

Safe Abortion with Pills

What Everyone Should Know About Medical Abortion
(and how to share information virtually)

January 2023

What is S.A.S.S.?
Self-managed Abortion
Safe & Supported

Information on using abortion pills belongs in the hands of everyone. Support and information are here for all who need it safely and privately.

Do you need help? Visit us here:
www.AbortionPillInfo.org

WHW
women help women

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Background

Why is Information about Misoprostol and Mifepristone/Misoprostol Needed?

Information about abortion is part of basic sexual health care. Anyone who can get pregnant should have access to information about contraception, safe sex, healthy sexuality, and abortion pills. The goal of this training manual is to share information about the use of abortion pills so that this health information is more widely available.

Abortion pills (misoprostol and mifepristone) are on the list of essential medicines of the World Health Organization (WHO). These medicines are used in clinics and also by millions of people themselves around the world.

Abortion using mifepristone plus misoprostol has been proven to be effective 93-98% of the time if taken during the first 12 weeks of pregnancy. (It is most effective before 9 weeks.) Abortion using misoprostol alone has been proven to be effective 85-95% of the time if taken during the first 12 weeks of pregnancy. Both of these medicines provide a very safe option for abortion.

Abortion pills are very safe. They are safer than Viagra! An abortion with these medicines is far safer than any of the unsafe methods like using sharp objects or caustic substances that people use when desperately trying to end an unwanted pregnancy.

Misoprostol is inexpensive and heat resistant. Misoprostol has many uses, including the treatment of stomach ulcers, arthritis, and for post-partum hemorrhage prevention and labor induction. It is also used to treat arthritis in dogs. In many countries in Central and South America, misoprostol is sold over the counter in pharmacies, under several brand names including Cytotec and Arthrotec. Misoprostol can be stored at room temperature and is effective up to one year after the printed expiration date. In the U.S. it is available in pharmacies only by prescription.

Misoprostol was originally registered in many countries as a treatment for gastric ulcers. In Brazil, people realized that the label read “Do not use if pregnant; may cause a miscarriage”. People with unwanted pregnancies began using misoprostol. Later physicians and scientists established the most effective doses of the medicine for first trimester abortion (abortion in the first 12 weeks of pregnancy). These protocols are described in this manual.

Mifepristone (also called RU 486) was developed as an abortifacient and was first used in France in 1987. It is now widely used in countries where abortion is legal. Mifepristone is usually not available in countries with restrictive abortion laws.

WHO information about how to use misoprostol for safe abortion can be found here: <http://www.misoprostol.org/guidelines-non-doctors/> Information about mifepristone plus misoprostol, as well as clear protocols for using misoprostol alone, can be found at

<http://www.medicationabortions.com>. Both protocols can also be found at womenhelp.org, under "Information".

Giving information, not advice

The goal of training is to **give information** regarding medical abortion, not to give advice or encourage people to perform an illegal act. By giving **only** information, you are protected from being prosecuted for inciting, participating in or being an accessory to a crime. While in many states in the U.S. it is not legal for a person to do their own abortion without a physician, it is NOT a crime to share information that is posted on the WHO and other websites. Therefore, all trainers must be clear that they are sharing general information and not giving medical advice. At the same time, trainers recognize that each person has the right to decide for themselves how to use this information.

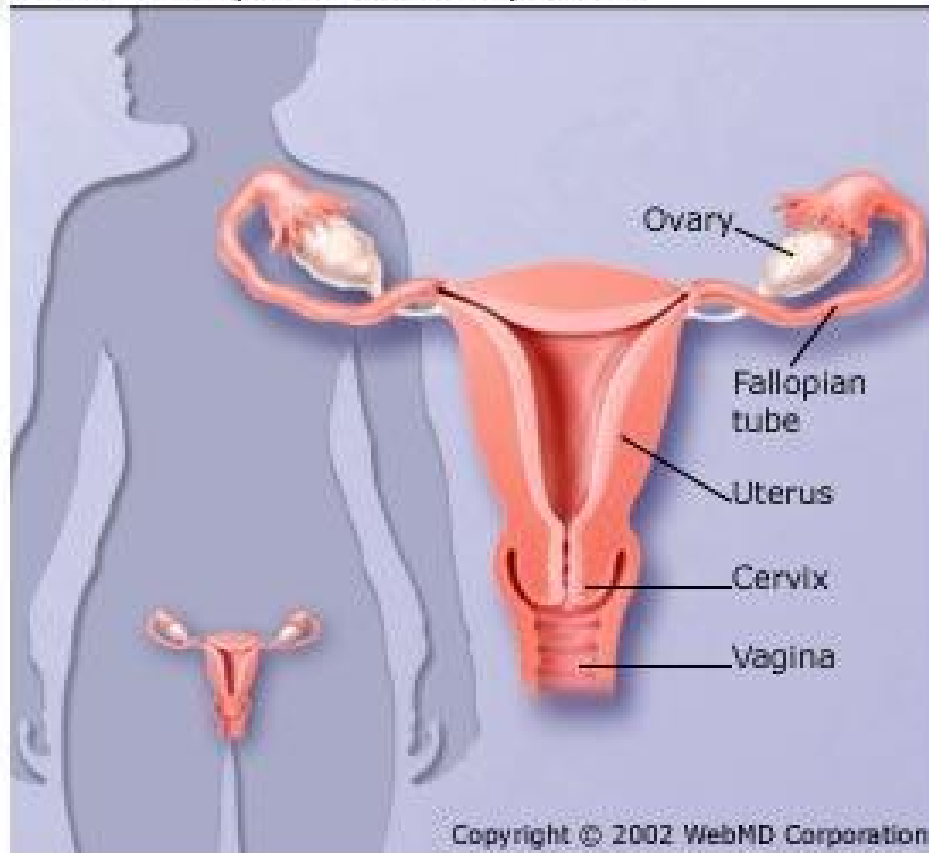
Article 19 of the Universal Declaration of Human Rights states, "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." Even in countries like the US that have not signed the International Treaty of Human Rights, one can always share scientific information that is widely available on websites and established by the World Health Organization.

Because self-managed abortion can be criminalized, it is important for the person sharing information to give it in the third person and be very clear that it is only information, not advice. This needs to be emphasized in each training.

