



## Planned Parenthood of Montana TelAbortion Checklist

The **TelAbortion Study** enables patients to obtain medical abortion (mifepristone and misoprostol) by videoconference and mail, without going in person to an abortion provider. In Montana, this study is being conducted by **Planned Parenthood of Montana (PPMT)**.

**TO BE ELIGIBLE** for this study at PPMT, a patient must:

- be age 16 or older (ID with birth date required)
- speak English
- have access to device with internet, webcam and microphone
- have a gestational age of <10 weeks by best estimate
- be in Montana during the videoconference with the study clinician
- have a mailing address in Montana to receive the medications
- not have any of the following conditions:
  - o IUD in place
  - o chronic adrenal failure
  - o inherited porphyria
  - o current long-term corticosteroid therapy
  - o renal failure
  - o moderate or severe cardiac disease
  - o history of allergy to mifepristone, misoprostol, or other prostaglandin
  - o hemorrhagic disorder
  - o current anticoagulant therapy
  - o liver disease such as cirrhosis or acute hepatitis

**BEFORE RECEIVING TREATMENT**, each patient will need the following tests:

- ultrasound showing an intrauterine pregnancy with a gestational age <70 days (10 weeks)
- Rh type (not needed if patient presents documentation such as blood donor card or a signed clinician's note; self-report also acceptable if Rh-negative)
- hemoglobin or hematocrit, if history of anemia
- blood pressure reading, if history of chronic hypertension

PPMT will assist patients in obtaining these tests if necessary. Patients or their insurers will be charged for the TelAbortion service. Medicaid will cover TelAbortion service. Financial assistance may be available.

For more information about the study, please visit [www.telabortion.org](http://www.telabortion.org).

**Patients interested in having an abortion through the TelAbortion Study should contact:**

Clinical Research Coordinator  
Planned Parenthood of Montana  
Phone: (406)869-5000  
Fax: (406)728-5497 (Attn: Ebony)  
Email: [MedsByMail@ppmontana.org](mailto:MedsByMail@ppmontana.org)

Please send any available reports of ultrasound, Rh type, and hemoglobin/hematocrit to PPMT at the above fax number.