Roe is falling: Is your Emergency Department ready?

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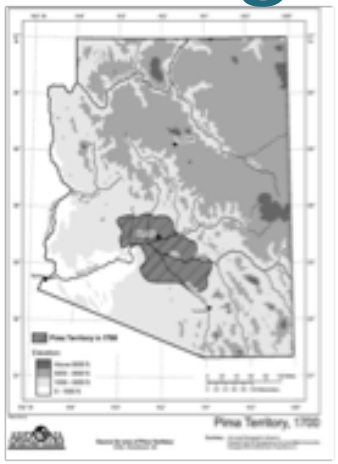
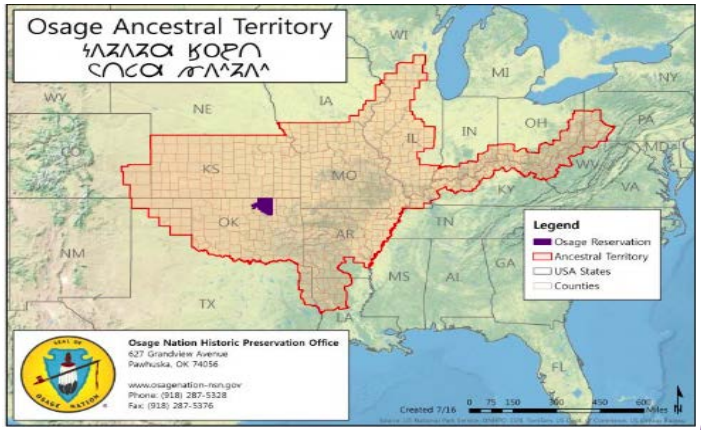
KJR RYAN RESIDENCY TRAINING PROGRAM

Disclosures

- Speakers have no financial conflicts of interest and nothing to disclose
- Kelly Quinley MD represents herself and not The Permanente Medical Group organization
- Gendered language

Hohokam, Akimel O'odham, Muwekma Ohlone, and Osage Native Lands





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THE KENNETH J. **RYAN RESIDENCY TRAINING PROGRAM**
IN ABORTION & FAMILY PLANNING

Bixby Center for Global Reproductive Health

Objectives

- Describe what Roe's overturn might mean for your ED
- Propose strategies on interdisciplinary work between EMs and OBGYN departments
- Review abortion resources for patients and providers
- Review reporting and legal requirements

Changing legal landscape in US

ARS-13-3603

A person who provides, supplies or administers to a pregnant woman, or procures such woman to take any medicine, drugs, or substance, or uses or employs any instrument or other means whatever, with intent thereby to procure the miscarriage of such women, **unless it is necessary to save her life**, shall be punished by imprisonment in the state prison for **not less than 2 years** nor more than 5 years.

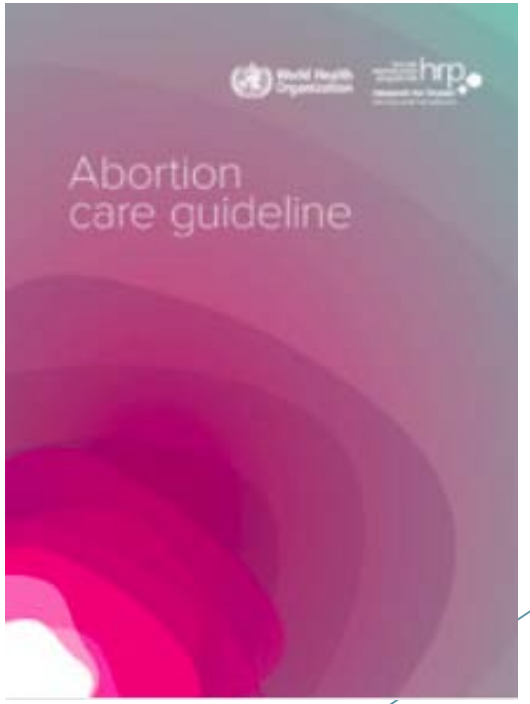
Self-managed abortion (SMA)

Any action taken to end a pregnancy outside the medical system.

