

Teaser (to link to detailed article below)

New Clinical Practice Guideline for Medication Abortion Services at UMass Memorial Health

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The initiative is part of UMass Memorial's broader [commitment to reproductive health](#) and addressing racial disparities in accessing abortion services at earlier gestational ages, where care is safer and outcomes are improved.

WHAT'S INCLUDED IN THE CPG?

The guideline offers comprehensive guidance, including:

- Eligibility assessment for medication abortion
- Required documentation during appointments
- Detailed steps for administering and documenting medication abortion

You can access the full guideline on [the Hub](#).

WHO CAN PROVIDE MEDICATION ABORTION?

Clinicians do not need special credentialing or licensing to offer this service. Any clinician certified through the FDA's Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program — or working under the supervision of certified prescribers in the same clinical setting — can prescribe medication abortions. These can be offered in various settings, including primary care and OB/GYN clinics, and through telehealth, with prescriptions sent to pharmacies staffed by certified pharmacists.

WHAT IS A MEDICATION ABORTION?

Medication abortion, also known as medical or nonsurgical abortion, is a safe and effective method that uses medication to terminate a pregnancy. It is available for patients from the time a pregnancy is confirmed through 11 weeks after the last menstrual period. Patients may choose this option for various reasons, including:

- Non-viable pregnancy or known fetal defects
- Maternal health concerns, physical or mental
- Personal preference to avoid procedural intervention

The most evidence-based regimen combines mifepristone (a selective progesterone receptor modulator, administered orally in the office) and misoprostol (a prostaglandin E1 analogue, administered vaginally or buccally after the visit).