II. Overview of the Menstrual Cycle and Pregnancy

Reproductive Organs

Female Reproductive System



When a young person with a uterus* reaches puberty, they begin to ovulate - a process in which an egg cell is released from one of the ovaries. Pregnancy can happen during sex when sperm fertilizes egg. Fertility is highest (when pregnancy is most likely to occur) a few days before, during, and after ovulation, but pregnancy can happen any time during the menstrual cycle!!

During menstruation the lining of the uterus is shed with blood through the vagina. This usually happens 14 days after the ovulation when there is no pregnancy. As the average menstrual cycle lasts 28 days (starting with the first day of one period and ending with the first day of the next menstrual period), ovulation usually occurs on day 14. People may have cycles as short as 23 days, or as long as 35 days. Stress, various types of strenuous exercise, and diet can affect the onset of menstruation and the regularity of the menstrual cycle.

**This information applies to anyone who can get pregnant, regardless of gender or sexual identity.*

A person can get pregnant at any point in their menstrual cycle!

If a person becomes pregnant, they notice that they have not gotten their menstrual period (although some people do have light bleeding while pregnant so may be confused). Typical symptoms of pregnancy include nausea and vomiting, excessive tiredness and fatigue, and frequent urination, particularly during night.

To confirm whether or not a person is pregnant, the person can take a pregnancy test that determines the presence of a hormone (hCG) in the blood or in the urine. For a urine test, one can buy a pregnancy test at the pharmacy. For a blood test one must see a doctor or clinician.

To know how many weeks pregnant one is, a person can count from the first day of their last menstrual period (LMP) up to the current date. A pregnancy calculator is here: https://consult.womenhelp.org/get-abortion-pills?z_language=en A person can also have an ultrasound to confirm that they are pregnant and to learn the length of the pregnancy. (Both counting from LMP and an early ultrasound are approximations of the length of pregnancy, but accurate enough to establish whether a Person can use abortion pills.)

If a person continues the pregnancy, they will give birth approximately 40 weeks after their last menstrual period.

III. Medical Abortion with Misoprostol or Mifepristone plus Misoprostol

Medical abortion (abortion with pills) has been thoroughly researched by the WHO and organizations in dozens of countries, including the U.S. It is a safe and effective method of ending an unwanted pregnancy when used in the first 12 weeks of pregnancy. The risk is the same as when a person has a natural miscarriage, which happens in 15-20% of all pregnancies.

There are two approved methods of medical abortion:

- The use of mifepristone and misoprostol. This method is 95-98% effective. Mifepristone plus misoprostol is available at most abortion clinics in the USA.
- The use of misoprostol alone. Misoprostol alone is 85-95% effective.

Using abortion pills will cause a miscarriage. The uterus will cramp and push out the pregnancy; a person will experience cramping and prolonged menstrual-like bleeding. Common side effects from misoprostol include nausea, vomiting and diarrhea. The risk of serious complication is very low.

How does Medical Abortion Work?

The uterus is a muscle. **Misoprostol** causes the uterus to contract, pushing out the products of conception. This is what happens during a miscarriage, and the misoprostol is just causing a miscarriage.

Mifepristone blocks the hormone progesterone, which is required to sustain a pregnancy. Without this hormone the attachment of a fertilized egg to the uterine wall is disrupted, and the uterus contracts. In clinics, the pregnant person swallows the mifepristone (one tablet of 200 mg.) in front of a clinician. An abortion with pills can be done with mifepristone plus misoprostol, or with misoprostol alone. More misoprostol is needed if mifepristone is not used (see protocols in following pages).

People who are sure that they want to end their pregnancy should study the instructions carefully first. It is best to discuss the directions with a friend so that the pregnant person completely understands how to use the medicines. The person must follow the precautions below.

Precautions

Before using misoprostol, a person must understand these **6 basic precautions**:

1. *They should confirm that they are pregnant, by using a urine test or ultrasound.*

The side effects of the medicine are not pleasant and there is no reason to take any medicine that is not needed. If a person uses these medicines and is not pregnant, there is no harm, but they will not bleed.

2. *They should be sure that they are less than 12 weeks pregnant. The protocols in this manual are only for a pregnancy up to 12 weeks.*

A pregnancy of twelve weeks means 84 days after the first day of the last menstrual period. A person can make a reasonable calculation of how long they have been pregnant. They need to identify first day of their last menstrual period and start counting up from that day until today. A person can also determine length of pregnancy by having an ultrasound. If a person thinks they have been pregnant for more than 12 weeks, or if the ultrasound shows they are more than 12 weeks, they should not do a medical abortion independently. The chance of a complication is higher and the experience is physically and emotionally more difficult.

3. *A person should make a plan and should arrange to have someone be with them.*

While having the abortion, it is important to have someone trusted close by; this can be the partner, a friend or a relative who knows about the abortion and who can help in case of complications. It is also good to have someone available for emotional support.

The person using pills needs to understand that abortion pills cause a miscarriage. If they seek medical attention at any point, they need to know that they can say they think that they are having a miscarriage. The treatment for miscarriage complications is exactly the same as for complications with abortion pills. However, if a person says they used abortion pills, they could face legal problems.

Ibuprofen and anti-nausea medicine can be bought ahead of time (so that the pills aren't vomited up). One should have pads on hand. It's helpful to arrange for childcare (if needed) or other tasks ahead of time and make a plan so that the experience is as convenient and stress-free as possible.

4. *Abortion pills should only be used when a person has no serious illness and does not have an IUD.*

Most illnesses are not a contraindication for medical abortion. However, some serious illnesses, such as severe anemia or hemophilia, can create problems because of the heavy blood loss involved. Contraindications for medication abortion are:

- Inherited porphyria
- Chronic adrenal failure or hepatic failure
- A known or suspected ectopic pregnancy (neither misoprostol nor mifepristone will treat ectopic pregnancy)
- A previous strong allergic reaction to mifepristone or misoprostol
- Cannot be present in their body due to uncontrolled epilepsy, uncontrolled psychosis, inability to cease drug/alcohol use for 24 hours

People with HIV can use abortion pills safely, but they might be at a slightly greater risk of anemia or infection. They should use antibiotics during the process.

Misoprostol and mifepristone should also not be used when there is a possibility of an ectopic (outside of the uterus) pregnancy. An ectopic pregnancy cannot be ended by misoprostol, because the contractions of the uterus will not affect the pregnancy.

If there is a risk of a sexually transmitted infection such as chlamydia or gonorrhea, a person should arrange an examination with a doctor so that the infection can be treated properly. It is best to finish the course of antibiotics before using abortion pills.

