Title
"IT MAKES SENSE": PHARMACISTS' ATTITUDES TOWARD DISPENSING MIFEPRISTONE FOR MEDICATION ABORTION

Permalink
https://escholarship.org/uc/item/7vw5p8mp

Journal
CONTRACEPTION, 100(4)

ISSN
0010-7824

Authors
Kaller, S
Ma, M
Baba, C
Finley
et al.

Publication Date
2019-10-01

DOI
10.1016/j.contraception.2019.07.064

Peer reviewed
had never previously been offered the HPV vaccine. The abortion visit may be an opportunity to start or finish the HPV vaccine series.

**Objectives:** We explored pharmacists’ perspectives on dispensing mifepristone for medication abortion (MAB).

**Methods:** From May 2018 to March 2019, we enrolled 21 pharmacists at 8 pharmacies in California and Washington as the first step of initiating a clinical trial assessing pharmacist dispensing of mifepristone for MAB. We consented pharmacists to participate in semi-structured interviews regarding acceptability of dispensing mifepristone. We transcribed and coded the interviews and summarized emergent themes.

**Results:** Pharmacists strongly supported the model, feeling it would improve quality of care by providing more convenient MAB access and more streamlined service delivery, taking advantage of pharmacists’ expertise and availability. Pharmacists felt dispensing mifepristone would not be notably different from other medications and would “make sense that [all MAB medications] could be picked up at once.” Pharmacists considered mifepristone dispensing to be more accessible, safe, and supportive for patients than having mifepristone available only from MAB providers: “If [pharmacists] were able to dispense these medications, then we would be not only improving access of care to patients, but also reducing the burden on providers.” All pharmacists, except one with moral objections to abortion, reported they would feel comfortable dispensing mifepristone if they had enough knowledge about mifepristone to counsel patients adequately. Pharmacists felt the model would improve overall access to MAB, but expressed concern that in conservative areas or small pharmacies, pharmacists’ refusal to dispense mifepristone could impede patients’ access to MAB.

**Conclusions:** In this engaged group, most pharmacists supported dispensing mifepristone and were comfortable doing so following education on mifepristone and MAB.

C Devane, S Munro, J Soon, E Guilbert, M-S Wagner, W Norman

doi:10.1016/j.contraception.2019.07.064

**P36**

**DECREASING OUT-OF-STATE REFERRALS AND EXPANDING ACCESS TO LATER ABORTION IN MAINE**

Y-Y Young

**Ibis Reproductive Health, Oakland, CA, USA**

S Yanow, S Chandrasekaran, D Burkett, L Coplon, A Irwin, K Sharpless, M Paul

**Objectives:** In 2014, no clinic was providing abortion services in 81% of Maine counties (where 55% of the state's female residents lived). In addition, no clear referral process existed among the four clinics in Maine, resulting in patients being referred out of state. In collaboration with the four existing Maine abortion clinics, Ibis developed an intervention to improve the in-state referral process, specifically after 19 weeks’ gestation.

**Methods:** In order to assess in-state and out-of-state referral patterns and identify areas for improvement, baseline data were collected from the clinics on services provided, referral practices, and interest in expanding services, in 2016. A stakeholder meeting was convened to discuss provider experience and generate strategies to improve referrals. Using these inputs, a toolkit was developed for all abortion providers to improve referral practices. The intervention began in March 2017, and an end-line survey was conducted in 2018.

**Results:** At baseline, providers described limited communication with other in-state clinics, and a referral process that was unclear and time-intensive. At end-line, we observed a 33% decrease in out-of-state referrals. Due to the intervention, patients who were beyond the gestational age limit or those with medical conditions were referred within the state and were saved from traveling more than 100 additional miles. The stakeholder meetings allowed clinics to