


DURING 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 that can facilitate follow-up, updated documents, and useful tools.

Support material for the accompaniment of abortion.

2. During a medically-induced abortion.

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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.



Medical 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.

If you want to consult valuable information before a procedure, we recommend you consult booklet 1. Before a medically-induced abortion.

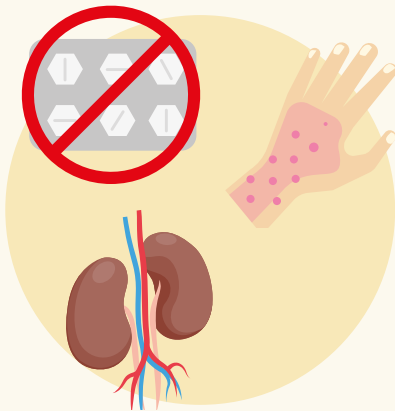
Medical abortion is the method that consists of using pills to provoke the expulsion of the uterine contents.

Medications used for medical abortion are mifepristone and misoprostol combined or misoprostol alone. Both options are highly effective, however, depending on the territory you are in, the availability of medications may vary, especially the availability of mifepristone. As the regimen of misoprostol alone is more common, we describe this procedure in this material.

IMPORTANT:

Misoprostol maintains its effectiveness when stored under the recommended conditions: In foil bubble packs, tightly closed, and stored in a cool, dry place.

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:

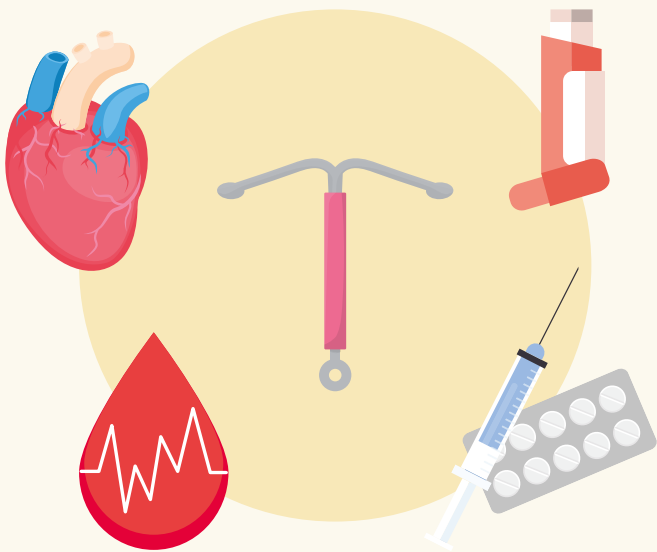


- **Allergic reactions to mifepristone and/or misoprostol.**
- **Hereditary porphyria.**
- **Chronic adrenal insufficiency.**

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.**



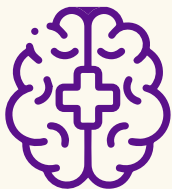


If you have any of these conditions and want to terminate the pregnancy, it is advisable to see a health professional who will evaluate the risks, benefits, and alternatives to medical abortion.

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.

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.



A study published in the scientific journal *Social Science & Medicine* in 2020, found that 95% of the participants said that having an abortion had been the best decision they had made.

Some aspects that have been found to affect the mental health of women and people who decide to terminate the pregnancy are:



- The stigma and social prejudice against abortion are factors that trigger the discomfort that some women who abort may feel.
- If you live with depression before terminating the pregnancy, this can be related to symptoms of depression after the procedure.

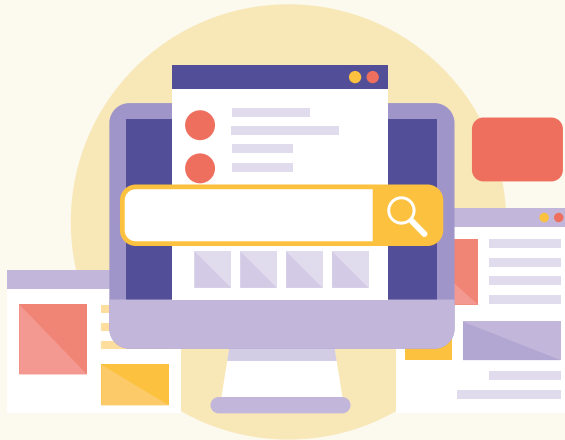
In environments where abortion is highly punished and socially stigmatized, it is important to have support according to your needs, either by a mental health professional or through support networks such as friends, family, partners, or other women. that accompany these processes.



If you do not have any mental health condition, but you consider that you need to have or have psychological support before, during, or after the procedure, we recommend that you seek it so that you feel safe and confident in this process.