Abortion pills should not be used if the person has an intrauterine device (IUD). They should have the IUD removed first.

5. *The person should have a reliable way to get to a hospital in two hours or less. That way, they are near medical aid in the unlikely event of complications.*
6. *It is important that the person is choosing abortion of their own free will and is not being forced.*

Pop Quiz: Ask people to write down the 6 precautions on a piece of paper. After 2 minutes, ask people to write precaution #1 in the chat. Repeat precaution #1 out loud. Then ask people to write precaution #2 in the chat. Go through all 6 to help people learn the precautions.

How to Use Mifepristone plus Misoprostol for Safe Abortion

- **In the first 10 weeks of pregnancy, a person will need 1 mifepristone tablet (200 mg) plus 4 misoprostol tablets (200 mcg each). For a pregnancy of 10-12 weeks, 4 additional misoprostol tablets are helpful.**

1st – The mifepristone should be swallowed with a glass of water.

2nd - 24 hours later the person should put 4 pills of misoprostol buccally (between the gum and the cheek).

They should put two tablets into their mouth, between their gum and cheek, on the left side and two more tablets between the gum and cheek, on the right side.

All four pills should be left in the mouth for approximately 30 minutes to dissolve. The person shouldn't eat or drink anything while the pills are dissolving. Anything left in the mouth after 30 minutes should be swallowed. Before and after using the misoprostol they can eat and drink normally but should not use drugs or alcohol; they need to pay attention to their body.

It is recommended that people use the pills in the cheeks because they will dissolve completely. In most hospitals, there is no blood or urine test that can be done to prove that a person used misoprostol.

Between 10-12 weeks, the moment that the pregnancy is expelled from the body is noticeable, and it is usually possible to distinguish the product.

After 3-4 hours, if the pregnancy has not been expelled, it is recommended to use another 4 pills of misoprostol again in the same way (4 tablets in the cheeks for 30 minutes).

The success rate is 95-98%. This means it will not work 100% of the time.

Pop Quiz: *Ask people to unmute and repeat the protocol for mifepristone + misoprostol.*

How to Use Misoprostol Alone for Safe Abortion

- **In the first 12 weeks of pregnancy, a Person will need 12 misoprostol tablets (200 mcg each) if using only misoprostol.**

- 1- A person should put 4 pills of 200 micrograms (in total 800 mcg) misoprostol under the tongue and let them dissolve for 30 minutes. During this time, they can swallow their saliva, but they should not swallow the pills. After 30 minutes, if the tablets

aren't fully dissolved, they should swallow the remains. . It is important not to swallow the pills before 30 minutes.

- 2- After 3 hours the person should put another 4 pills of misoprostol under the tongue and let them dissolve for 30 minutes, then swallow what's left.
- 3- After 3 hours they should put the last 4 pills of misoprostol under the tongue again for a third time. The person should not swallow the pills for at least 30 minutes, until the tablets are dissolved.

Each time, all four pills should be left in the mouth for approximately 30 minutes to dissolve. A person shouldn't eat or drink anything while the pills are dissolving. Anything left in the mouth after 30 minutes should be swallowed. Before and after using the misoprostol they can eat and drink normally, but they should not use drugs or alcohol, because they need to pay attention to their body.

It is recommended that people use the pills under the tongue because they will dissolve completely. In most hospitals, there is no blood or urine test that can be done to prove that a person used misoprostol, so in the rare case that they must consult a doctor, they can say they had a miscarriage.

The success rate in the first 12 weeks of pregnancy is 85% - 95%. This means that most people, but not everyone, who uses misoprostol correctly will have a successful abortion after this procedure.

Pop Quiz: *Ask people to unmute and repeat the protocol for Misoprostol alone.*

Effects/What to Expect after Using the Pills

Generally, **mifepristone** has no side effects. If a person is nauseous because of their pregnancy, they should take anti-nausea pills BEFORE swallowing the mifepristone (or using the misoprostol) to keep from vomiting up the mifepristone. The mifepristone takes 24 hours to effectively stop the flow of hormones to the pregnancy.

Misoprostol DOES have side effects. If a person has no side effects, it is probable that they do not have genuine medicine.

After the first dose of **misoprostol** a person will have:

1. Cramps and pain. If a person wants to relieve the pain, the most effective pain medication is ibuprofen. Hot water bottles or a heating pad also help.
2. Side effects of the misoprostol are nausea, vomiting and diarrhea. A person can also have some fever and chills. To avoid vomiting up the pills, some people may want to take anti-nausea medicine before using the misoprostol. These side effects usually do not last for more than a few hours after using the misoprostol.

3. Bleeding usually starts within four to five hours after using the pills, but sometimes later. Bleeding is the first sign that the abortion is starting. If the abortion continues successfully, bleeding and cramps will become more severe. Bleeding is often more and heavier than a normal menstruation, and there can be clots. The longer the pregnancy, the heavier the cramps and the bleeding will be. Bleeding continues lightly one to three weeks after the abortion, but sometimes more or less. The normal menstrual period usually returns after four to six weeks.

If the abortion is complete, the bleeding and the cramps diminish. The moment of abortion can be noticed with a peak of heavier blood loss and more pain and cramps. Depending on the length of the pregnancy, a small pregnancy sac with some tissue around may be seen. For instance, if a person is only five to six weeks pregnant, there will be no visible sac. After nine weeks, a person might find a sac and a fetus in between the blood. Between 10 and 12 weeks, the risk of complications is slightly higher than before 9 weeks, but complications are still rare.

If no bleeding occurs after the third dose, the abortion did not take place and the person can try it again after three days. There are 4 possible reasons that the abortion did not happen (assuming that the person confirmed the pregnancy with an accurate test):

1. The medicines were fake. Unfortunately, there are many scams that take advantage of a person who has an unwanted pregnancy. If the pills caused NO chills, nausea, diarrhea or cramps, it was not genuine misoprostol.
2. The pregnancy is ectopic (outside of the uterus). Mifepristone and misoprostol will not treat an ectopic pregnancy. If the person can get an ultrasound, an ectopic pregnancy can be diagnosed. This is a potentially life-threatening situation and will be treated in all situations if identified.
3. The person did not have the proper instructions and did not use the right number of pills or did not use them in the most effective way.
4. The pills do not work 100% of the time. If the pills don't work the first time, the person can try again after 3 days if they can get more pills.

When Should a Person Contact a Doctor or Go to a Hospital?

