

**Submission Id: 5672**

**Title**

*Patient perspectives on accessing medication abortion at a primary care clinic: an opportunity for patient centered care*

**Priority 1 (Research Category)**

Women's health

**Presenters**

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**Abstract**

Context: Primary care providers (PCPs) face barriers to providing medication abortion, including restrictions on mifepristone use. This has adverse effects on patient care such as unnecessary appointments, less continuity of care, and more procedural management. With declining access to abortion care in the United States, providers in high-access states must be equipped to fulfill the growing regional need. The ExPAND Mifepristone learning collaborative trains and empowers PCPs in federally qualified health centers (FQHCs) to use mifepristone for all evidence-based indications. Objective: To explore how patients who received care for EPL at a family medicine-led FQHC felt about hypothetically accessing medication abortion at the clinic. Design: Semi-structured phone interviews elicited patient perspectives on hypothetically accessing medication abortion from their PCP. Interviews were recorded, transcribed, and independently coded by two researchers. Atlas.ti was used to code the transcripts which were then analyzed inductively. Participant characteristics included age, race, ethnicity, religion, obstetric history, and type of EPL management (expectant, medical, procedural). Setting: FQHC in Chicago, Illinois, in which most perinatal care is provided by family physicians or midwives. Mifepristone is provided for EPL but not abortion. Population Studied: Patients who had received care for EPL at this FQHC. Intervention: The clinic participated in the ExPAND Mifepristone learning collaborative. Outcome Measures: Patient perspectives on hypothetical medication abortion provision in this setting. Results: We interviewed 16 people from June to December 2022. Most felt that medication abortion should be offered in the primary care setting, even if they felt they would not need, or choose, to have an abortion in the future. Participants often reflected on reproductive healthcare stigma and highlighted that medication abortion in the primary care setting is an opportunity for patient centered care. Specifically, they felt that the FQHC was well equipped to provide appropriate education, access, physical and emotional support, continuity of care, and care coordination. Conclusions: Patients receiving care for EPL at a family medicine-led FQHC felt that offering medication abortion was an opportunity for patient-centered care and may help combat reproductive health-related stigma in primary care. Analysis of patients' experiences receiving EPL care is ongoing.