Reading information about other women who have decided to terminate their pregnancy can be useful, we recommend you consult the testimonials on the Focos platform: <https://www.focos.org.mx/focos/>

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>



The use of Misoprostol for a safe abortion

Misoprostol is directly related to safe abortion, with an efficacy level of 85% when used correctly and before 12 full weeks. When we talk about full weeks, we mean up to one day before completing 13 weeks of gestation.

Misoprostol can be used safely up to 10 weeks of gestation. After 11 weeks, it is recommended that the process be carried out in a health facility.

The woman can be accompanied in all or part of the three components of the abortion self-management process:

- 1) Eligibility
- 2) Self-administration of medications
- 3) Verification of the success of the abortion procedure

For the misoprostol-induced abortion procedure, it is required:

- ✓ Pain management medication
- ✓ 12 misoprostol pills for 3 doses. Additional doses may eventually be needed, especially in pregnancies of more than 10 weeks of gestation¹
- ✓ Overovernight or Maxi sanitary pads
- ✓ A comfortable place
- ✓ Plenty of fluids to maintain hydration
- ✓ It is recommended that the woman be accompanied by someone the woman trusts

The safe abortion process with misoprostol is:

- 1.** It is recommended that pain medications be taken first. The first dose of pain medicine (analgesic) should be taken 30 minutes before misoprostol (see the section “pain prevention and management” later in this publication).

¹ The average expulsion time in pregnancies of up to 9 weeks is 8 hours, so 3 doses could be enough; however, in pregnancies of 10 weeks or more, additional doses may be required.

1 2 3 5 4 6 7 8 9 10



Misoprostol can be used safely up to 10 weeks of gestation without medical supervision.

11 12 13

When the pregnancy is between **11 and 13 weeks of gestation, it is necessary to have the accompaniment of a trained, professional person.**



2. Half an hour after taking the analgesic, the first dose of misoprostol should be taken, that is, 4 tablets together, by one of the 2 recommended routes: Buccal or sublingual, as shown in the picture. Taking the following doses should be done by the same route chosen. The misoprostol will soften the cervix and cause contractions that will help expel the uterine contents.

Choose one of the following options:

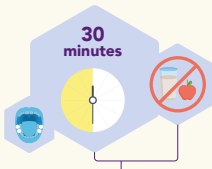
Option 1 - Bucal
Buccal Place between the gum and the cheek **2 tablets on each side.**



The three doses must be by the same chosen route, never mix the routes.



Option 2- Sublingual
Place 4 tablets under the tongue.



Keep the 4 pills in the indicated place for half an hour (without eating or drinking anything)



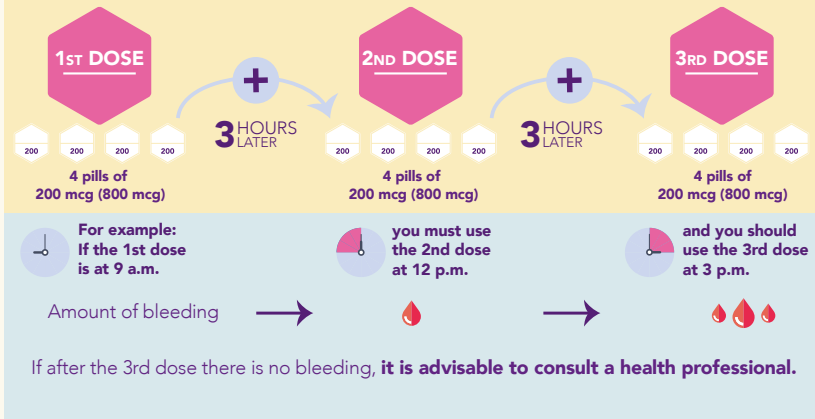
After this period, they should **swallow the remains of the pills with some water.**



It is important to mention to the woman that from **that moment on she may have vaginal bleeding.**

3. Taking misoprostol should be repeated 2 more times every 3 hours by the same chosen route until 3 doses have been ingested:

The 3 doses of misoprostol should be taken as follows:



The average time for expulsion in pregnancies up to 9 weeks is 8 hours, in these cases, 3 doses could be enough. In pregnancies of more than 10 weeks, additional doses may be required.

For the abortion to be safe, it is important to take all doses of misoprostol.

Pain prevention and management

After taking misoprostol it is normal to feel pain. This pain is similar to menstrual cramps but more intense and prolonged.

The way to mitigate the pain is by using analgesics. These are over-the-counter at any pharmacy and the most common are Ibuprofen or Paracetamol:

1

Ibuprofen (400 mg),
1 to 2 tablets every 6-8
hours; maximum dose 2400
gm (6 tablets per day)



2

Paracetamol (500 mg),
1 to 2 tablets every 6-8
hours; maximum dose 4 g
(8 tablets per day)



Pain medication should be used only during the abortion process.

