Post-Roe Gynecology

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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
Montana has 225,000 women of reproductive age (15–49)

1,630 abortions were obtained in Montana in 2020

https://states.guttmacher.org/policies/montana/demographic-info
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

*Based on preliminary data.

Guttmacher Institute 9/1/2022
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

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

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


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
• Lutera 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?

What is your chance of getting pregnant?

Less than 1 in 100

- The Implant: Up to 5 years
- IUDs: Up to 7 years
- Copper IUD: Up to 12 years
- Sterilization: Forever

Pretty well

- The Pill: For it to work best, use it... Every. Single. Day.
- The Patch: Every week
- The Ring: Every month
- The Shot: Every 3 months

Not as well

- Pulling Out
- Fertility Awareness
- Internal Condom
- Condom

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

FYI, without birth control, over 90 in 100 young people get pregnant in a year.
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

<table>
<thead>
<tr>
<th>Ella</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulipristal 30 mg</td>
<td>Levonorgestrel 1.5 mg</td>
</tr>
<tr>
<td>Progestin receptor modulator</td>
<td>Less effective</td>
</tr>
<tr>
<td>Rx only</td>
<td>Available without rx</td>
</tr>
<tr>
<td>Use within 5 days</td>
<td>Use within 72 hrs</td>
</tr>
<tr>
<td>More effective if BMI &gt;30</td>
<td>Resume BC immediately</td>
</tr>
<tr>
<td>Hold progestin BC x 5 days</td>
<td>Risk pregnancy 2-7%</td>
</tr>
<tr>
<td>Risk pregnancy 1-2%</td>
<td></td>
</tr>
</tbody>
</table>

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


Additional resources

www.abortionfinder.org

Find a Verified Abortion Provider

Your information is private and confidential. (1) 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.
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
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](https://www.eff.org/deeplinks/2022/06/security-and-privacy-tips-people-seeking-abortion)
- [www.eff.org/deeplinks/2022/06/security-and-privacy-tips-people-seeking-abortion](http://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

<table>
<thead>
<tr>
<th>Type of pregnancy</th>
<th>Death rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal pregnancy termination</td>
<td>0.567 per 100,000 terminations</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>1.19 per 100,000 miscarriages</td>
</tr>
<tr>
<td>Live birth</td>
<td>7.06 per 100,000 live births</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
<td>31.9 per 100,000 ectopic pregnancies</td>
</tr>
</tbody>
</table>

- 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


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

- **Unintended pregnancy and abortion in the United States**


- During the same period, the abortion rate declined by 48%.

- 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.
Additional Resources

- **National Abortion Federation**
  [https://prochoice.org/patients/naf-hotline](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](http://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