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"The Effects of Reclassifying Misoprostol and Mifepristone on Access and Equity in Louisiana"

BACKGROUND: On October 1st, 2024, Louisiana became the first and only state to reclassify Misoprostol and Mifepristone as schedule IV drugs through passing Senate Bill 246 (SB 246).[1] Traditionally, these drugs have been used in women's reproductive healthcare in a variety of ways, using both uterotonic and therapeutic properties to assist in managing complicated indications.[2] The purpose of this project is to determine if the reclassification has impacted Louisiana physician's ability to provide timely and effective care to women who have medically indicated uses for these medications as compared to before the reclassification. More specifically, this research will evaluate the impacts that reclassification may have on cost, use, patient comfort, safety, and outcomes in clinical settings. This research will provide invaluable information to both citizens and lawmakers in Louisiana, allowing them to see the real-time outcomes that their legislation has on constituent's access to reproductive healthcare. Additionally, the data collected will allow other lawmakers in the United State to see the generated outcomes before they consider implementing a similar law.

METHODS: This is a retrospective chart review study using LCMC Healthcare and Ochsner Health databases. Using EPIC to access patients' electronic medical records, we will select for people who have given birth during the period of October 1st, 2023- April 1st, 2025. We will examine the change in uterotonic medication use, adverse maternal outcome, and cost of birth after reclassification. We will also document the hospital of birth, previously existing medical conditions, pregnancy history, delivery details, and postpartum complications. Demographics will be collected and will include age, race, ethnicity, height, weight, BMI, marital status, health insurance, education level, language spoken, and neighborhood deprivation index. We expect n=700, with an expected end date of December 2025.

ANTICIPATED RESULTS: We anticipate a decrease in uterotonic use of misoprostol and increased uses of mechanical and other medical intervention regarding management of uterine atony-related hemorrhage. We also anticipate a significant increase in adverse maternal outcomes in various categories, such as the quantity of blood lost, required transfusions, unplanned procedures and hysterectomies, worsening of previously existing medical conditions, and ICU admissions.

1, Louisiana Legislature. (2024). Senate Bill No. 276: The Catherine and Josephine Herring Act. Louisiana State Legislature. https://www.legis.la.gov/legis/ViewDocument.aspx?d=1379398 2. Allen R, O'Brien BM. Uses of misoprostol in obstetrics and gynecology. Rev Obstet Gynecol. 2009;2(3):159-168.