- Self-sourced medication abortion pills, herbs, other meds
- Instrumentation

RISKS

- Mainly legal



Conti J, Cahill EP. Self-managed abortion. Curr Opin Obstet Gynecol. 2019 Dec;31(6):435–40
Ralph L, Foster DG, et al Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States. JAMA Netw Open. 2020
https://www.who.int/publications/i/item/9789240039483

What Roe's overturn may mean for your ED

- Pregnancies, miscarriage, post-abortion, pre-viability demise, high-risk pregnancies
- Premature babies, medically complex neonates
- Confirmation of abortion
- Patients with limited access to healthcare
- Potential for criminalization
- Chilling effect
- Restrictions on other medical care: birth control, cancer treatments, infertility

Harris LH. "Navigating loss of abortion services- A large academic medical center prepares for the overturn of *Roe v Wade*. NEJM. 2022. DOI: 10.1056/NEJMp2206246
Bennhold K, Proncruk M. "Poland shows the risks for women when abortion is banned." NYT, 2022

What EM providers know:

- Medication vs surgical abortion
- Stable vs unstable
- Abortion access is being restricted
- Most EM providers want more training in miscarriage & post-abortion care*
- Harm reduction
- 1 EM MD said they would report SMA*

What we don't know*:

- Our state's legal abortion hostility
- Familiarity with SMA
- Whether SMA is legal in our state
- SMA resources + crisis pregnancy centers
- Patient's don't feel we appreciate the magnitude of their miscarriage loss
- EMTALA conundra

**Credit: Research by Dr. Stephanie Rand, UCSF*

Approaching your emergency department

- “FLOW” + “LENGTH OF STAY” + “THROUGHPUT”
- Identify EM + OBGYN champions
- **“We want the ED to be prepared for higher volumes of miscarriage and post-abortion patients”**
- “We want to help you decompress your ED”
- “We want to help you identify vetted prenatal clinics and family planning clinics where patients can get expeditious follow up care”

EM + OBGYN joint grand rounds

Miscarriage Review

- Diagnosis of non-viability with a bedside US
- Treatment efficacy: Expectant (~80%) vs Medical (~90%) vs MUA (~100%)
- Postpartum hemorrhage

Abortion Review

- Treatment options by EGA windows
- Expected/normal bleeding + follow up
- Self-managed abortion
- Septic abortion and peritonitis
- Management of “complications” & additional misoprostol dosing

Get MUAs in your ED

- Papaya workshop (include NURSES)

Society of Radiologists in Ultrasound Guidelines for Transvaginal Ultrasonographic Diagnosis of Early Pregnancy Loss*

Findings Diagnostic of Early Pregnancy Loss†	Findings Suggestive, but Not Diagnostic, of Early Pregnancy Loss‡
Crown–rump length of 7 mm or greater and no heartbeat	Crown–rump length of less than 7 mm and no heartbeat
Mean sac diameter of 25 mm or greater and no embryo	Mean sac diameter of 16–24 mm and no embryo
Absence of embryo with heartbeat 2 weeks or more after a scan that showed a gestational sac without a yolk sac	Absence of embryo with heartbeat 7–13 days after an ultrasound scan that showed a gestational sac without a yolk sac
Absence of embryo with heartbeat 11 days or more after a scan that showed a gestational sac with a yolk sac	Absence of embryo with heartbeat 7–10 days after an ultrasound scan that showed a gestational sac with a yolk sac
	Absence of embryo for 6 weeks or longer after last menstrual period
	Empty amnion (amnion seen adjacent to yolk sac, with no visible embryo)
	Enlarged yolk sac (greater than 7 mm)
	Small gestational sac in relation to the size of the embryo (less than 5 mm difference between mean sac diameter and crown–rump length)

*Criteria are from the Society of Radiologists in Ultrasound Multispecialty Consensus Conference on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy, October 2012.

†These are the radiologic criteria only and do not replace clinical judgment.

‡When there are findings suspicious for early pregnancy loss, follow-up ultrasonography at 7–10 days to assess the pregnancy for viability is generally appropriate.

Reprinted from Doubilet PM, Benson CB, Bourne T, Blaivas M, Barnhart KT, Benacerraf BR, et al. Diagnostic criteria for nonviable pregnancy early in the first trimester. Society of Radiologists in Ultrasound Multispecialty Panel on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy. N Engl J Med 2013;369:1443–51.

Advantages of MUA in the ED

Simple	Safe	Fast
Efficacious	Cost sparing	Common
OR resources	Hospital admissions	Improves ED **FLOW**

Demetroulis 2001; Lee and Slade 1996; Kinariwala 2013; Blumenthal 1994; www.miscarriagemanagement.org

Criminalization and Documentation

Address criminalization directly

- Risk Management or Legal grand rounds
- **ON NOTICE** about reporting

Documentation

- Away from medical home
- Dx codes:
  - “Vaginal bleeding in pregnancy”
  - “Missed abortion”
  - “Pregnancy of unknown location”

Additional workshops & meetings

Nurses, techs & social workers

- Spend most time with patients
- Patients experiencing LOSS and may be FEARFUL
- Potential reporters
- Values exercises

