

Learning collaborative promotes mifepristone education and utilization training in federally qualified health centers

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Researchers created a learning collaborative that included implementing



an intervention titled, "Excellence in Providing Access to New Directions in Mifepristone Use (ExPAND Mifepristone)" in two Chicago-area Federally Qualified Health Centers with a focus on enhancing educational and training support services for primary care doctors and staff to use mifepristone for miscarriage management and abortion provision.

The findings are published in *The Annals of Family Medicine* journal.

Prior to program implementation, clinicians and staff had little knowledge of <u>mifepristone</u>. After program implementation and completion, both clinics stocked and provided mifepristone for early pregnancy loss. However, significant barriers remained for use of the drug as part of <u>abortion</u> care.

Doctors at both program sites noted that stringent financial procedures to separate federal funds from those that support abortion procedures proved a significant challenge. Despite these <u>obstacles</u>, the researchers believe that the participating clinics' expanded ability to provide mifepristone for early pregnancy loss suggests that learning collaboratives could be an effective tool in improving access to comprehensive reproductive care.

Primary care physicians face various barriers in providing mifepristone for early pregnancy loss and/or abortion, despite mifepristone being FDA-approved and highly effective for use in abortion at 10 or fewer weeks when paired with misoprostol. Based on study interviews with primary care physicians and previous research, modifying medication protocols is not enough to change the <u>clinical practice</u> of prescribing mifepristone.

Study authors determined that clinics need to build skills, self-efficacy, and capacity to create practice change. Their "Excellence in Providing



Access to New Directions in Mifepristone Use (ExPAND Mifepristone)" learning collaborative enhanced educational and training support services for primary care doctors to use mifepristone for miscarriage management and abortion provision.

Through the intervention, clinicians and staff increased their knowledge of mifepristone and were able to stock and provide the medication for early pregnancy loss. Despite existing obstacles that hindered clinicians from prescribing the drug for abortion, the study authors believe that the learning collaborative can be an effective way to improve overall access to comprehensive reproductive care.

More information: Lisa Wu et al, ExPAND Mifepristone: Medical Management of Miscarriage and Abortion in FQHCs, *The Annals of Family Medicine* (2023). DOI: 10.1370/afm.3006

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