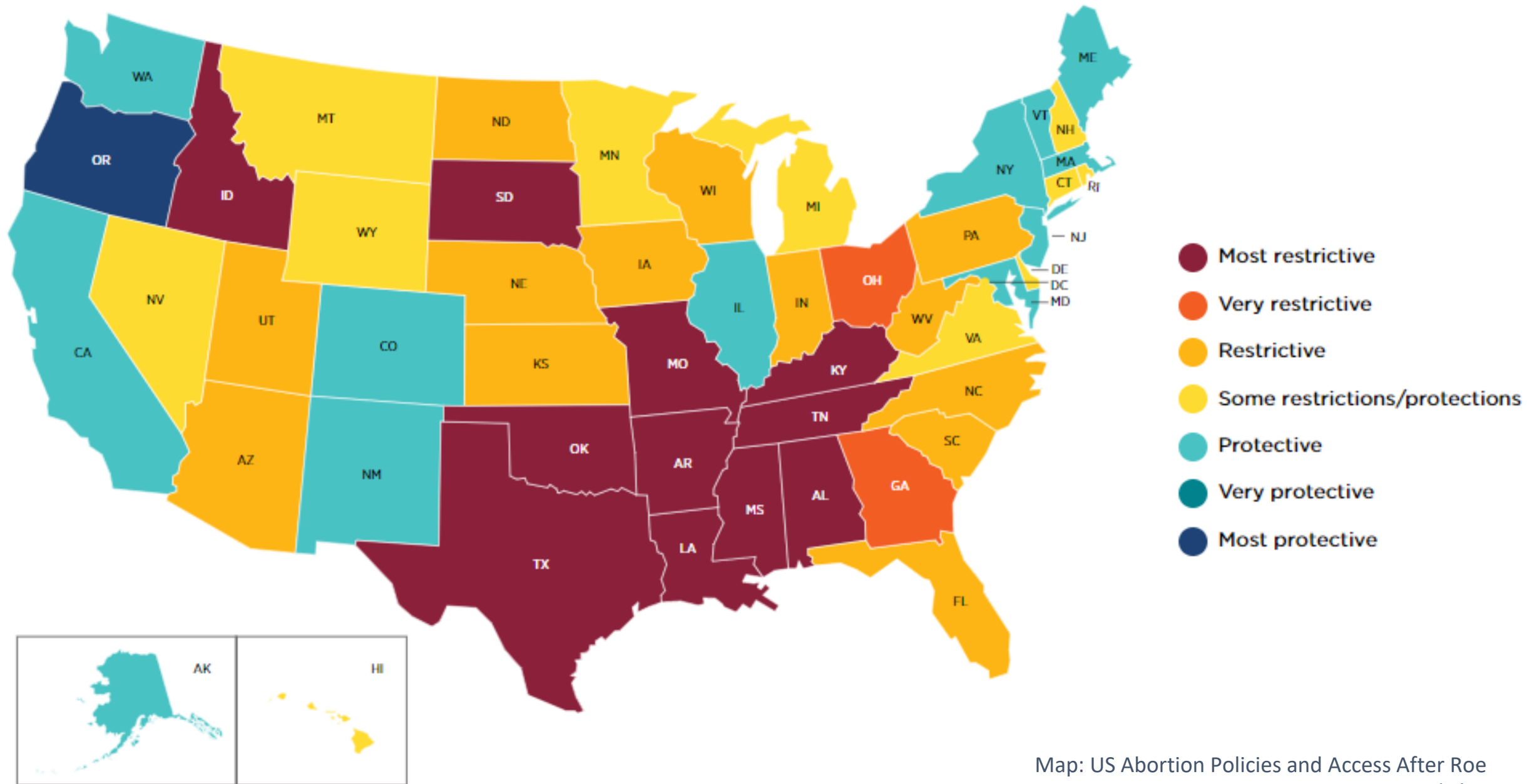
58% (40 million) live in states opposed to abortion

No change to management:

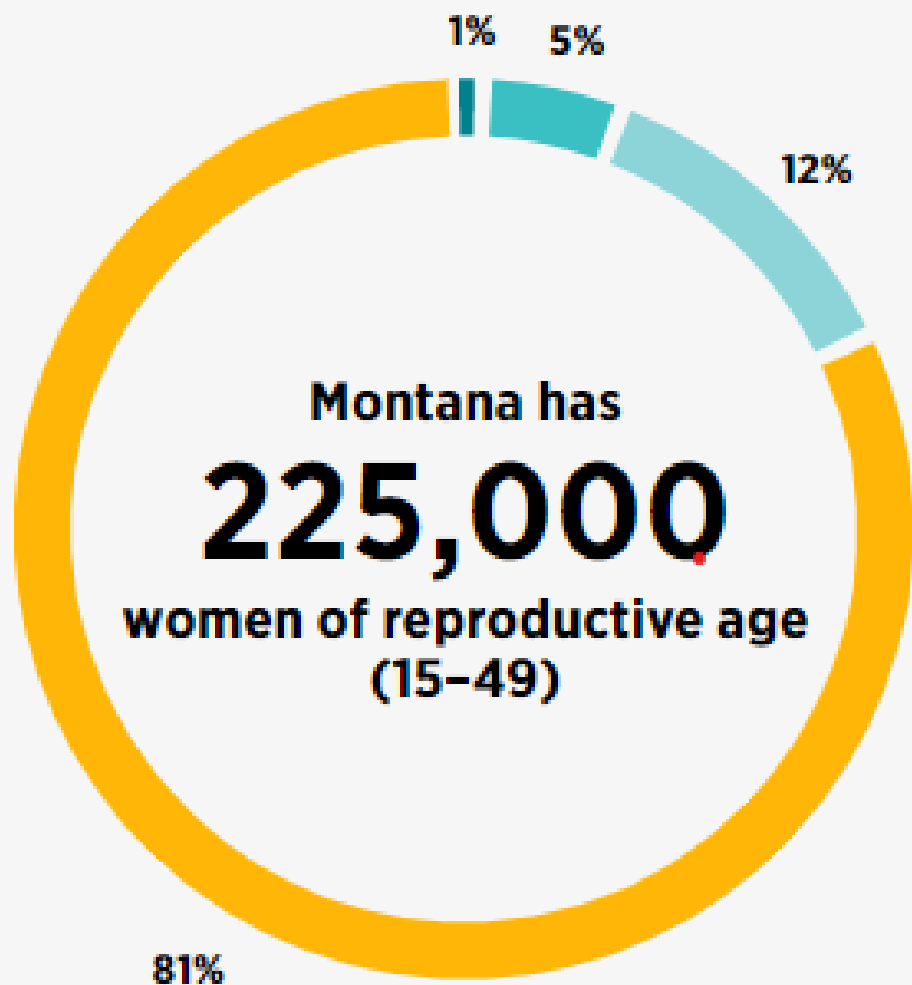
Ectopic pregnancy
Miscarriage



Effect of Roe on care in Montana



Map: US Abortion Policies and Access After Roe
Guttmacher Institute 9/1/22



● Black ● Asian ● Hispanic ● Other ● White



1,630
abortions were
obtained in Montana in
2020

Montana

Abortion remains legal in Montana

Protected by state constitutional right to privacy

Includes a right to “procreative autonomy”

MT supreme court ruling 1999:

Armstrong v State



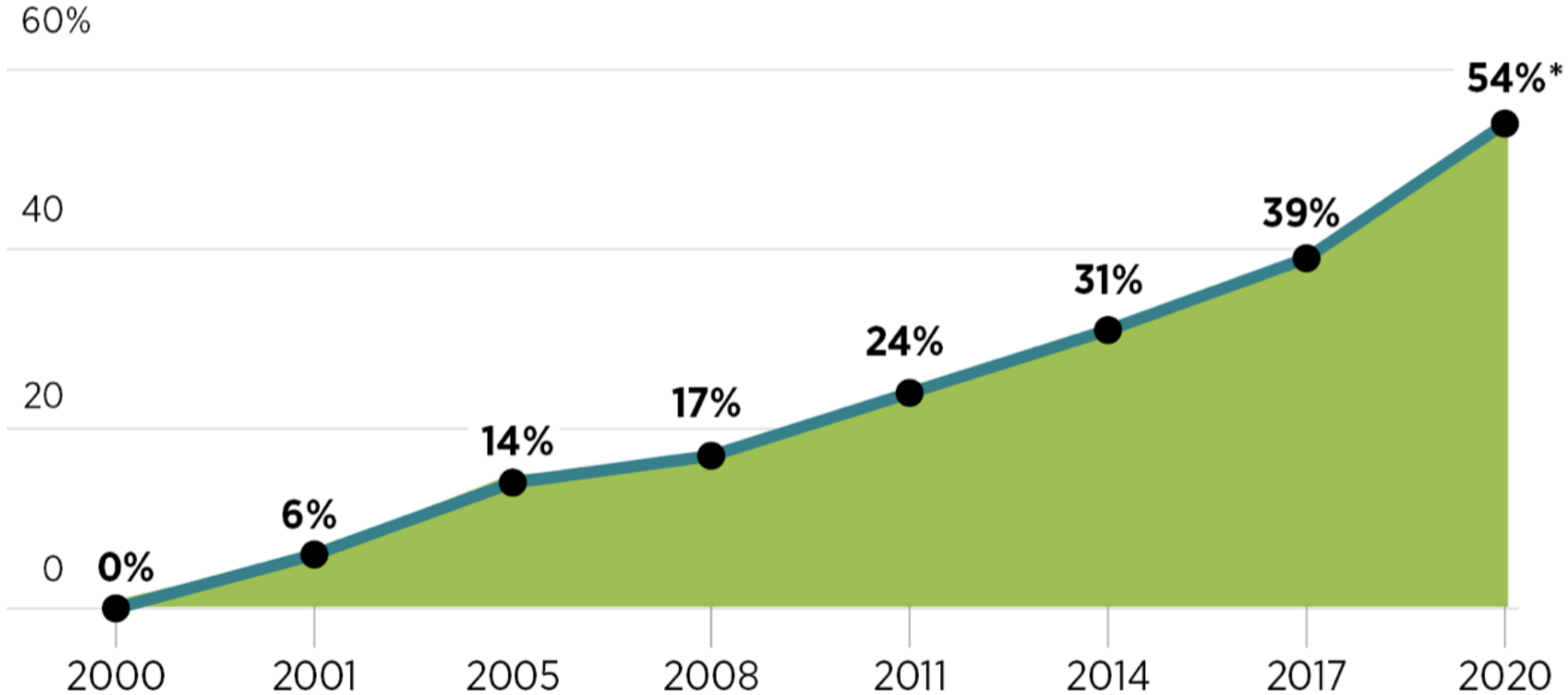
Current policies –

- Abortion is banned at fetal viability
- Parental notice is required for a minor's abortion (≤ 15 years old)
- State Medicaid funds cover abortion
- Qualified health care professionals, not solely physicians, can provide abortions

Review of abortion procedures

As of 2020, medication abortions account for the majority of all US abortions

Medication abortion



*Based on preliminary data.

Medication abortion

- 10-11 weeks gestation
- Same medications used to manage miscarriage
- Occurs at home over several hours to a few days
- Self-managed +/- clinic follow up

Table 1. Medication Abortion Regimens Up to 70 Days of Gestation

Regimen	Mifepristone Dose	Misoprostol Dose	Interval Between Drugs
Preferred			
Combination, FDA-approved*	200 mg (orally)	800 micrograms (buccally)	24–48 h
Combination, WHO recommended†	200 mg (orally)	800 micrograms (vaginally, sublingually, or buccally)	24–48 h
Alternative			
Misoprostol only	N/A	800 micrograms (vaginally, sublingually, or buccally)	Repeat every 3 h for up to 3 doses‡

Abbreviations: h, hours; FDA, U.S. Food and Drug Administration; N/A, not applicable; WHO, World Health Organization.

Aspiration abortion (procedure)

- Also called a D&C
- Same procedure used to manage miscarriage
- Cervical dilation → aspiration by syringe or vacuum
- Single visit, 5-10 minutes
- 99% effective
- Provided in clinic or hospital with medical provider
- Can use local anesthetic, sedation, or anesthesia

Who has abortions

- One in four (24%) women will have an abortion by age 45
- 9 of 10 abortions occur in the 1st trimester
- 59% of abortions obtained by patients who have had at least one birth
- 51% of abortion patients using a contraceptive method

R. K. Jones and J. Jerman “Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014”, American Journal of Public Health 112, no. 9 (September 1, 2022): pp. 1284-1296.

<https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.