Some complementary recommendations for pain management during the abortion process that do not replace analgesics are:

1. Find a quiet and comfortable environment
2. Accompany the process by a trusted person, if possible
3. Support with other maneuvers, for example, placing a hot water bottle/heating bottle on the lower abdomen, listening to relaxing music, etc
4. Eat a light diet and plenty of fluids (water, teas, infusions)
5. Try to have a bathroom nearby, as well as large or overnight pads



The pain usually decreases as the gestational sac and uterine contents are expelled, thereby also reducing the need for analgesics.

Evolution of the medical abortion process

It is important to distinguish between the expected effects of the procedure and the warning signs. Having sufficient information will make it possible to identify an emergency situation and seek health services for immediate attention, if necessary.

1. Between 30 minutes and 4 hours after taking the misoprostol, and even when taking pain management medication, there will be a pain, cramping, and vaginal bleeding. The pain will likely be more intense and the bleeding more abundant than in normal menstruation.
2. During the 24 hours after taking misoprostol, clots of different sizes (normally between 2 and 7 cm), materials, and tissues of the uterine content, as well as the gestational sac, will be expelled along with the bleeding.



The intensity of the pain and the amount of bleeding depends in part on the weeks of gestation; for example, they can be very mild or scarce if there are a few days of menstrual delay

Expected Side Effects

After taking misoprostol, fever, chills, nausea, abdominal pain, and diarrhea may occur in addition to cramping and bleeding. These symptoms usually go away on their own within 24 hours.



If vomiting or diarrhea occurs, it is recommended to take 250 ml of oral rehydration solution after each episode.

If these symptoms are very mild or severe, it is recommended to go to the nearest health services.



Signs and symptoms that the abortion is over

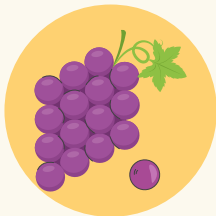
It is possible to confirm that the abortion has been completed when, after taking the full doses of misoprostol, bleeding, the expulsion of clots, and tissues of the uterine content had occurred. Depending on the weeks of gestation, the gestational sac or ovular remains can be identified between the clots. The gestational sac is a small bag where the product develops, gelatinous in appearance, gray, pink, or brown in color, and can have the following measurements:



- Less than a centimeter, like an apple seed, if the pregnancy is up to 6 weeks.



- Approximately 1 or 2 centimeters, like an orange seed, if the pregnancy is between 7 and 8 weeks.

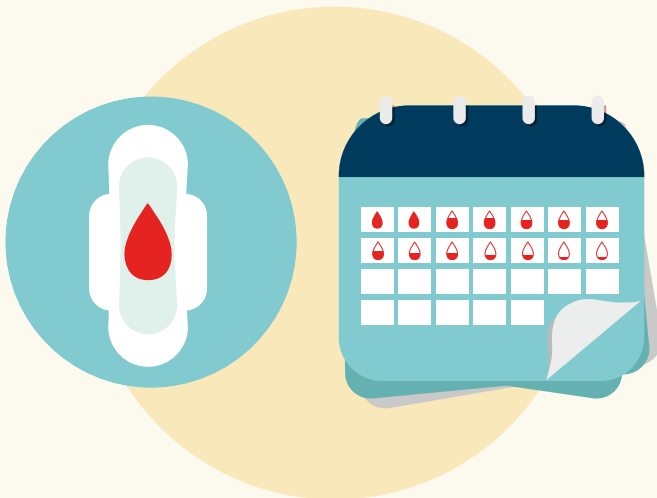


- Between 4 and 5 centimeters, like a small grape, if the pregnancy is between 9 and 10 weeks.

If the ovular remains cannot be identified, or you simply do not want to do it, other signs indicate that the abortion has already been completed:

- After complete expulsion, crampy pain and bleeding are markedly reduced.
- In addition to pain, all medication side effects (For example, Chills, diarrhea, and fever) should go away.
- A few hours or days after the bleeding, there is a rapid disappearance of the symptoms of pregnancy, such as nausea, tension, or tenderness in the breasts. Other discomforts (if any), such as sleepiness, the urge to urinate often, and changes in taste and smell, should also disappear.

It is normal to have bleeding and spotting for several more days (up to 2 weeks), but the amount progressively decreases day by day.



Warning signs in medical abortion

Complications that can occur during an abortion procedure include the following:

- In rare cases (between 2 and 4 out of 100 women) medical abortion may fail; that is, the pregnancy continues, or the process may be incomplete. In these cases, misoprostol will not work, and you need to seek a health professional.



- In some cases, the process can be complicated by excessive bleeding (hemorrhage) or infection (1 to 3 cases in 1,000 women).

- In rare cases (about 1 or 2 out of 100) there may be an ectopic pregnancy, that is, implanted outside the womb. In these cases, treatment with misoprostol is not effective and it will be necessary to see a health professional, as severe complications may occur.



