

MEDICATION ABORTION SELF-CARE

A guide for community
accompaniment to support women



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Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

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INTRODUCTION

Worldwide, millions of unsafe abortions take place every year despite the availability of simple, safe and effective methods to end an unwanted pregnancy.

Research has shown that abortions occur just as frequently in countries where abortion is highly restricted and where it is broadly legal, but that abortions are more likely to be unsafe in highly restricted settings. Legal restrictions impact a woman's ability to access timely, safe care, putting her health and well-being—and sometimes even her life—at risk.

Where safe abortion services are not accessible to women, they may risk their health and lives by resorting to unsafe methods. They may lack proper support or accurate information and may not know where to obtain safe abortion care in their community. When complications arise, they may avoid seeking help due to fear of persecution or disrespectful care—or because of abortion stigma.

Guidelines issued by the World Health Organization (WHO) acknowledge the global shortage in health workers and recognize how self-care for sexual and reproductive health, including some aspects of self-management of abortion, can expand access to essential health care, especially for vulnerable and underserved populations.

The WHO recommendations reaffirming the role women can play in managing their own medication abortion (also referred to as abortion with pills) in the first 12 weeks of pregnancy—which includes self-assessing their eligibility, managing the medications without direct supervision of a health provider, and self-assessing completeness of the abortion process.

While using abortion self-care outside the formal health system is seen as an important way for people and communities to take charge of their reproductive health needs and achieve better health outcomes, the WHO guidelines stress the importance of accurate information and supportive systems.

In reality, many women are already choosing to self-source abortion pills without a prescription and to self-administer them in private. Women who seek abortion outside the formal health system are entitled to receive support and guidance from a trusted source in their community and to know under what conditions, where, and how to access additional health services if they need them.

This guide includes basic information on medication abortion and was developed to help community members trained in accompaniment to support women with safe options in their abortion care. The term “accompaniment” refers to any support offered a woman during her entire experience of considering, seeking and engaging in abortion self-care.

For simplicity, the term “woman” throughout this manual refers to all individuals of reproductive age, including adolescents who can become pregnant.

ABOUT IPAS

Ipas is a non-governmental organization that believes in a world where every woman and girl can determine her own future.

Ipas is the only international organization solely focused on expanding access to safe abortion and contraceptive care. Across Africa, Asia and Latin America, we work with partners to train abortion providers, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

Our work is urgent: 44,000 women and girls die each year from unsafe abortions, and millions more suffer serious, often permanent injuries. But it doesn't have to be this way. Around the world, our programs strive to improve reproductive health services for women and girls, increase their access to these services, and expand their sexual and reproductive rights.

Learn more about our work: www.ipas.org

ABOUT THIS GUIDE

Worldwide, women frequently choose to self-source abortion pills in pharmacies or elsewhere without a prescription and to self-administer them at home or in another private place. When the right medicines are used correctly, medication abortion is a simple, safe, effective and discreet way to end a pregnancy.

At Ipas, we believe that abortion, including abortion self-care, is a right and an important part of the continuum of reproductive health care for women. We are committed to supporting a woman's right to have an abortion using pills. Ipas trains providers at all levels, including at the community level, to ensure women have accurate information and resources to support them in their reproductive health-care decisions.

Women's health and well-being lies at the heart of our global programs. We train peer educators and community health workers in accompaniment techniques to provide accurate information and non-stigmatizing support to women who are seeking guidance on ending a pregnancy. Organizations including Ipas have supported accompaniment models in several countries around the world, meet women's needs and wants, including the desire for personal agency and autonomy to make informed decisions about their reproductive health needs. The type of support offered will depend on each woman's preferences and needs.

This easy-to-read guide, developed for use by community support networks, contains accurate and up-to-date information on the medication abortion process.

The clinical content of the guide is designed for people with little to no prior clinical qualifications and provides basic information on medication abortion—including an overview of eligibility criteria, instructions for use of the recommended regimens, and guidance on what to expect and when to seek additional care.

For women seeking to avert another pregnancy following a medication abortion, this guide also includes information and guidance on what modern contraceptive methods are suitable for women to use, and when they can be initiated (most at the same time that women take the abortion pills).

This guide also has content dedicated to the accompaniment model and includes handy tips and reminders for those providing support and information to women who are considering self-management of abortion with pills.