Patient centered care post-Roe

Abortion restrictions

Associated with higher rates of complications

Delay necessary care

Violate long-established medical ethics

- beneficence
- nonmaleficence
- respect for patient autonomy

Providers face unique laws that mandate procedures and counseling that are political, rather than evidence-based

- unethical
- compromise quality of care

Primary care providers

30% of entire U.S. clinician workforce

Often the only provider in rural areas

Access to contraception now urgent

- especially for adolescent, low-income, and rural patients

40% of pregnancies are unplanned

Consider

- 22 yo admitted with appendicitis
- Routine wellness exam
- Office visit for hypothyroidism, diabetes, or depression

Could you offer...

Educational handouts

A prescription – no copay per the ACA

- Luteru 1/20 or Portia 1.5/30 OCP (levonorgestrel/ethinyl estradiol)
- Progestin-only pill (norethindrone 0.35 mg)
- Plan B or Ella for EC

Referral

- Medically complex contraceptive consults
- LARC methods (IUD or Nexplanon)
- Permanent contraception
- Abortion

HOW WELL DOES BIRTH CONTROL WORK?



Really, really well



The Implant



IUDs



Copper IUD



Sterilization

Works, hassle-free...

Up to 5 years

Up to 7 years

Up to 12 years

Forever

What is your chance of getting pregnant?



Less than 1 in 100



Pretty well



The Pill



The Patch



The Ring



The Shot

For it to work best, use it... Every. Single. Day.

Every week

Every month

Every 3 months



6-9 in 100, depending on method



Not as well



Pulling Out



Fertility Awareness



Internal Condom



Condom

For each of these methods to work, you or your partner have to use it every single time you have sex.

Use a condom with any other method for protection from STDs.



12-24 in 100, depending on method

Lutera (1/20) or Portia (1.5/30)

21 active pills, 7 days placebo

Contraindications – HTN, VTE, migraine HA, liver disease, breast cancer

Inhibits ovulation

Failure rate 4%

Errin (0.35)

Continuous use

Minimal contraindications to use

- liver disease, breast cancer

Thickens cervical mucus and thins endometrium

Failure rate 7-9%



Emergency contraception

Decreases risk of pregnancy after intercourse

Does not interrupt established pregnancy

Plan B is OTC

Ella requires rx



Ella vs Plan B

Ella

Ulipristal 30 mg

Progestin receptor modulator

Rx only

Use within 5 days

More effective if BMI >30

Hold progestin BC x 5 days

Risk pregnancy 1-2%

Plan B

Levonorgestrel 1.5 mg

Less effective

Available without rx

Use within 72 hrs

Resume BC immediately

Risk pregnancy 2-7%

IUDs are most effective EC (0.1-0.3 risk pregnancy)

Permanent contraception

- 18% of contracepting females in U.S. (2017-2019)
- Often restricted by providers based on parity and age
- 30 day waiting period for Medicaid patients
- Decreasing prevalence due to availability of LARC methods
- Risk of regret
- Surgical risks, time off for recovery and restricted activities
- Efficacy
 - partial salpingectomy 1-2% (comparable to vasectomy)
 - salpingectomy (only luteal phase pregnancy causes “failure”)

Abortion resources – Montana

Blue Mountain Clinic – Missoula

Planned Parenthood – Helena, Great Falls, Billings

All Families Healthcare – Whitefish

Crisis pregnancy centers

- Present as health clinics offering pregnancy options
- Offer free pregnancy tests and ultrasounds
- Operate to dissuade people from seeking abortion
- Often provide inaccurate medical information and misinformation
- Can divert pregnant people from accessing comprehensive, timely care
- Run as a private business, not a health care clinic – do not have to abide by standards of HIPPA or medical rigor

Bryant AG , Levi EE . Abortion misinformation from crisis pregnancy centers in North Carolina . Contraception 2012 ; 86 : 752 – 6 .

Rosen JD . The public health risks of crisis pregnancy centers . Perspect Sex Reprod Health 2012 ; 44 : 201 – 5 .

Additional resources

www.abortionfinder.org

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 features the most comprehensive directory of trusted (and verified) abortion service providers in the United States.

Additional resources



www.plancpills.org

The Plan C Guide to Abortion Pills

How to get abortion pill access by mail in Montana

You live in a state that allows telehealth abortion. This means you can consult a medical provider using phone or computer and have pills mailed to your home.