Signs of a Complication:

1. If there is **heavy bleeding** that lasts for more than 2 hours **and** soaks more than 2 maxi sanitary pads per hour (if the stream of blood is like a stream of water from an open faucet). Feeling dizzy or light-headed can be a sign of too much blood loss and is dangerous to the person's health (very rare; less than 1%). This requires IMMEDIATE medical care.
2. If there is **severe pain** that does not go away or starts a few days after taking the medicines.
3. If a person has **vaginal discharge that smells bad or is an unusual color**.

4. If the person has a **fever** of over 100° Fahrenheit for more than 24 hours, or if she has a fever of more than 102° F degrees.

The treatment of any complication of abortion is exactly the same as the treatment for complications of a miscarriage.

□ If there is a complication, a person can always go to the hospital or any doctor and say they had a miscarriage. The doctor will treat them as if they had a spontaneous miscarriage. There will be no way that the doctor can know the person has taken medicines unless the person discloses this.

The treatment is vacuum curettage with manual or electric suction or a D & C (dilation and curettage), during which a doctor empties the uterus by scraping. The treatment of miscarriage is widespread and routine. Miscarriage occurs in 15-20% of ALL pregnancies.

Making Sure the Person is No Longer Pregnant

In some cases, the person may not bleed or may have very little bleeding. Abortion pills do not end the pregnancy in some cases (this is different than an incomplete abortion; see below). If the pills did not work and the pregnancy continues the person can try to use the medicine again after 3 days. They should know that even by repeating the procedure, it could fail again. If the person is unsure about whether she bled enough to end the pregnancy, the only way to confirm that they are no longer pregnant is to have an ultrasound. Because the hormones of pregnancy stay in the body even after a successful abortion, a urine pregnancy test will not be accurate until at least 3 weeks after an abortion. If the person believes that the abortion pills did not work, they should not wait but should immediately have an ultrasound or try the medicine again.

If a person had a successful abortion, the pregnancy symptoms should disappear and they should not feel pregnant. This is an excellent way to confirm that the medicines worked. However, some people bleed without having an abortion. Therefore, it is important that a person makes sure that an abortion really occurred.

If the pregnancy continues, misoprostol creates a small increased risk of birth defects such as deformities of the hands or feet and problems with the nerves of the fetus. Therefore, people should be sure that they want to end the pregnancy before taking abortion pills.

Making Sure that the Abortion is Complete

Even when abortion pills successfully end a pregnancy, in 10-15% of cases when misoprostol alone is used, the abortion is incomplete. (With mifepristone plus misoprostol, the rate of incomplete abortion is lower.) This means that although the pregnancy is no longer viable, too much blood and tissue remain in the person's uterus. (It is normal for some blood to remain after an abortion and for the person to slowly bleed it out for 1-3 weeks after taking misoprostol.) If a person has pain, heavy bleeding, or a fever, it can be a sign of an incomplete abortion. This is a serious condition and must be treated to avoid an infection.

□ **An incomplete abortion has exactly the same symptoms as a miscarriage and can be treated by any doctor who treats miscarriages. The person need not tell the doctor that they used misoprostol.**

To ensure that the abortion was complete, it is recommended that the person have an ultrasound 10 days after taking misoprostol. For the first 10 days after a successful abortion it is normal for some blood to remain in the uterus, and after an ultrasound a doctor might perform a D & C that is unnecessary if a person has an ultrasound too soon.

After the Abortion

- Nothing should go inside the vagina for 2 days after the abortion (a person should not have sex or use tampons) because the cervix remains open and there is a risk of infection.
- A person can get pregnant immediately after an abortion! They should get good contraception to prevent a new unwanted pregnancy.
- They should expect light bleeding for 1-3 weeks afterwards.
- They should confirm that the abortion was successful. They can do this by having an ultrasound 10 days after the abortion, using a urine pregnancy test 2-3 weeks after the abortion, and by paying attention to changes in their body to note a decrease in pregnancy symptoms.

Pop Quiz – *Ask people to go through the 4 Aftercare instructions.*

Resources

There is additional information at www.womenhelp.org, under “information/questions and answers”. All of the protocols and instructions for using mifepristone and misoprostol, or misoprostol alone, are there.

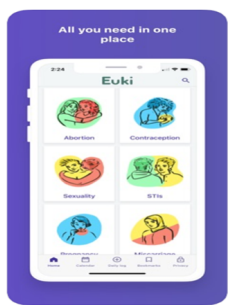
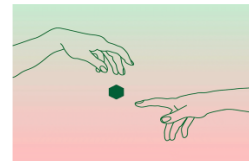
At abortionpillinfo.org there is USA-specific information as well as a secure portal where questions will be answered by a team of skilled counselors, in English, Spanish and Portuguese. The Euki app has information on self-managed abortion and contraception. There is a hotline staffed by clinicians -1-833-246-2632. If/When/How provides legal support.



SASS, Euki, Abortion Hotline, If/When/How

SASS

Self-Managed Abortion; Safe & Supported – Abortionpillinfo.org
(includes a link to the Euki app and information about self-managed abortion, as well as access to on-line counselors through a secure portal)



Euki App is secure and private:
Period tracking, information about
contraception and abortion,
including self-managed abortion

Hotline staffed by
clinicians:
Mahotline.org



IV. Frequently Asked Questions and Answers

These questions and answers are not part of the WHO protocols. They are for the information of trainers only. If this information is shared it should be made clear that the information comes from various websites and is not a substitute for medical information. All information should be shared in the third person so that it is not construed as advice.

1. How do I know if I am pregnant and how long I have been pregnant?

Most people determine that they are pregnant if they are sexually active and have missed a period. Nausea, breast soreness, and fatigue are also common symptoms in early pregnancy.

Ultrasound or pregnancy tests are the only ways to confirm that a person is pregnant. The pregnancy test can be done only after the first day that a period has been missed; before that time the result is not reliable (the pregnancy test might be negative while the person actually is pregnant). If an ultrasound is performed, a medical provider can determine how many weeks the pregnancy is, +/- two weeks.

A person can make a reasonable calculation of about how long they have been pregnant. They must figure out when the first day of the last menstrual period was, include that day and start counting up until the current day. The number of days is the time of pregnancy duration. If a person wants to know the pregnancy duration in weeks, they should divide the number of days by the number 7. This method may not be accurate if a person has irregular periods. There is a useful pregnancy calculator at www.womenhelp.org, at the link <https://consult.womenhelp.org/en/get-abortion-pills>.