Leadership meetings

- Protocol review
- Consult workflows

www.miscarriagemanagement.org

Future possibilities

Screen for pregnancy readiness

“Abortion prevention”

- CDC MEC / SPR app
- OCP bridge
- Ulipristal vs Levonorgestrel / Plan B
- Nexplanon & medroxyprogesterone

US MEC
US SPR
CDC

Abortion

- MABs from the ED
- >50% EM MDs interested in*:
  - MAB provision
  - Signing consents given waiting periods
  - Learning MUAs

Credit: Research by Dr. Stephanie Rand, UCSF

Tools for EM physicians

Teaching (OB of EM)

- Options counseling (online, in-person)
- Post-abortion and miscarriage management
- Pregnancy complications

Teaching (EM of OB)

- Best venues for education (faculty meetings, resident education, ED champion, flyers, education boards, resident teaching cases, nursing huddle, nursing leadership, SIM)

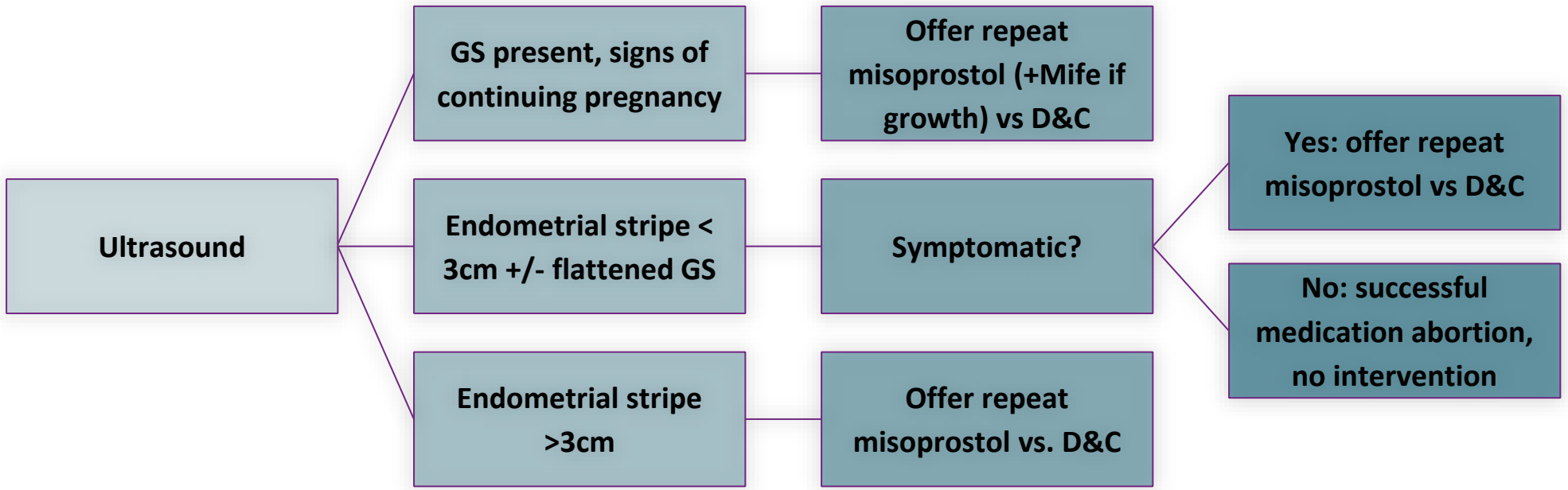
Flow

- Triage- Nursing protocols
- Algorithms
- Order sets
- Discharge summaries
- Patient information handouts/QR codes

Referrals

- Patient handouts
- Local clinics
- Allies' cross professions

Algorithm for Follow up



Credit: Dr. Kristyn Brandi, Board of Directors, Physicians for Reproductive Health

Take home points

- Find supportive EM leadership
- Meet collaboratively
  - Promote resources that improve efficiency, harm reduction strategies (within legal restrictions), ensure appropriate clinic follow up
- Offer education for faculty and residents
  - Promote professionalism, health disparity, MUA, options counseling
- Get mife on formulary
- Discuss issues around criminalization

SMA information for patients

Reproductive Health Access Project

- https://www.reproductiveaccess.org
- Patient education sheets
- Patient resources for self-sourcing

Plan C

- https://www.plancpills.org/
- State by state advice

M+A Hotline

- https://www.mahotline.org

THANK YOU!

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QR to resources

Resources from this presentation available at:

https://ryanprogram.org/information-for-em-physicians/