[Scroll down for results](#)



Additional resources

www.aidaccess.org

Online consult for abortion pills by mail

Aid Access supports women, girls, trans men, nonbinary and all people with an unwanted pregnancy to access an abortion or miscarriage treatment. If you are healthy and less than 10 weeks pregnant

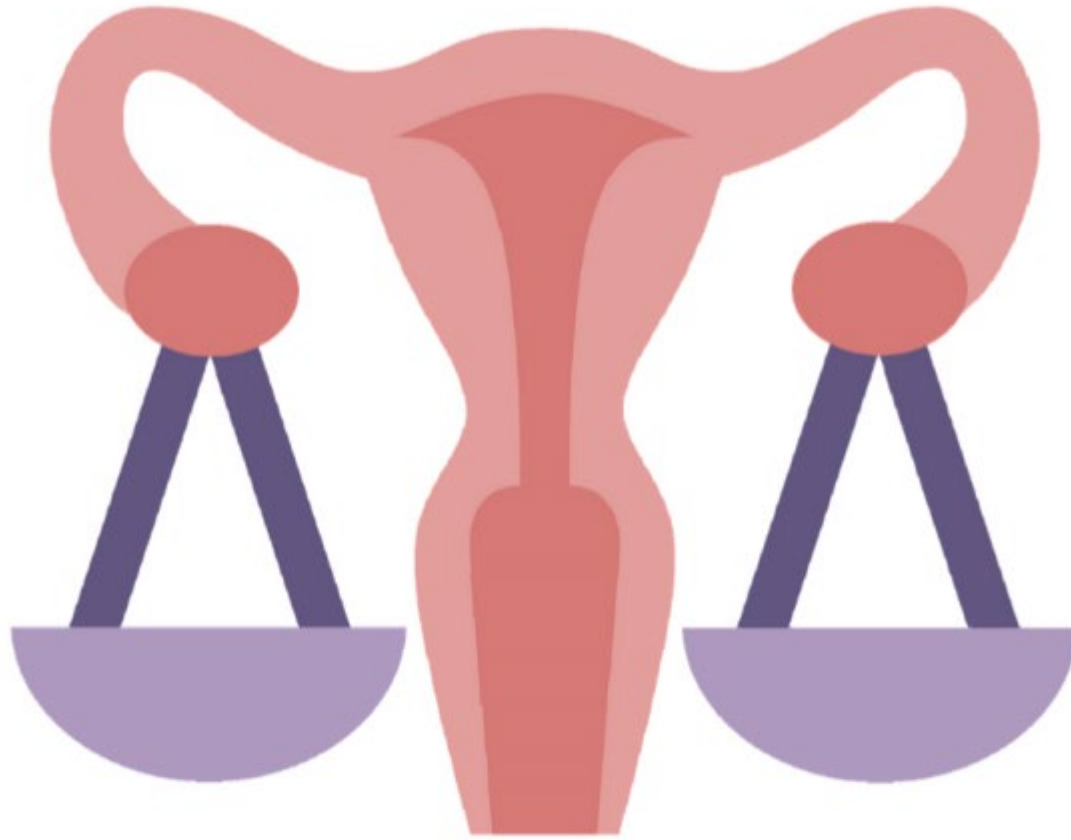


Summary

Remain focused on patient well-being

- support bodily autonomy
- counsel regarding resources/options
- consider widening your scope of practice
- provide compassionate, nonjudgmental post abortion care

Questions?



Language

- Pro-life
- Pro-choice
- Therapeutic abortion
- Elective abortion
- Anti-abortion
- Pro-abortion
- Induced abortion
- Self-managed abortion

Security and privacy

- [Security and Privacy Tips for People Seeking An Abortion | Electronic Frontier Foundation \(eff.org\)](#)
- [www.eff.org/deeplinks/2022/06/security-and-privacy-tips-people-seeking-abortion](#)
- Period tracking apps
- Use VPN, mail forwarding, secure browsers, browse in incognito mode, clear browser history
- Caution around use of social media

Signs/symptoms to watch post AB

- severe abdominal or back pain that does not get better with pain medication
- heavy vaginal bleeding (soaking two maxi-pads per hour for 2 hours in a row)
- foul-smelling discharge from the vagina
- a fever (temperature above 100.4 °F) or chills
- flu-like symptoms lasting more than 24 hours
- fainting

Safety

Estimated pregnancy related maternal mortality

Type of pregnancy	Death rate
Legal pregnancy termination	0.567 per 100,000 terminations
Miscarriage	1.19 per 100,000 miscarriages
Live birth	7.06 per 100,000 live births
Ectopic pregnancy	31.9 per 100,000 ectopic pregnancies

Estimates based on data from over 57 million pregnancies in the United States from 1991 to 1999.

