


# BEFORE A MEDICALLY-INDUCED ABORTION



Support material for abortion accompaniment

**Ipas**  
LATINOAMÉRICA  
Y EL CARIBE



This material is part of a package of publications intended to facilitate the accompaniment of women facing an unexpected or unwanted pregnancy.

The package is divided into 3 booklets that have relevant information about the option to terminate the pregnancy: Before a medically-induced abortion, during, and after the procedure. We recommend using all 3 booklets and sharing the information with whoever needs it.

Additionally, at the end of each booklet, you will find references to some free digital resources which can facilitate follow-up, updated documents, and useful tools.

### **Support material for the accompaniment of abortion.**

#### **1. Before an abortion.**

1st. Ed. Ipas Latin America and the Caribbean (Ipas LAC) July 2022.

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Ipas is an international nonprofit organization that works on four continents to increase the ability of women to exercise their sexual and reproductive rights, especially the right to abortion.

## Before an abortion

This booklet has information about abortion and self-management of medically-induced abortion.

The information found in this material will be useful if you accompany someone who is facing an unwanted or unintended pregnancy or if you find yourself in this situation.

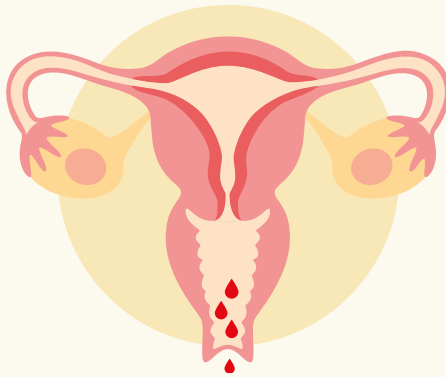


## What is an abortion?

According to the World Health Organization (WHO), abortion is the termination of pregnancy (expulsion or removal of the embryo/fetus) before 22 weeks gestation or when the fetus weighs less than 500 grams. There are two types of abortion: Spontaneous and induced.

**Miscarriage** is the spontaneous and natural termination of pregnancy without the use of medication or any surgical intervention.

**Induced abortion** is the termination of pregnancy through the use of drugs or surgical interventions. Induced abortion can be **safe, less safe, or not-at-all safe**, and at the same time legal or illegal depending on the conditions in which it is performed.



According to the WHO, there are 3 types of abortion:



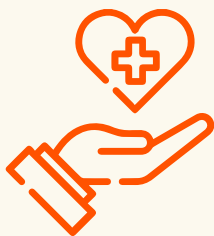
**Safe:**  
Qualified person  
+  
Adequate method  
(Medication or vacuum  
evacuation with MVA or  
AEEU)



**Less safe:**  
Only one of two com-  
ponents:  
Qualified person  
or  
Adequate method



**Not safe at all:**  
Person NOT qualified  
+  
Dangerous method



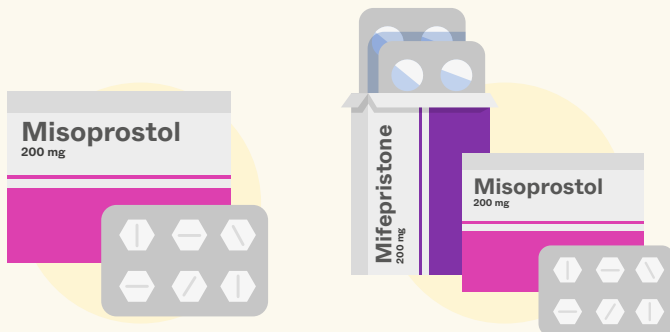
Abortion is a highly safe procedure when there is adequate information, it is performed by a trained person, and the recommended medical protocols and technologies are used.

## Abortion methods

The methods endorsed by the WHO to interrupt a pregnancy are:

### Medical abortion

In this method, pills are used to cause the expulsion of the uterine contents. The drugs used are Mifepristone and Misoprostol combined, or Misoprostol alone. Both methods are endorsed and recommended by the World Health Organization (WHO) and specialized national and international organizations, such as the International Federation of Gynecology and Obstetrics (FIGO).



The WHO recommends using abortion medications if the pregnancy is less than 12 full weeks.

Once the process begins, colic and the expulsion of clots of different sizes occur, depending on the weeks of gestation.