ABOUT MEDICATION ABORTION

IN THIS SECTION YOU WILL LEARN:

- What medication abortion is
- How to establish a woman's eligibility for medication abortion
- How to use abortion pills correctly (dose, route and timing)
- What happens after taking the pills, including expected effects and side effects and warning signs of potential complications for which to seek care
- How to establish if the abortion is successful
- Identifying quality abortion medication and where to access it
- Identifying a nearby health facility in case additional support or treatment is needed
- Options for avoiding future unplanned pregnancies

What is an abortion?

An abortion can happen in two ways:

- The natural loss of a pregnancy, which is called a miscarriage.
- If a woman is pregnant and chooses to take actions to end the pregnancy.

A woman may choose to end a pregnancy either by taking pills (medication abortion) or by having a minor operation (surgical abortion).

The details of surgical abortion are not covered in this guide. However, women should know which surgical abortion methods are available to them at a nearby facility. Removal of the pregnancy from the uterus using an aspiration procedure (known as manual vacuum aspiration or MVA), may be preferred by some women. Women should know the advantages and disadvantages of available options, including care from a facility with medication or surgical options, or self-care with abortion pills, in order to make an informed choice about what they want to do.

SURGICAL ABORTION OPTIONS

1. **Vacuum aspiration** involves a small tube (cannula) which is inserted into the vagina, through the cervix (the mouth of the uterus) and into the uterus. The contents of the uterus are then suctioned out. Vacuum aspiration is a simple and very safe procedure that should only take about 5-10 minutes. It is highly effective for both abortion and treatment of incomplete abortion (when an abortion has started but the contents of the uterus have not been fully expelled) and can be used from early to later pregnancy.
2. **Dilatation and evacuation (D&E)** is a form of abortion that uses a combination of specialized forceps and vacuum aspiration to empty the uterus. The procedure can be used for an abortion in later stages of pregnancy than the MVA procedure, and for treatment of incomplete abortion or postabortion care. Generally, the procedure takes less than 20 minutes.

What is medication abortion?

Medication abortion involves taking pills to end a pregnancy. The effects of abortion pills result in a process similar to a miscarriage.

Abortion pills (mifepristone and misoprostol) are a safe and effective way to end a pregnancy in the first 12 weeks of pregnancy. The term “medication abortion” refers to the use of either the combination of mifepristone plus misoprostol or misoprostol taken alone to end a pregnancy. Medication abortion works better, is quicker and has less risk of complications when done earlier in pregnancy, so women who decide to have an abortion should do so as early as possible.

Medication abortion usually involves taking a combination of the two medicines mifepristone and misoprostol. If mifepristone is not available, misoprostol can also be used alone. In the absence of mifepristone, a woman will need to take more misoprostol pills, the process tends to be longer and she may experience more side effects to achieve comparable success.

Depending on the setting and context, a woman can have a medication abortion in a health facility, at home (or another private place where she feels secure and comfortable), or in a combination of the two. Women can have a successful abortion if they have accurate information, access to quality medications and know the signs of complications for which they should seek immediate medical care.

Medication abortion is suitable for women of all ages and sizes, including adolescents. An uncomplicated medication abortion will not affect a woman’s ability to carry future pregnancies.

A visit to a health facility is not usually necessary following an uncomplicated medication abortion. If a woman is unsure that the abortion was successful, she may choose to visit a health facility to confirm that she is no longer pregnant.

What are mifepristone and misoprostol?

Mifepristone is a medicine that blocks the hormone needed for a pregnancy to progress. Misoprostol is a medicine that causes the uterus to contract and expel a pregnancy.

Both mifepristone and misoprostol are available as tablets. In many countries, misoprostol alone is sold under the brand name Cytotec. Misoprostol is sometimes sold as a stomach ulcer medication and/or for other indications like the treatment of heavy bleeding after childbirth. Mifepristone and misoprostol are sometimes available together in a combination pack (sometimes known as a “combipack”).

Combipack and mifepristone brand names vary by country, so you should know which names these drugs are sold under in your setting.

Misoprostol comes in various dosages. It is most commonly sold in a pack of several 200 microgram (mcg) pills. The 200mcg pill is the best option for medication abortion, and multiple pills are needed for each abortion. They should only be taken according to the dosages recommended (included in this guide).