The size of the womb can also be used to estimate the duration of pregnancy. Usually this is done by a health professional. However, a person can also feel their own belly. First, they have to make sure that their bladder is empty (pee first). Then they should lie down and feel with both hands for the womb (a hard ball-like structure). If the upper end of the womb just above the pubic bone can be felt, the pregnancy is around 12 weeks (84 days). If the womb is bigger, the pregnancy is more than 12 weeks.

2. I have an unwanted pregnancy, what can I do?

Abortion care can be sought at clinics and hospitals in many states. To find the closest clinic, go to <https://www.ineedana.com/>. Additionally, abortion pills (mifepristone plus misoprostol or misoprostol alone) can also be used independently. Clear, evidence-based instructions should be used and all precautions should be followed.

3. What are the risks of using mifepristone and misoprostol, or misoprostol alone, for abortion?

Complications from abortion pills are very rare. These medicines are safe and effective. However, if a person uses misoprostol, they should seek medical advice as soon as possible for these symptoms:

1- Bleeding that lasts for more than 2 hours **and** soaks more than 2 maxi sanitary pads per hour. Feeling dizzy or light-headed can be a sign of too much blood loss. This is dangerous and must be treated at a hospital.

2- Fever (more than 100 degrees F) for more than 24 hours or a fever of more than 102 degrees F at any time.

3- Vaginal discharge that smells bad or has an unusual color.

4- Sharp pain that does not go away.

If a person thinks they might have a complication, medical care should be sought immediately. It's not necessary to tell the medical staff that they tried to induce an abortion; they can state that they think they are having a miscarriage. Miscarriages occur in 15-20% of all pregnancies and doctors know how to treat a miscarriage.

The symptoms of a medical abortion are exactly the same as a miscarriage and the doctor will not be able to see or test for any evidence of an abortion.

4. I am more than 12 weeks pregnant. Can I still use abortion pills? Until when?

These medicines are still effective after 12 weeks of pregnancy, but the risk of complications increases. 4% to 8% of people with second trimester pregnancies (after 12 weeks of pregnancy), who try to end their pregnancies with abortion pills will experience very heavy bleeding that requires medical treatment (hemorrhage). A person should never be alone when doing this.

After 15 weeks there is a higher complication risk and it can be very traumatic. It is actually an induction of birth at that point (meaning the person "goes through labor") so they should be close to a hospital in case urgent medical attention is needed. If emergency care is needed, it is important to tell the doctors that a miscarriage is suspected, as people can be prosecuted for having an abortion without a physician involved. The symptoms and treatment for miscarriage and medical abortion are the same.

A person who is more than 12 weeks pregnant and self-managing their abortion with medicines should get expert support.

5. Can I do a medical abortion if I am breastfeeding?

Yes, a person can continue to breastfeed normally during a medical abortion.

6. Will I be able to get pregnant and have children after a medical abortion?

A medical abortion (abortion with pills) does not affect ability to conceive or bear a child in the future. In fact, if a person does not want to become pregnant at this time, it is important to start using contraceptives before sexual relations resume.

7. Is it safe to have an abortion with pills if I've already had one in the past?

Having a safe abortion, or more than one safe abortion, does not impact a person's health or ability to have children in future. People are fertile for about 40 years. Some people need more than one abortion with pills because contraception fails, some people cannot choose when to have sex, or because contraception or information about birth control is not available.

8. What if I am not pregnant but take the medicines anyway?

A person's health will not be harmed if they are not pregnant but take the medicines anyway. However, they may still experience the common side effects of the medicines, including nausea, vomiting, diarrhea, chills or a low fever for up to 24 hours.

9. Can abortion pills be used if I am HIV positive or have AIDS?

People living with HIV can safely use mifepristone plus misoprostol, or misoprostol alone. HIV-positive people may be at a bit higher risk of infection and anemia. Iron pills may be given before and after starting misoprostol to slowly decrease the anemia. Antibiotics may be used to prevent infection (Doxycycline 100 mg 2 times per day for 7 days total).

10. How long will it take before misoprostol will have an effect and for how long will symptoms (cramps, nausea, blood loss etc.) last?

In most cases misoprostol will cause cramping and bleeding to begin within 4-5 hours. The symptoms (pain, blood loss, nausea, diarrhea, etc.) can last for up to 12 hours but should diminish when the abortion is complete.

If there is prolonged bleeding, too much bleeding (much more than a regular menstrual period), pain in the belly that does not go away after a few days of taking the misoprostol, pain that is unbearable, fever, continuous heavy bleeding after three weeks, or pain when pushing on the belly, the abortion may be incomplete. A person should seek medical evaluation if they have any of these symptoms as more treatment may be needed to complete the abortion. It is not necessary to tell medical staff that abortion medicines were taken since one can say that they think they are having a miscarriage. There are no tests that can show abortion pills were used. It is extremely important to treat an incomplete abortion because the tissue and blood that remains in the body can cause heavy bleeding or an infection.

11. How much blood will I lose and what color is the blood?

The general rule is that fresh blood is red and old blood is brown. While having an abortion it's normal to lose a lot of red blood. If a person is unsure if they bled enough, they can check if the abortion was complete by having an ultrasound. It is normal to have irregular light bleeding for up to three weeks after a medical abortion (sometimes even longer).

12. Will I see the products of the abortion (placenta, embryo, blood) and what should I do with them?

Depending on the length of the pregnancy during medical abortion, a small pregnancy sac with some tissue around it may be visible. For instance, with a pregnancy of only five to six weeks,

there will be no visible sac but just blood and clots. At nine weeks or more, one might be able to find a sac in the blood and an embryo may be visible. With a pregnancy of 8 or 9 weeks, the embryo is about one inch in size. This can be distressing. It is best to flush everything down the toilet or to wrap the sanitary pads and throw everything away.

13. *I took the first dose of misoprostol and started bleeding. Should I take the second and third doses?*

Yes, all doses should be completed, despite the blood loss. Scientific research has proven that the second and third doses increase the effectiveness of the treatment and reduce the number of incomplete abortions (i.e. blood or tissue remains in the womb), which means that no follow-up treatment is necessary. The pregnancy symptoms, such as nausea, breast soreness, and fatigue should disappear a few days after taking the misoprostol pills. To make sure the treatment was successful, an ultrasound can be obtained.