It is important to consider taking pain medication before and during the procedure, and it is normal to have bleeding or spotting for up to two weeks after the procedure.

**Combined medical abortion (mifepristone and misoprostol) is 95% to 98% effective. The misoprostol regimen alone achieves an efficacy of 85%.**

### **Vacuum aspiration abortion (MVA)**

It consists of the extraction of the contents of the uterus with a gentle suction through a flexible cannula that is inserted into the cervix.



This method is recommended in pregnancies with less than 13 weeks and is performed by health professionals with specialized training.

**It is a safe, effective, and outpatient process, which means, it does not require hospitalization.** The procedure is usually accompanied by local anesthesia and oral analgesics to reduce discomfort.

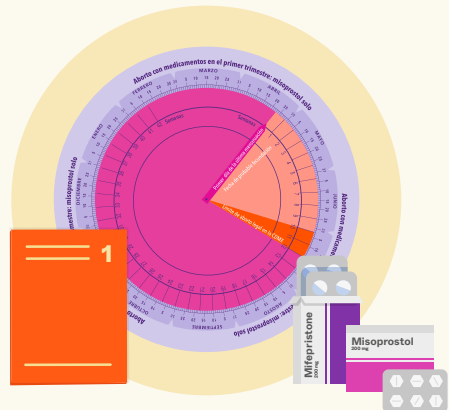
**It is 98% effective and only 1 in 100 cases have complications.**

### **Where to go to terminate a pregnancy by free decision**

In several territories, the legal interruption of pregnancy is allowed in the first weeks of gestation. In these cases, the service can be requested at the health units without the need to explain personal reasons.

**The legal termination of pregnancy procedure can be also performed at home, with the correct information and the appropriate supplies.**

If you are in a territory where the interruption of pregnancy by free decision is not allowed, the person who requires the service can move to another place where it is allowed. You can also look for a group or organization to receive support.

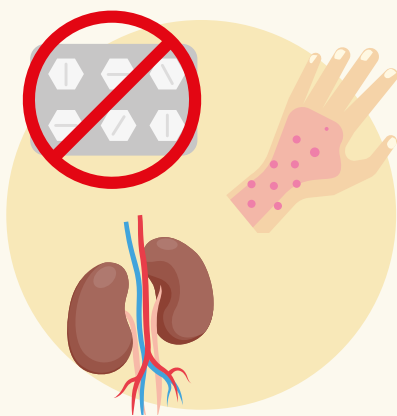


## Self-management of medical abortion

Medical abortion is an effective, safe, and self-contained way to terminate a pregnancy. This allows managing the abortion process itself with or without the participation of a health professional and with the same effectiveness.

This self-managed way of accessing abortion is the most widely used method worldwide since it puts control of their bodies and the exercise of their reproductive rights and autonomy in the hands of women.

Regarding the use of medications for abortion in people with pre-existing medical conditions, it should be noted that the only health conditions that prevent the use of medications for the termination of pregnancy are:



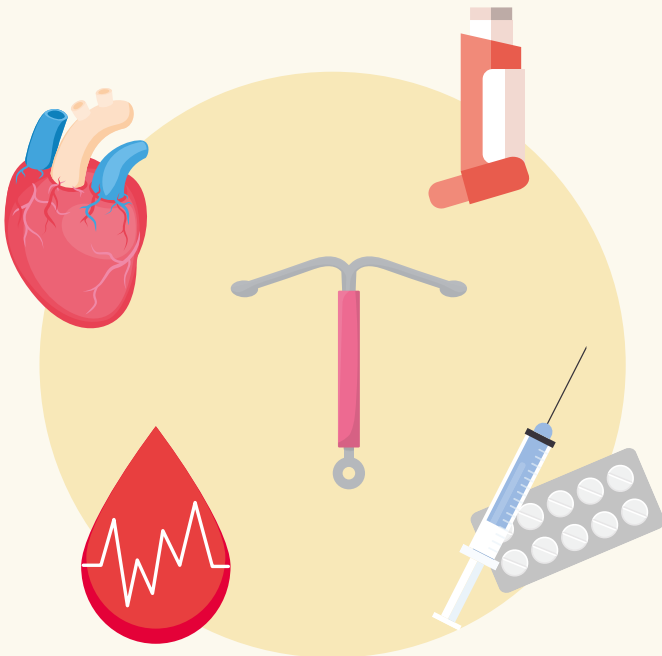
- **Allergic reactions to mifepristone and/or misoprostol.**
- **Hereditary porphyria.**
- **Chronic adrenal insufficiency.**

On the other hand, there are conditions or conditions with which the medication option can be used to terminate the pregnancy, however, they imply more risks than the common ones.