Identify warning signs in medical abortion



Allergic reactions:

Any drug can cause an allergic reaction. Medications for safe abortion can cause mild skin manifestations such as rashes, spots, and swelling on the face, eyelids, or lips (rash), or serious manifestations such as swelling of the tongue and throat, with a feeling of shortness of breath.



In these cases, drug administration should be discontinued. If the manifestations are serious, it is important to go immediately to the Emergency Department of the nearest hospital.

Suspected failure or incomplete abortion:

It is unlikely, but possible, that the medication will fail and the pregnancy will continue:

- If there is no or very little bleeding, with no clots or tissue expelled 24 hours after the last dose of misoprostol, the medication may have failed.
- If you still have symptoms and signs of pregnancy, such as tension and tenderness in the breasts, nausea, being very sleepy, having to urinate very often, etc.
- If heavy bleeding or pain continues after two weeks of taking misoprostol.



In case of presenting any of these symptoms, it is necessary to go to a Health Unit for assessment. The health personnel will determine if it is necessary to prescribe medications, request other studies, or refer for a Vacuum Aspiration.

Hemorrhagic or infectious complications:

They are identified with the following complications:

- If bleeding occurs, that is excessively heavy bleeding (if two or more maxi or overnight pads are soaked every hour, for two consecutive hours).
- If fever (greater than 38 °C) occurs for more than 4 hours in a row, or if fever persists for more than 24 hours after taking the last dose of misoprostol.
- If discomfort such as pain, nausea, vomiting, or diarrhea, among others, continues 24 hours after taking the last dose of medication.
- If you have foul-smelling vaginal discharge.
- If there is a severe drop in pressure, with paleness, rapid pulse or heartbeat, and respiratory rate, with a feeling of weakness, loss of consciousness, or fainting.



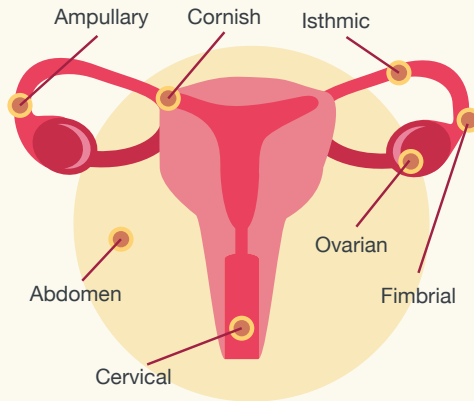
These complications require immediate medical attention in a Health Unit.

Suspected ectopic pregnancy:

Ectopic pregnancy is anyone who implants outside the uterus. If the ectopic pregnancy was not previously identified and misoprostol was taken to terminate the pregnancy, it is important to remember that the medications will NOT be able to empty the womb, and the pregnancy will continue outside of it with high risk to the pregnant person.

Ectopic pregnancy

Implantation outside the uterus,
which can be of the type:



Having taken misoprostol, an ectopic pregnancy may be suspected when the following symptoms occur:



- There is no bleeding or the bleeding is very light or dark, without the expulsion of clots or tissues of the pregnancy and the symptoms of pregnancy continue.

If there are also:

- Cramps or severe pain in the abdomen or belly.
- Piercing pain on one side of the belly, as if caused by a sharp object (such as a knife).
- Pain radiating to the shoulder or arm.
- If there is a severe drop in blood pressure, with paleness, rapid pulse or heartbeat, and respiratory rate, with a feeling of weakness, loss of consciousness, or fainting.



It is important to monitor these warning signs, especially if the weeks of gestation are few or if an ultrasound was performed and a gestational sac was not clearly identified within the uterus.



Ectopic pregnancy requires immediate medical attention in a Health Unit

What to do about warning signs in medical abortion?

If any of the described warning signs occur, the following options are available, depending on the severity of the symptoms:

1. Request a face-to-face appointment at the nearest health unit
2. Go to the hospital for urgent care
3. Contact the local emergency telephone number



It is important not to self-medicate, not to carry out studies on your own, and not to go to places with untrained personnel.

In case of any emergency, contact a health professional.



Support tools for the accompaniment of medically-induced abortion

Following 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>



Safe Abortion at Home.
<https://abortoseguroencasa.ipasmexico.org/>



Safe Abortion with Misoprostol,
How to use these Pills for a Successful Abortion.
<https://youtu.be/N7JhBo9XoI>



Effects of Abortion Pills.
<https://youtu.be/lcJEJYoYM-U>



Warning Signs in Abortion with Misoprostol.
https://youtu.be/Sx_n_aj9kSc



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



Technical Guideline for Safe Abortion care,
Government of Mexico.
<https://bit.ly/lineamiento-tecnico-aborto>

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