14. *I used misoprostol but had no, very little, or not as much as expected blood loss. Did the treatment work?*

It can be difficult to determine whether an abortion has been successful and is complete. If there is no bleeding or very little bleeding and the person is sure they were pregnant, there is either an ongoing pregnancy or possibly a pregnancy outside the uterus (an ectopic pregnancy). If there is uncertainty about whether the abortion occurred, due to little or no blood loss, an ultrasound should be obtained quickly to see if the pregnancy is continuing. The person can tell the medical staff that they think they're having a miscarriage.

15. *Can I eat or drink while I am taking the misoprostol?*

No alcohol or drugs should be taken during medical abortion as they impair judgement. Food and liquids can be consumed normally before and after taking the misoprostol, but a person should not eat or drink while misoprostol is dissolving. As some people experience nausea it may be helpful to eat lightly and avoid heavy or fried foods.

16. *What happens if I do not use misoprostol exactly within 3 hours after the first dose?*

Up to 12 weeks of pregnancy, the **most effective way** to use misoprostol alone (no mifepristone) is to put 4 pills under the tongue for 30 minutes, wait 3 hours, and repeat this twice, using a total of 12 pills. The second or third dose can be used up to 12 hours after the dose before it, but this is less effective.

If the 12 tablets do not work, one can continue to repeat the 4 tablets. However, if there continues to be no cramping or bleeding, it is possible that the misoprostol has passed its expiration date and will not work.

16. *I used abortion pills but the pregnancy test is still positive. What should I do?*

A person should wait 3 weeks after the abortion to take a pregnancy test. Sometimes, pregnancy tests are still positive 3 or 4 weeks after the abortion, because the hormones caused by the pregnancy are still in the blood. After 10 days, an ultrasound can be used to ensure the abortion was complete.

If the pregnancy symptoms haven't disappeared a couple of days after using the medicines, it is possible that the pregnancy is continuing. Blood loss does not mean that the abortion was successful; that is why it is so important to check for ongoing pregnancy by ultrasound or a pregnancy test.

17. *What are the symptoms of an ongoing pregnancy and what can I do in this case?*

If the pregnancy symptoms such as nausea, breast soreness, and fatigue don't disappear after the medical abortion it is possible that there is an ongoing pregnancy. Normally a person should wait 10 days after taking misoprostol to have an ultrasound to avoid an unnecessary D & C and wait 3 weeks to take a pregnancy test. However, if a person is not sure if the abortion occurred, because they still feel pregnant, they should try to get an ultrasound right away to find out if the pregnancy is continuing.

If the pregnancy is continuing, mifepristone plus misoprostol, or misoprostol alone, can be taken again after 3 days.

If the pills do not work a second time, the person should seek an aspiration (surgical) abortion if possible.

18. *I used abortion pills a few days ago and still am in a lot of pain. Is that normal?*

No, this is not normal. If the treatment was successful, there should no longer be any pain, just some blood loss. If there are a lot of remaining pregnancy products in the womb (incomplete abortion) it can cause pain. The only way to check this is to get an ultrasound. Small remains in the womb usually get expelled by themselves with the next menstruation. Large remains, however, may not disappear by themselves. If the abortion was incomplete, more misoprostol may be given or a curettage or a vacuum aspiration may be performed, during which a doctor will remove remaining tissue from the womb.

19. *What is the treatment for an incomplete abortion/incomplete miscarriage?*

If the abortion was not complete, an additional dose of misoprostol, a curettage, or a vacuum aspiration (also called D & C) may be administered, during which a doctor will remove remaining tissue from the womb. Doctors have an obligation to help in all cases.

The additional dose of misoprostol for incomplete abortion is: 2 pills under the tongue and let them dissolve for at least 30 minutes.

20. *How do I know I have an infection?*

If there is a fever of more than 100 degrees F for more than 24 hours or fever of more than 102 degrees F **or** if vaginal fluids do not appear normal (they smell bad, do not look like usual) a doctor should be seen as soon as possible. These symptoms might be signs of infection. An infection can be treated with antibiotics; the most common antibiotic to treat this kind of infection is Doxycycline.

21. *What are the symptoms of a pregnancy outside the uterus and what is the treatment?*

If a pregnant person experiences faintness or extreme abdominal pain, then medical help should be obtained immediately, because there might be a pregnancy outside the womb

(ectopic pregnancy) that has ruptured. This is a life-threatening situation and the doctor will always help. The treatment is with a medicine called methotrexate or surgical removal of the ectopic pregnancy, which is necessary to save the person's life.

22. *What can I say if I go to a doctor or hospital because I might have a complication?*

It is not necessary to tell the medical staff that one tried to induce an abortion; a person can say they had a spontaneous miscarriage. Medical staff CANNOT see the difference. The treatment for an incomplete abortion or miscarriage is exactly the same. If any medicines were inserted into the vagina, all traces of the pills should be removed.

23. *Can abortion pills be detected in a blood or other type of test?*

No, a blood test or other type of test (like biopsy) will NOT show that misoprostol or mifepristone were used. Doctors cannot recognize the difference between spontaneous miscarriage and induced abortion unless they see traces of the pills.

24. *What are the chances that the fetus will be malformed if I have an ongoing pregnancy after using misoprostol?*

There is an association between birth defects and misoprostol. (Mifepristone is not associated with birth defects.) These defects include abnormalities in the skull and the limbs (called Mobius Syndrome). However, the relative risk of having a baby with malformations after using misoprostol is low (less than 1 malformation in 1,000 births when the fetus was exposed to misoprostol).

To compare: the normal risk of having a child with Down syndrome is 1 in 1,300 for a 25-year-old; at age 35, the risk increases to 1 in 365. This is a much higher risk than the risk of malformations as a result of the use of misoprostol. If a person fears malformations after an unsuccessful attempt to have an abortion with misoprostol pills, they should see a doctor and have an ultrasound. The malformations do show on ultrasound.

In order to entirely avoid the risk of having a malformed fetus, any pregnancy after attempting to provoke an abortion with misoprostol should be aborted.

25. *Can I get pregnant again immediately after using abortion pills?*

Yes! Abortion pills do not have any impact on fertility. Pregnancy can occur immediately after using abortion pills! If a person does not want to become pregnant right away, it is very important to start using contraceptives immediately.