The conditions with which precautions must be taken, in case of choosing the procedure with medication, are:

- **Bleeding disorders.**
- **Heart disease.**
- **Severe anemia.**
- **Severe uncontrolled asthma.**
- **Long-term corticosteroid therapy**
- **Intrauterine device (IUD) placed.**



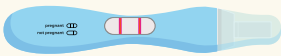


If you have any of these conditions and want to terminate the pregnancy, it is advisable to see a health professional who will evaluate the risks, benefits, and alternatives to medical abortion.

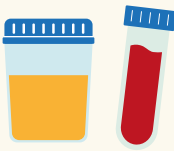
Having these health conditions does not prevent terminating the pregnancy. It just requires a greater degree of clinical judgment, skill, and ability to monitor the procedure.

## Confirmation of pregnancy

Before any procedure, it is important to confirm the pregnancy, for this, there are three options:




- **Home test.** These types of tests are performed through urine and can be obtained at any pharmacy.



- **Lab test.** Through blood or urine, the presence of the hormone hCG is sought, which is produced approximately 10 days after fertilization.



- **Ultrasound.** That is carried out in laboratories or public or private health services.



Performing an ultrasound is not a condition to perform a medical abortion procedure, however, if there is access and the possibilities are available, it can help corroborate the number of weeks of gestation.

Another function of ultrasound is to rule out an ectopic pregnancy. This type of pregnancy implants outside the uterus. **In these cases, the medications will NOT be able to empty the womb, and the pregnancy will continue outside of it, with a high risk for the pregnant person, which requires medical attention.**

## **Calculation of gestational age**

Gestational age can be calculated in two ways:

### **1. Date of the last menstrual period (LMP)**

Which are obtained using the first day of the last menstruation and counting the weeks until the current day. We recommend you see the Tools section for accompaniment, at the end of this booklet, to check a virtual calculator.

### **2. Ultrasound**

What can be done in a laboratory? It is not necessary to inform laboratory personnel that pregnancy termination is being considered. Each person is free to choose according to their own conditions and life circumstances.

Either of these two options can give certainty about the weeks of gestation (WOG) and will make it possible to better decide which is the ideal and safe method to terminate the pregnancy.



### Choosing the right method

If the pregnancy has been confirmed and it is decided to interrupt it safely, it is necessary to choose the indicated method, to do so the following must be considered:

- Weeks of Gestation
- The general health state of the pregnant person. If there is any condition or disease that should be considered
- The informed decision of the pregnant person. Because she has the last word

### Where to get abortion medication

In many territories, misoprostol is available for purchase in pharmacies, in different presentations, and under different trade names. In several establishments, its sale is not conditioned to the presentation of a medical prescription, since it is used for the treatment of gastric ulcers.



It can also be obtained through a group of abortion companions or an allied association in the community, which can provide the medication in the appropriate doses to perform the procedure safely.



## Abortion and mental health

Abortion is surrounded by myths and one of them is that performing it leaves sequels or mental effects, such as depression, suicide, or substance use. There is even discussion of the existence of a “post-abortion syndrome”. This is completely false and several scientific studies have proven it.



Starting in 2007, different teams of experts in countries such as the United States, England, Australia, the Netherlands, and New Zealand<sup>1</sup> researched to answer the question: Does abortion affect women’s mental health?

<sup>1</sup> These investigations include the ones carried out by the American Psychological Association that incorporates an evaluation of the evidence on abortion and mental health, in 2018; a report from the Royal Academy of London Colleges of Physicians on induced abortion and mental health, in 2011; a study on emotions and the perception of the decision to have an abortion five years later, published in the scientific journal *Social Science & Medicine*, in 2020, among others.



The conclusion is clear! Aborting in legal and safe conditions is not related to the development of negative mental conditions. In fact, 95% of the women who participated in these studies said they made the best decision.

