

Medication Abortion Information & Instructions

You should also read the Mifeprex Medication Guide*

If you choose a medication abortion, it means that you are pregnant and do not want to be pregnant. Your decision to proceed with a medication abortion is a personal and voluntary decision. If you feel coerced or uncertain about this decision, or have general questions about pregnancy services provided here or elsewhere, please contact Social Services at 510-642-6074 for support.

Process & Summary

You take medications to end an early pregnancy, **70 days (10 weeks) or less** since your last menstrual period began.

You are expected to have cramping and bleeding, and may experience strong pain, chills, nausea or diarrhea, which you will manage at home.

It is important that you have access to a telephone and transportation in case you need to call or return to the clinic for things you are worried about or for an emergency.

The day of your first appointment

You swallow the mifepristone pill during your clinic visit (make sure you eat a light meal before your appointment to help prevent nausea). The abortion starts when you take the first pill.

24-48 hours later (at home)

24 to 48 hours after taking the mifepristone, you take 4 pills of misoprostol by holding them in your cheeks.

Mifepristone and misoprostol work together to cause the pregnancy to be expelled from your uterus like a miscarriage or heavy period.

You are likely to pass the pregnancy within 2 to 24 hours after taking the misoprostol pills. Some people may need a second dose of the misoprostol pills.

Seeing pregnancy tissue at home: When you pass the pregnancy, you usually will have heavy bleeding and strong cramping for about 1 to 4 hours. Most people pass

some blood clots and often the pregnancy is in one of those clots. If you are less than 7 weeks pregnant, the embryo is less than 1 cm long and is usually very hard to identify. If you are between 8-10 weeks pregnant, the embryo is between 2 to 3.5 cm long and you may be able to recognize it. It often passes into the toilet within a blood clot.

Follow up

We confirm the pregnancy has passed by a repeat ultrasound, a blood test that measures the pregnancy hormone before and after you take the medication or a urine pregnancy test 4 weeks after taking the medication. Most, but not all people can tell if they passed the pregnancy by their own symptoms.

In some cases, the pills do not work. This happens in about 2 to 7 out of 100 people. An aspiration procedure or repeating the medication is recommended if this happens.

What to expect at your first appointment

- **An ultrasound** to confirm that the pregnancy is in the uterus.
- **Lab tests** if needed.
- **You will take a mifepristone tablet** before you leave which begins the abortion process. Most people do not have side effects from mifepristone, although some people feel nauseated or have vaginal spotting or bleeding. A small percentage of people (less than 5 in 100) have heavy bleeding and pass the pregnancy before taking the misoprostol.

When you leave you should have:

- ☐ These instructions
- ☐ 4 misoprostol tablets (to take 24-48 hours after taking Mifepristone)
- ☐ Anti-nausea medication, ondansetron or phenergan
- ☐ Ibuprofen for pain/cramping
- ☐ A plan for follow up (clinic or phone appointment, numbers to call in an emergency)
- ☐ Maxi pads
- ☐ A heating pad which can be helpful for expected cramping

Taking the Misoprostol

You will take the misoprostol 24-48 hours after taking the mifepristone. We recommend you take the misoprostol pills during the day. You should have a phone, a bathroom and your support person with you for the day. We recommend that you eat a light meal before you start. Drink water (gradually) throughout the day.

Place 2 misoprostol tablets between your gums and each cheek (4 pills total) for 30 minutes and then swallow anything left over with a drink of water.

Figure 1



2 pills between cheek and gum on left side + 2 pills between cheek and gum on right side

Medications you will receive for side effects:

Ibuprofen	For pain	600 mg every 6-8 hours as needed with food	We recommend you take the maximum dose as soon as you feel cramps
Or			
Acetaminophen (not as effective for pain as Ibuprofen)	For pain or fever	500-1000 mg every 4 hours as needed	Max dose 3000 mg in 24 hrs
Ondansetron	Nausea/vomiting	4-8 mg every 8 hours as needed	Take this medication 30 minutes before using misoprostol
Or			
Promethazine		25 mg every 6 hours as needed	Can make you drowsy

Follow-up

You will have a follow up appointment (phone or in person) approximately one to two weeks after your initial visit to assure the abortion is complete. At this visit you may expect one of the following:

- **an ultrasound** to assure that the abortion is complete
- another **blood test** to measure the pregnancy hormone if you chose to use this approach to follow up
- Recommendation to have a urine pregnancy test 4 weeks after taking medication

Usually no additional visits are needed after we make sure the pregnancy has passed but you should still call if you have concerns.

If needed, other follow-up arrangements can be discussed and individualized to assure abortion completion.

