MIFE in an FMC/FP Residency

ACGME requirements: none

Background:

-took years to get to implementing Med AB. Established prenatal care first. Then other programs to follow. Staffing needed to be trained and prepared prior to initiating Med AB.

Resident run and designed iniative.

-what percentage of FMR nationally provide Med AB?

- what percentage of FP graduates practice using Med AB?

**DESCRIPTION**

1. Opt-out program. Only 2 out of 18 residents have opted out. Ancillary staff and attendings are opt-in. (\*\*\*)
   1. MIFE training has been implemented as part of our Family Planning Curriculum, starting from R1 year.
      1. Training throughout R1,R2, R3 years in FMC
2. Values Clarification and exploration of Reproductive Justice
3. Early pregnancy ultrasound training
4. Options counseling/procedure consenting
   1. In our system, Health Education does early pregnancy options counseling.
5. Med AB administration and follow up.
   1. Visit 1 booked by LMP 6-10 weeks
   2. Visit 2 virtual visit day 2 to 3 post Med AB procedure to check in (done by resident).
   3. Visit 3 office appointment booked post MIFE 7 to 14 days later.
6. Exposure to Uterine aspiration for Early Pregnancy Loss or Termination.

**BARRIERS:**

1. Workflow:
   1. Location specific to where you work.
      1. In our system: patient calls PCP or call center. Health education appointment given for options counseling. Health educator books MAB or follow up with HE if undecided or referred to PCP if wants to continue pregnancy. Patient seen by provider for MAB. Booked follow up OV in 7 to 14 days. Any complications are handled by resident provider or referral to ER if needed.
2. Staffing:
   1. Initial resistance with training staff not comfortable with MIFE.
      1. Values clarification training with staff.
      2. Opt in for staff.
3. Attendings:
   1. Values clarification training for faculty
   2. Opt in for preceptors
   3. Appropriate staffing and back up for resident FMC.
4. Equipment:
   1. Enough ultrasounds/probes
5. Medication Supply:
   1. MIFE ordered timely given supply and demand.

**SUCCESSES:**

1. Resident led MIFI start group.
2. Training during CS month.
3. Supportive staff and work arounds for staff not comfortable with working with MIFE appointments.
4. Volume: to date, \*\*\* MIFE’s completed.

RESOURCES:

1. TEACH (Training in Early Abortion for Comprehensive Health)
   1. Early Abortion Training Workbook: Chapters 3, 4, 8
2. RHEDI (Reproductive Health Education in Family Medicine)
3. RHAP (Reproductive Health Access Project)
4. Innovating Education in Reproductive Health
5. PRH (Physicians for Reproductive Health)