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“I work with what I have”: Managing Medication Abortion and Miscarriage in the Unhoused Community

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The data associated with this publication are not available for this reason: NA

“I work with what I have”:

## Managing Medication Abortion and Miscarriage in the Unhoused Community

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### Background

- Medication abortion (MAB) occurs via a two-pill regimen, mifepristone and misoprostol. Mifepristone is taken first to inhibit pregnancy development and after, misoprostol for pregnancy expulsion resulting in uterine bleeding and cramping lasting approximately 4-12 hours.
- Average blood loss during a MAB is about five times the volume lost during menstruation

### Hypothesis

- Houseless individuals have specific needs due to their circumstances to feel supported during a MAB.

### Project Aim

- To provide better support to houseless individuals' experiences with MAB.

### Design

- We recruited pregnancy-capable persons between the ages of 18-55 who had experienced an abortion or miscarriage, were currently or had been unhoused, and spoke English.
- We conducted 30-minute interviews where we asked participants about their MAB or miscarriage experience, and how they would manage a MAB while unhoused given their experience.
- Interviewees were compensated with \$30 and provided mental health resources.
- Inductive and deductive coding were utilized for theme development.

### Results (N=15): Main themes about Experiences and Unmet Needs

#### Location of Abortion

Sue: I'd probably go to the river.

LA: You'd go to the river. And to get yourself clean just sit in the river?

Sue: Probably so. That sounds terrible, but a lot of things happen in that river.



#### Access to Hygiene Facilities

LA: So, you'd have to get a bedpan and do it in your tent?

Lina: Yeah, or a little bucket, I'll just sit in a little bucket, I take a bath in those sometimes. It's a little pool! I just would just have a little pool and have to sit there.



#### Social Support During MAB

Bubba: I went through my abortions by myself with just the kids. So, if I didn't have my older son with me, he was like my angel, like my guidance, like when I felt sick like he didn't know I was going through it, but he was there. Like to get the kids or give them a bottle or give me the phone or "Are you okay?"

LA: How old was he at the time?

Bubba: He was probably like 8 or 9 years old.

#### Childcare During MAB

LA: What did you wish to have?

Keke: Heating pad, more support is my biggest, or help [with] my kids.

LA: Did you have time to mourn with [taking care of] the kids?

Keke: No, they were small. Cry and keep on working.

#### Unmet Needs

Access to a safe location during MAB

To feel supported by their provider throughout the MAB process

Follow up communication after MAB

Access to appropriate supplies to manage bleeding during MAB

Access to pain management supplies (e.g. medication, heating pad, etc.) during MAB

### Conclusions/Further Study

Houseless individuals have specific experiences with medication abortion which lead to different unmet needs when compared with the general population of people who are completing a medication abortion. Public health providers can ensure patient centered care by providing them with appropriate resources, such as social services and material goods, to further navigate their abortion plan beyond the clinic. Next steps include offering these services to this population and assessing if experience of MAB is improved.

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