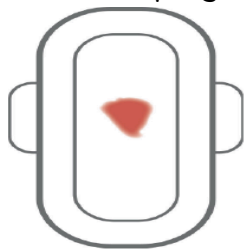
Cramping and bleeding are a normal part of a medication abortion

Cramping and pain

- Usually starts between 30 minutes to 4 hours after you use the 4 misoprostol pills
- Resting and using a heating pad or hot water bottle may help.
- Use your pain medication as directed.

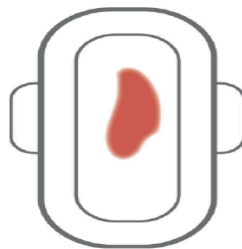
Bleeding

- Usually starts 30 minutes to 10 hours after you use the misoprostol pills.
- Can be heavy for a few hours.
- Lasts for an average of 9 to 16 days. Light bleeding may last up to 30 days.
- We recommend using pads rather than tampons for the first few days because it is easier to monitor how much you are bleeding.
- You may have a **“second wave” of heavy bleeding**. A few days after you have passed the pregnancy, you may experience another episode of heavy bleeding



Scant amount

Blood only on tissue when wiped or less than one-inch stain on maxi pad within one hour.



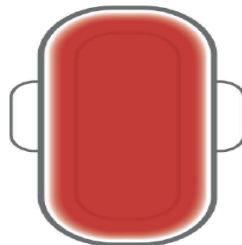
Light amount

Less than four-inch stain on maxi pad within one hour.



Moderate amount

Less than six-inch stain on maxi pad within one hour.



Heavy amount

Saturated maxi pad within one hour.

Call or seek help if you:

- Are soaking two thick, full-size pads per hour for two hours in a row or if you are concerned about heavy bleeding. Heavy bleeding is expected for a short time. Calling us doesn't necessarily mean you will need to come to the clinic or go to the emergency room.
- Have no bleeding or only spotting 24 hours or more after using the misoprostol. (Some people need a second dose of misoprostol.)
- Have prolonged bleeding. Having bleeding heavier than your period for more than 2 weeks or having light bleeding for more than 4 weeks
- Are otherwise worried about your bleeding.

Other concerns, risks & when to call the clinic or clinician on-call:

Nausea/Vomiting/Diarrhea

Nausea is common after taking misoprostol.

Call if vomiting keeps you from using the pain medication you need.

Call if you vomited within 2 hours after you took the Mifepristone, as it may not work.

Infection

About 1 woman in 1000 will get an infection after having a medication abortion.

Signs of infection include: Headache, malaise, weakness, fever or chills.

- These side effects, especially chills, can be normal around the time you take the misoprostol.
- They are not normal if they begin 24 hours or more after taking the misoprostol
- Call if you have a fever higher than 100.4 F (38 C). Fever within a few hours of taking the misoprostol is usually not a concern.

Continued Pregnancy

After taking both medications, the pregnancy continues to grow in less than 1-3 out of 100 people. Misoprostol has been reported to cause birth defects if the pregnancy does not pass. You should either repeat the medication regimen or have an aspiration abortion if the medication abortion does not work. If you are still less than 10 weeks pregnant, you could try the medication again.

Death is a rare complication after abortion, miscarriage and childbirth. Death from a medication abortion is estimated to be less than 1 in 100,000 people compared with 8.8 in 100,000 people carrying a pregnancy to full term.

Contact Information -a health care provider is available 24/7

WHEN	NUMBER	WHO
Monday-Friday 8 am to 4:30 pm	510-549-6556	Tang Center (MedAB clinician/nurse) You can reply to the message you receive from MedAB, nurse RN if you have non-urgent questions. Expect a reply within 72 hrs.
Evenings/weekends for urgent issues that cannot wait for business hours	855-373-3109	After hours advice nurse
Emergency	911	In cases of hemorrhage (too much bleeding) or other immediate emergency. If you cannot reach a healthcare provider, go to the nearest hospital emergency room

Resources for Counseling/Emotional support:

Social Services at the Tang Center: 510-642-6074

Our team of compassionate, skilled counselors provide a myriad of counseling and case management services for students making decisions around pregnancy. Whether you are making decisions around continuing or terminating a pregnancy, adoption services, or other pregnancy concerns, we are here to help at any point in your process. Call our administrative support staff at 510-642-6074 to schedule an appointment or ask questions about our services.

Exhale - 617-749-2948. Offers a free, national textline that provides emotional support, resources and information. All texts are completely confidential and counselors offer support and respect without judgment. The Exhale textline is available to individuals who have had abortions, and to their partners, friends, allies, and family members