Condoms can be used immediately. The contraceptive pill and other hormonal contraceptive methods like the Depo-Provera shot can be started on the day a person takes the misoprostol. If for some reason the medical abortion did not work and the pregnancy continues, the hormones used in the birth control pills, patch, ring and shot are not dangerous to a developing fetus. A person should always confirm that the abortion was successful. Until a regular period returns, the hormonal contraceptives are less effective than usual, so a barrier method (like condoms) should also be used.

An IUD can be put in place as soon as 4-14 days after the abortion, even if there is still light bleeding. An IUD can also be placed with the next regular period, but another contraceptive method will need to be used in the meantime to reduce risk of new pregnancy.

If a person wishes to become pregnant again after doing a medical abortion, it is better to wait until after the first normal menstruation, so contraceptives should be used until then. Although it can take several weeks (usually 4-6) after the abortion normal menstruation returns, ovulation can occur in the first week or two after abortion, which means a person can get pregnant right away.

26. *When can I start to have sexual relations again after a medical abortion?*

It is best to wait at least 2 days after taking the misoprostol to have vaginal sex. Right after the abortion, the entrance to the uterus (cervix) might be slightly open, and there is a greater risk of infection with sexual relations during this time. Nothing, including tampons, should be put in the vagina for 2 days.

27. *Will I have emotional problems after the abortion?*

If a person is unsure if abortion is the right decision, they should discuss it with a trusted friend or family member before using any medicines.

Most people do not need any psychological help after an abortion. Feelings of regret after abortion are rare. Indeed, the most common emotional response after abortion is relief. It is normal to feel emotional after an abortion. Some people feel sadness, grief and guilt. It is important to find emotional support for these feelings. Millions of people have had abortions, and no one need be alone with these feelings. Good people have abortions, and everyone has a different reason for their choice.

At least 42 million people worldwide have abortions every year and all of them deserve kindness, respect and accurate information.

V. Training Others – Trainer’s Tips

A. Planning a **Virtual** Training Session

Inviting a group to meet in person is the most effective way to share information. This format builds community among people interested in self-managed abortion while helping them learn critical information and practice sharing the information with others. While doing a training in person is optimal, training can also be done via Zoom or another virtual platform.

2-4 weeks beforehand:

1. Identify who you want to invite. You can include anyone who would benefit from learning about abortion pills: activists, doulas, reproductive health educators, people who have had abortions, and anyone else you know or believe has strong opinions about the importance of social justice in general or reproductive justice in particular. 25 people is the maximum manageable in a virtual training – but invite more, because you want those who attend your training to train others, and inevitably some people won’t be able to attend at the last minute!
2. Set a time that works for you, keeping in mind that the training will take about 3 hours, including a bathroom break. Remind everyone who plans to attend that part of the training is their agreement to pass the information along by training others.
3. Send an invitation. Word it with care: you’re inviting people to join you to **share information** about abortion pills, not to “learn how to use them.” Let people know that they should not forward the invitation to, invite, or bring anyone else to the session without your permission. (You can decide to add trusted people to the list yourself, of course. The idea is just that either you or one of the attendees should be able to vouch for everyone in the room.)
4. Start making a list (or ask whoever is hosting to do so) with the names and email addresses of everyone who’s attending. Use this list to send reminders to people before the training. Attendees will need a laptop or tablet to attend.

Two weeks before the training:

Send a reminder email with a copy of the manual and three graphics (protocol for miso alone, for mife/miso, and for aftercare) to everyone who will attend. If someone else is hosting, send the reminder email and materials to them and ask them to forward the materials to their guests with their own reminder email. Your email should say something like this:

Thank you for your interest in learning more about abortion pills. We’ll be meeting at [date] at [time] and a Zoom link will be sent to you 24-48 hours before the session. Please download Zoom ahead of time on your tablet, desktop or laptop. Please arrive at [10 minutes before start time] to be sure that your camera and audio are working.

We will start promptly at [start time] and the zoom room will be closed once we start. The first things we will discuss are legal issues. These are not covered in the training manual, and this information is critical, so please arrive on time.

Attached to this email are the training manual and three additional graphics. Please read through these materials, print them out, and **bring the printed copy with you to the session**. An electronic copy will not work, and we'll be asking people to turn off their phones during the session. Also please have a paper and pen/pencil available for pop quizzes we'll be giving as part of the training. If you can, have M & Ms or Skittles handy to practice using abortion pills!

You should also visit Abortionpillinfo.org and read the FAQs (and any other pages you want). You may also want to download the reproductive health app Euki, which is available for both iOS and Android and contains a lot of useful information. This will introduce you to the material that will be covered in the training.

One week before the training:

1. Confirm how many people are coming and who they are. Let people know that a link for the conference will be sent 24-48 hours before the session, and it should not be shared, for the security of everyone who will be attending.
2. Remind the attendees (or ask the host to do so) to show up on time with a printed copy of the training materials. Ask folks to let you know ahead of time if they cannot print out materials; a print copy for each participant is required and someone may be able to mail them a copy.
3. Review the training manual yourself and practice your presentation.
4. The goal of the training is that attendees will share with others. Think about how to lead the discussion after the training to generate ideas about who they can share information within their own communities.
5. Practice using Zoom or whatever platform you are using. Be sure you are comfortable quickly sharing your screen for the slides and then switching the camera back to you. (It is best to have another trainer helping with the technology, who can monitor the chat box and see if people are raising their hands.) Decide on how/when you want to take questions. Design "True/False" questions to help people explore the FAQ part of the manual.
6. Develop your introduction. This should include who you are, why you are committed to sharing this information, an overview of SASS and SMA, the safety of the pills and legal information. Also let people know there will be a break after 90 minutes and that there will be role plays so that they can practice. Emphasize the need for practice!
7. Develop your closing. This should include helping participants identify who they will practice with and who they will reach out to for future trainings.

B. Sample outline for an informational workshop (3 hours)

It is important to think about how you will introduce yourself and introduce the session. Think about how to talk about your passion for this topic and why you believe sharing information about SMA is critical. YOU set the tone, and your commitment is what will inspire others to take the knowledge from the session and share it with others.

Start with: Introductions, welcome, ground rules, short icebreaker.

A sample icebreaker: Share your first name, city, and one word that describes why you are here today/how you are feeling. In a smaller group, people can share the place or organization you're from, and one sentence about why you're here today or how you're feeling about being here.