Performing an abortion in a safe, legal, informed manner and with adequate technology prevents negative consequences for the mental health of those who decide to exercise that right. Thanks to this type of research, today we know that those who agreed to a chosen abortion tended to project a positive future, with goals and a satisfactory life plan.

### **Taking into account**

However, the experts concluded that other types of factors can cause damage. Studies revealed that women who have been forced to continue unwanted or unintended pregnancies are the ones who tend to develop emotional problems, for example, anxiety, and even pregnancy complications.

It was also found that the stigma and social prejudice for having an abortion are factors that trigger the discomfort that some women who terminated their pregnancies may feel. In Mexico City, for example, 1 in 3 women reported feeling worried that people near and dear to them would judge them for having an abortion.<sup>2</sup>

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2 From the research: "Relationship between perceived stigma and depressive symptomatology in women who legally interrupt pregnancy in Mexico City," in: Salud mental, carried out in 2019.

If a depressive condition exists prior to an abortion procedure, it is likely to continue after termination. It should be noted that it is normal to experience feelings of sadness and stress after an abortion if we find ourselves surrounded by social stigma; however, it has been proven that these feelings decrease over time and many women even report that their initial feeling of discomfort turned into relief.



In these adverse environments, it is important to have accompaniment according to our needs, either from the hand of a mental health professional or through support networks: Friends, partners, family, and even women and acquaintances who accompany these processes. Deciding on our reproduction allows us to improve control over our bodies and freely build our life plans.<sup>3</sup>

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3 From the research: Story Circles and abortion stigma in Mexico: A mixed-methods evaluation of a new intervention for reducing individual-level abortion stigma, conducted in 2020 and published in the journal Culture, Health & Sexuality.

It is very important to talk about our abortion experiences with each other; to know that many women have made the same decision, or that we can make it at some point, and to know that we are accompanied. Talking about our experiences, including abortion, allows us to reduce prejudices and live our decision as a right.







Learn about the history of women who have undergone an induced abortion, on the FOCOS digital platform, at <https://www.focos.org.mx/focos/>, which aims to make the practice of induced abortion visible as a reproductive event frequent.

We also recommend you read the stories of women in various parts of the world in “The abortion diary”, at <https://www.theabortiondiary.com/>, and in the blog, I had an abortion, by women on the web at <https://www.womenonweb.org/en/page/488/i-had-an-abortion>

We recommend you consult the additional resources on the subject, in the “Support tools” section, at the end of this booklet.

## Support tools for the accompaniment of medically-induced abortion

Here you will find resources to expand your knowledge about self-management of medical abortion, tools that can be used during accompaniment, and some materials that we recommend you share with the women you accompany

### Documents that you can consult and have as a reference:



WHO abortion guidance, 2022.  
<https://srhr.org/abortioncare/>



Safe Abortion App, Hesperian.  
<https://bit.ly/aplicacion-aborto-seguro>



Virtual Pregnancy Calculator, safe2choose.  
<https://safe2choose.org/es/pregnancy-calculator>



Safe Abortion Methods.  
[https://ipaslac.org/blog/2019/2019/metodos\\_de\\_aborto\\_seguro/](https://ipaslac.org/blog/2019/2019/metodos_de_aborto_seguro/)



Abortion and mental health.  
<https://ipasmexico.org/pdf/IpasCAM-2020-AbortoySaludMental.pdf>



Safe Abortion at Home.

<https://abortoseguroencasa.ipasmexico.org/>



Access to Abortions Map in Latin America.

<https://abortoenmipais.ipaslac.org/>



Abortion Questions.

<https://preguntasdeaborto.ipasmexico.org/>



Aborting in Safe Conditions doesn't affect Mental Health.

[https://ipaslac.org/blog/2022/2022/abortar\\_en\\_condiciones\\_seguras\\_no\\_provoca\\_danos\\_a\\_la\\_salud\\_mental/](https://ipaslac.org/blog/2022/2022/abortar_en_condiciones_seguras_no_provoca_danos_a_la_salud_mental/)



Technical Guideline for Safe Abortion care,  
Government of Mexico.

<https://bit.ly/lineamiento-tecnico-aborto>

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The information provided in this material is for informational purposes and is based on the most recent clinical evidence available and the current legal framework in Mexico at the time of publication.