

THE CHECKLIST



There are several location-specific considerations when you start working in an abortion clinic. What follows is a checklist that can serve as a guide to ask questions about the general approach to important scenarios.

PART 1: Steps for getting oriented to the clinic

- Review the clinic's policies & procedures documents
- Review the paperwork that patients fill out prior to both procedural abortion and medication abortion (to understand payment structure, process, etc.)
- Review the aftercare instructions that patients are given after procedures, medication abortion, and contraception initiation
- Familiarize yourself with the available instruments (e.g. cannulas, forceps, dilators)
- Do a walk-through of the clinic:
 - as if you were a patient to understand patient flow
 - to pay attention to the emergency equipment
 - to pay attention to the security issues in place
- Meet with the security team
- Shadow an experienced provider in the clinic for at least one day to get a sense of clinic flow, documentation requirements, etc.
- Ask the questions in parts 2-5 below and take notes

PART 2: Questions about the internal workings of the clinic

Patient-related

- What are the demographics and characteristics of patients seen here and how does your clinic staff work to serve their needs? (race/ethnicity, socioeconomic status, primary language/need for translator services, gender identity, distance traveled, mental health burden, substance use; issues around immigration, military, school, trauma)
- Does someone screen patients for substance use? Who?
 - Is there a protocol for managing patients with substance use disorder?
- Does someone screen patients for safety/intimate partner violence? Who?
 - What is done for positive screens?
- How does the clinic address the state's laws concerning care for minors?
 - How does the clinic staff alter practice (or not) for caring for minors?
- Payment issues:
 - What is the payment structure?
 - Does the clinic take insurance?
 - Do patients pay out of pocket?
 - Access abortion funds?
 - Who facilitates patients who are seeking abortion funding assistance?

PART 2: Continued

Staff and Management

- Who are the staff members (clinicians and non-clinicians) and what are their roles?
- Who are the staff members who perform the ultrasounds? What is the expected experience level of the staff performing ultrasounds? (e.g. CRL, BPD, femur length, placental location, cesarean scar assessment and suspicion for accreta, ectopic pregnancy, r/o retained POCs)
- Who is your clinical point person?
 - What are examples of clinical issues the charge nurse would handle?
 - What are examples of clinical issues the medical director would handle?
- How would I fall into the hierarchy structure when I am here? (e.g. who makes decisions about whether or not a patient is seen?)

PUL (pregnancy of unknown location), ectopic, EPL (early pregnancy loss)

- What systems are in place for PUL or suspected ectopic pregnancy management?
- What are the procedures for managing EPL?
- Does the clinic keep a designated log for beta hCG follow-up?
 - Where do patients obtain blood draws and clinical care for PUL/ectopic follow up?
- Does the clinic have the ability to provide methotrexate management?

Contraception

- How / when does contraceptive counseling take place?
- Does the clinic provide post-procedure LARC?
- Do state laws affect contraception prescribing?

PART 2: Continued

Describe the protocols or options available for...

1. Pain Management

- identify what levels of sedation are available and under what circumstances they are used
 - identify options for patient transport after sedation (i.e. is Lyft/Uber/taxi/bus an option)
- pain management for first-trimester procedures?
 - pain management for dilator placement?
 - pain management for second-trimester procedures?
 - pain management in the recovery area?
 - sedation reversal?
 - pain medications provided or recommended after discharge?
 - the medications in the paracervical block? (1% lidocaine? Buffer? Vasopressin- for who?)

2. Intraop

- intraoperative ultrasound? Under what circumstances is it used?

3. Follow-up

- patient follow-up after medication abortion?
- patient follow-up after procedural abortion?

4. If you will be doing procedures >14 weeks

- cervical preparation?
 - Same-day prep, dilators, misoprostol (which routes are used), mifepristone, etc.
 - Know the protocols and WHY the clinic does it this way (i.e. related to patients traveling, state restriction)
- digoxin and/or KCl?
 - Do providers here do injections routinely? Under what circumstances? Dose, route, where is med stocked?

Understand how state restrictions affect clinical management, counseling, and patient flow

- What are the state restrictions?
 - Gestational limits
 - Waiting periods
 - Ultrasound viewing
 - State-mandated counseling
 - Insurance
 - Parental involvement
 - Medication abortion
- Review these websites for additional information

The Abortion Law Project

<http://lawatlas.org/page/abortion-law-project>

Guttmacher Institute

<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>

NARAL Pro-Choice America

<https://www.prochoiceamerica.org/laws-policy/state-government/>

PART 3: Questions that address emergency management in the clinic

- Where are the emergency medications located?
- What uterotonics do you have available?
- Where are the emergency protocols?
- What is the protocol for transferring a patient in the case of an emergency or complication?
- How do I reach someone at a local hospital? (or, does the protocol include an emergency contact list?)

PART 4: Questions about external-to-the-clinic issues

- In what circumstances do you refer patients for a “rule-out accreta” ultrasound?
 - At what gestation and based on which risk factors (# c-sections)
 - Is there a protocol or do different providers here approach this differently?
- Are there hospital(s)/ reliable community allies for emergency transfers?
 - Where is their contact info listed?
- Is there a hospital/clinic in which you have a reliable ally for radiology or MFM services?
 - Where is their contact info listed?
 - Under what circumstances is it appropriate to call any of these allies?
- What are the options for referring patients requiring a hospital-based abortion?
- What are the options if there are no hospital-based abortion services? (i.e. use of contracted CRNA to offer deep sedation as needed)

PART 5: Longer-term questions (answered over time)

- What are the policies and approach to mandatory reporting (i.e. sexual abuse of minor)?
- Do you perform emergency scenario drills? What topics? How often?
- Are there opportunities to forge better relationships with local hospitals?
- Does the clinic offer free contraception (e.g. OCP samples)?
- What are the local referral networks for follow-up care? (i.e. well-woman exams, sterilization procedures, other primary care)
- What are the safety net systems that patients can access? (i.e. local/state insurance) How do patients enroll?