- I. Rationale for the project, why we are here
- II. How to share information/legal issues
- III. How to use misoprostol and mifepristone for safe abortion
 - How misoprostol works, how people learned about it
 - Precautions
 - How to use the medicines
 - What to expect/Normal effects of the medicines
 - Signs of a complication
 - Aftercare/after the abortion
- IV. Review
- V. Role play/Practice (using outline on p. 27)
- VI. Q and A
- VII. Review "trainer tips" on p. 23 - 27
- VIII. Ideas about how to disseminate the information
- IX. Summary – how are you feeling now? Each person shares one word to describe how they feel after the workshop

Keep these principles in mind:

- You are teaching participants how to give information, not advice. Always speak about what *people in general* do or what *one* or *a person* might do. Use role play to be sure the participants understand about avoiding "you" and using the third person Instead.
- Practice makes perfect. Understanding the information is not the same as being able to teach others. Practice giving the full workshop, by yourself and with others. Do not just read from the manual; we tend to read in a monotone and it will not energize your audience. Also, you want to give extra tips and information that are not included in the manual that you have learned in your own training.
- If you aren't sure how to answer a question, don't invent or improvise – just say you aren't sure, and emphasize to the participants how important this is. You are not a lawyer or a doctor. You are not giving medical or legal advice. You are sharing information that is widely available. (If any of the participants are medical professionals, recommend that they consult If/When/How for specific legal advice about how they can share information.)

- Remind participants about the need for confidentiality about who is in the room, and the reason for this.
- Brainstorm with participants how they can share information with others – one-on-one, with stickers, by holding future workshops. Share information about the SASS project – www.abortionpillinfo.org.

C. Designing the Training

Important points to consider for any training:

- Start with introductions and stating the goals of the training. Use gender-neutral pronouns and highlight that abortion pills can help anyone who has an unwanted pregnancy, regardless of gender or sexual identity, age, weight, or race.
- Set ground rules for the session, which might include respecting confidentiality, not allowing attendees to record the session, asking attendees to be fully present and not have other browser windows or applications open during the session, keeping track of time/sticking to the agenda.
- Review the agenda so that people know what to expect and when they will be able to have breaks. People can work no more than 2 hours without a bathroom/snack break.
- Abortion can be a hard topic; consider starting with an ice breaker to create a spirit of trust and connection.
- Repetition is very important. Each time you teach a protocol or a new piece of information, give the opportunity for the trainees to repeat it back to you. The more people can practice, the more clearly they learn. Use humor, practice buccal and/or sublingual placement with M&Ms while teaching the protocols – have fun!
- Let people know when you plan to take questions, whether that's as you go or at the end of each topic. It usually works better to present one topic at a time and then pause for questions, and it's always fine to say, "Hold that thought, we'll be getting to that information soon and I don't want to get off track." But it's also important to create an atmosphere where people don't hesitate to ask you to stop and explain something they don't understand.

Part V. Learning through Role-Play: Sharing Information

It is important to practice how to give information to people, and how to answer the questions that people may have, without ever giving advice. It is not easy to keep all language in the third person! Role-play is an easy and enjoyable way to learn how to share information accurately – and people are a lot less intimidated by it if you tell them right up front how difficult it is, challenge them to catch you if you make a mistake, and then (deliberately or not) do it wrong so they can see how common it is to have to work at it!

Start by taking 10-12 minutes to show how to share information. Ask a volunteer to be a pregnant person who needs information and trainer should be the person giving information. Then, have the participants form groups of three. (With Zoom, the trainer will

create these rooms.) For 12-15 minutes, one person in each group pretends to be seeking information about abortion pills, another practices sharing that information with them, and the third observes the role play and keeps track of how well the person sharing the information conveys it accurately and in the third person. Keep track of the time. At the end of the 15 minutes, ask them how it felt, what they got right, where they struggled, and how they think they could do better. Goal is NOT to finish; goal is to see that more practice is needed!

Part VII and VIII

A major goal of each training is that attendees will feel equipped to convene trainings for others. Review some of the trainer tips, highlighting how you have incorporated these into the training you just did.

As part of the final part of the session, ask everyone attending to choose an “Accountability Buddy”. Give people 10 minutes to agree on a date to practice giving the full training to each other and discuss who they would invite to a first training. Then take a few minutes for people to share ideas about future trainings with the whole group. Encourage people to be co-trainers once if that will build their confidence to convene a training.

Recommend that people PRACTICE. They can practice giving the one-on-one information to a friend, in person or via a video chat.

We can do this!

VI. Checklist for Sharing Information with Individuals

Precautions

1. Did the person confirm the pregnancy? (If not, they should do a pregnancy test or ultrasound.)
2. How many weeks pregnant? When was the first day of their last menstruation?
3. Any contraindications? (Medical condition, IUD)
4. Make a plan: Have someone with them, get ibuprofen and anti-nausea medicines, identify a comfortable place and make arrangements for childcare, a day away from activities, **understand that pills cause a miscarriage and what to say if they seek medical care**, etc.
5. Be no more than 2 hours away from medical care in case of emergency.
6. Confirm that the pregnant person is deciding for themselves to use abortion pills

Giving information

1. Explain the protocol: How many pills are needed and how to use them
2. Explain what to expect:
 - Usual side effects (chills, light fever, diarrhea, vomiting)
 - When to expect onset of bleeding, cramping which may be painful, and expulsion of the pregnancy)
 - Reminders about anti-nausea medicines and pain relievers
3. Signs of a complication, although these are rare (excessive bleeding, fever, abnormal vaginal discharge, severe pain that isn't relieved with painkillers)
4. Describe what to do if no bleeding (confirm quality of medicines, rule out ectopic pregnancy, confirm the length of the pregnancy and repeat the procedure if appropriate)
5. Clarify how to identify that the abortion was successful. (changes in pregnancy symptoms, pregnancy test after 3 weeks or an ultrasound)

Aftercare

1. Expect light bleeding for 9-14 days
2. Nothing in the vagina for 2 days
3. Start contraception right away to avoid a new pregnancy
4. Confirm that the person is not pregnant (ultrasound or pregnancy test 3-4 weeks later)

Ask the person to repeat this information to you and clarify any points as needed.

VII. References

www.abortionpillinfo.org Self-Managed Abortion; Safe & Supported – information for those using abortion pills in the USA

www.womenhelp.org/information Information on how to use pills for safe abortion

howtouseabortionpill.org Information on how to use pills for safe abortion

More studies at www.gynuity.org

IF/WHEN/HOW Repro Legal Hotline <https://www.ifwhenhow.org/repro-legal-helpline/>