8.8 maternal deaths per 100,000 live births
0.6 maternal deaths per 100,000 abortions

Risk of death associated with childbirth is
14x higher

Morbidity > mortality

Obstet Gynecol. 2012 Feb; 119 (2 Pt 1):215-9.

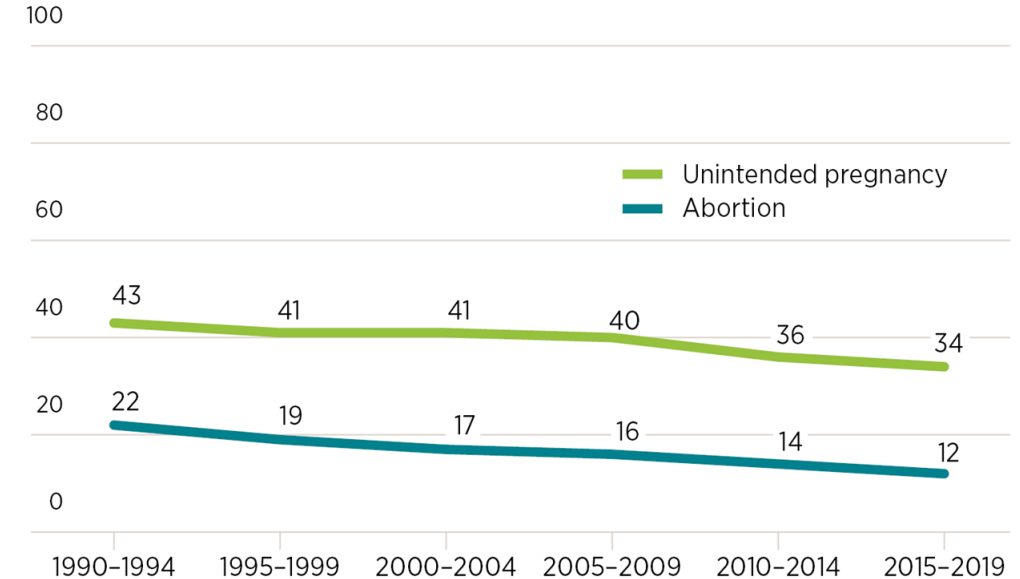
Adapted from Grimes D. Am J Obstet Gynecol 2006; 194:92.

Scope

- **Unintended pregnancy and abortion in the United States**
- In the United States, the unintended pregnancy rate declined by 23% between 1990–1994 and 2015–2019.
- During the same period, the abortion rate declined by 45%.
- The share of unintended pregnancies ending in abortion fell from 50% to 34%.
- In 2015–2019, there were a total of 5,660,000 pregnancies annually.
- Of these, 2,590,000 pregnancies were unintended and 886,000 ended in abortion.

In Northern America, the unintended pregnancy rate declined by 20% over the past 30 years, while that of abortion declined by 45%

Average annual no. per 1,000 women aged 15–49



guttmacher.org

Additional Resources

- **National Abortion Federation**
<https://prochoice.org/patients/naf-hotline>
Hotline: 800-772-9100
Referral line: 877-257-0012
Organization that offers confidential consultation, options counseling, and referrals to abortion providers. NAF also offers limited financial assistance to help pay for abortion care.
- **If/When/How**
www.reprolegalhelpline.org
Helpline: 844-868-2812
A hotline that can answer questions about your legal rights related to abortion, including self-managed abortion and information for minors (people under age 18).
- Janesdueprocess

Medical

- High success rate (95-99%)
- Usually avoids surgery
- Abortion occurs within 24 hrs of the 2nd medication
- May be used in early pregnancy
- Oral pain medication can be used
- Occurs at home
- Can be managed on one's own

Surgical

- High success rate (99%)
- Instruments inserted into the uterus
- Single visit
- Procedure 5-10 min
- May be used in early pregnancy
- Anesthesia/sedation can be used
- Done in clinic or OR
- Health care provider performs