

Wahl K, Norman WV, Van Esch K, Williams A, Wylie A, Munro S. The Medical Abortion Prescriber Checklist and Resource Guide: Tools for prescribers. *Journal of Obstetrics and Gynaecology Canada*. 2023; DOI: 10.1016/j.jogc.2023.04.023

The Medical Abortion Prescriber Checklist & Resource Guide: Tools for prescribers

Since 2017, Canadian healthcare professionals have been authorized to prescribe mifepristone for medical abortion. Compared with surgical abortion, which may require travel to clinics, mifepristone can be prescribed by a closest-to-home practitioner, dispensed locally, and taken at a time and place of the patient's choosing. To support authorized prescribers (physicians, nurse practitioners and, in Quebec, midwives) who seek to integrate medical abortion into their range of practice services, we designed and evaluated the Medical Abortion Prescriber Checklist & Resource Guide as a complement to the SOGC clinical guidelines.

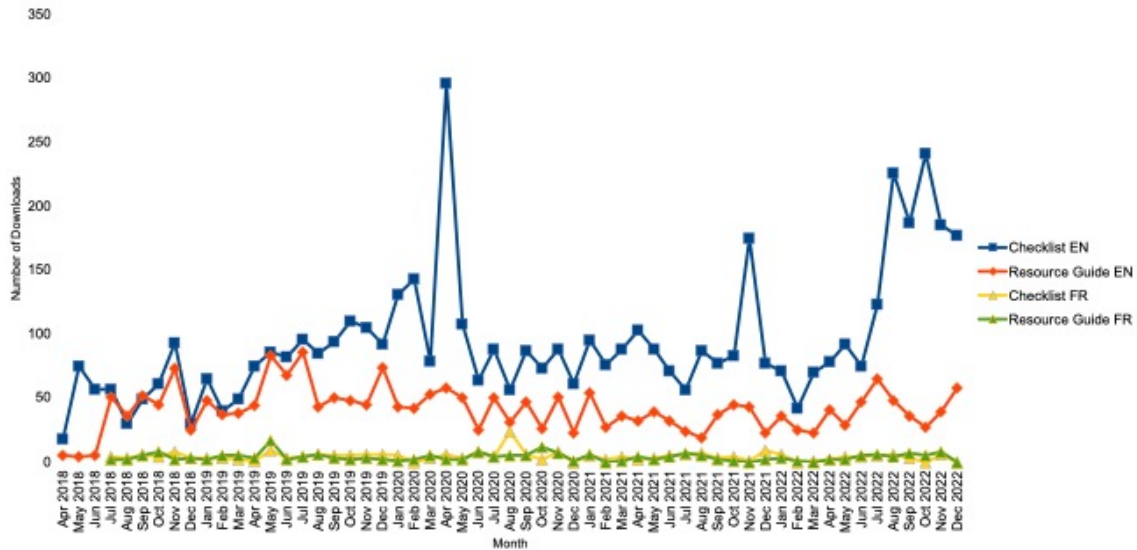
We created the resources with abortion providers through a user-centered process described elsewhere.¹ We developed the prototype with an advisory group of four clinician-researchers, one community partner, and one knowledge translation scientist. Next, we recruited healthcare providers from the Medical Abortion Access project.² These participants evaluated the usability of the prototype by completing the System Usability Scale,³ and providing interview feedback. We updated the resources based on qualitative content analysis of feedback, through advisory group consensus.

Two family physicians, one obstetrician-gynecologist, one family medicine resident, and one registered nurse participated. They reported 2 to 20+ years in practice; three had experience with medication abortion. The median SUS was 86.25 (range 69.4-97.5), indicating good-to-excellent usability. We identified key areas to support delivery of care from the interview data:

- **Counselling:** Participants expressed uncertainty about their role and time involved in counselling. The resources include discussion points and a comparison grid for medical and surgical abortion options.
- **Contraindications:** Clear articulation of the contraindications and corresponding rationale was important to participants, who perceived that the resources supported best practices for informed consent. The checklist details each inclusion criterion, absolute and relative contraindications.
- **Follow-Up:** Participants noted that it was important to facilitate appropriate follow up care. The checklist offers parameters for follow up such as “between 7-14 days”, biological indicators such as β hCG, and a section to support contraceptive planning.
- **Charting:** Participants requested space to chart additional notes. The checklist includes a field for free-form note taking to support documentation.

Based on user feedback, the final checklist is designed as a tool for guidance and documentation. It has seven steps: Counselling, Eligibility, Assessment of Pregnancy and Gestational Age, Labs/Imaging, Provision of Mifegymiso®, Follow-up, and Notes (Supplemental Material). The 6-page reference guide (Supplemental Material) includes an introduction, example treatment pathway, and explanation of each step. The 2023 version consolidates guidance for pandemic conditions and telemedicine. Both resources are licensed for copy and redistribution, and are freely available on the Canadian Abortion Providers Support (CAPS) Forum (www.caps-cpca.ubc.ca) with tools for pharmacists and patients.

Figure 1. Medical Abortion Prescriber Checklist & Resource Guide Downloads: April 2018 – December 2022



Between April 2018 and December 2022, the checklist was downloaded 5,604 times and the reference guide was downloaded 2,551 times. Downloads increased with the initial pandemic response in April 2020 (Figure 1), perhaps reflecting the shift to telemedicine medical abortion. Anecdotal evidence suggests that the checklist can be adapted as an electronic medical record stamp.

The development and evaluation of the resources was systematic and included an expert advisory group as well as a sample of healthcare practitioners. Although the sample was small, participants represented a range of professional perspectives and experience.

Integrating the resources into clinical flow likely requires initial familiarization; however, downloads of the checklist indicate that is helpful to prescribers.

The Medical Abortion Prescriber Checklist & Resource Guide can support healthcare practitioners offering mifepristone up to 10 weeks gestational age. The resources may

especially benefit those who infrequently offer medical abortion or are newly incorporating this service. Together with resources for pharmacists and patients, these resources for providers can help ensure equitable access to care and promote shared decision-making and patient autonomy.

References

- [1] LaRoche KJ, Wylie A, Persaud M, Foster AM. Integrating mifepristone into primary care in Canada's capital: A multi-methods exploration of the Medical Abortion Access Project. *Contraception*. 2022;109:37-42.
- [2] Rebic N, Munro S, Norman WV, Soon JA. Pharmacist checklist and resource guide for mifepristone medical abortion: User-centred development and testing. *CPJ*. 2021;154:166-74.
- [3] Bangor A, Kortum PT, Miller JT. An empirical evaluation of the system usability scale. *Int J Hum Comput Interact*. 2008;24:574-94.

Supplemental material

Medical_Abortion_Prescriber_Checklist.pdf. Checklist resources.

Medical_Abortion_Prescriber_Checklist_Resource_Guide.pdf. Explanation of checklist.