Misoprostol breaks down when exposed to humidity, compromising its ability to act on the body the way it should. To help ensure a high-quality product, misoprostol should only be bought and used when it is packaged in double-sided aluminum pill casing. The aluminum pill case should be kept sealed until the time of administration.

It is recommended that women obtain abortion pills from a trusted source, such as a respected pharmacy or drug seller.

What are some advantages of medication abortion?

- Can feel like a natural process
- Is a very safe, effective and non-invasive (“no touch”) method for early abortion
- Is simple to use at home or in another safe space
- Can be done without the direct supervision of a health provider in the first 12 weeks of pregnancy
- May be preferable for women who wish to avoid a procedure because:
 - Can provide greater autonomy, privacy and control
 - Can feel easier and less stigmatizing than surgical abortion
 - May cause less worry—women may fear being denied an abortion or potential mistreatment from health facility staff
 - May be cheaper than surgical abortion
 - May be more accessible than clinic-based surgical care
 - Is less invasive than aspiration methods
 - Can be an empowering experience for some women

What are some potential disadvantages of medication abortion?

- The medicines (especially misoprostol) can cause unpleasant temporary side effects

- Can be a painful process
- Sometimes the medicines do not effectively end the pregnancy, and a woman will require additional treatment for an ongoing (continuing) pregnancy or retained pregnancy tissue in the uterus
- Can take up to a few days to be complete

Medication abortion using mifepristone and misoprostol

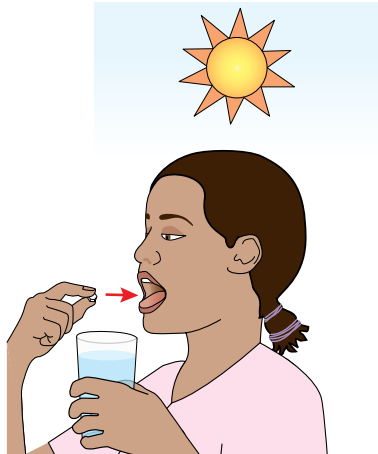
Using mifepristone in combination with misoprostol is a highly effective (approximately 95% effective) and safe way to end an early pregnancy.

The majority of women generally experience an abortion within the first 24 hours after taking the dose of misoprostol, although it sometimes takes longer. The pregnancy is generally expelled quicker when a woman takes mifepristone in combination with misoprostol compared to using misoprostol alone.

How to take mifepristone with misoprostol in first 12 weeks since last period

STEP 1: MIFEPRISTONE

Instruct the woman to swallow the first pill (mifepristone) with water.



STEP 2: WAIT

She should then wait 1–2 days.



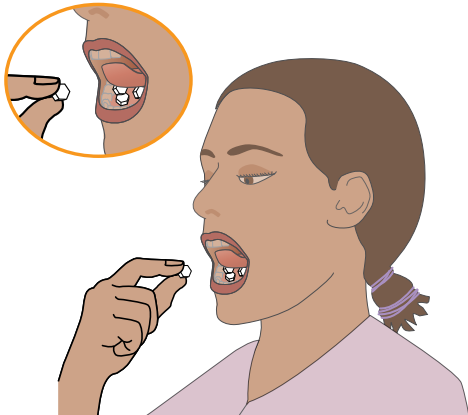
STEP 3: MISOPROSTOL

Women should choose one of the options below.

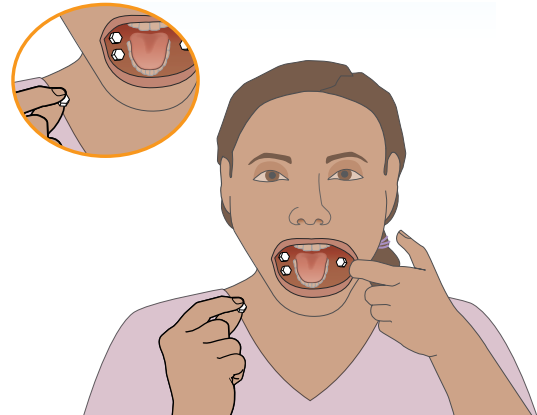
OPTION A: UNDER THE TONGUE

OR

OPTION B: IN THE CHEEK



Have her place the 4 pills (misoprostol) under her tongue and hold them there until they dissolve. After 30 minutes, she should swallow whatever is left with water.



Have her place 2 pills (misoprostol) between her cheek and lower gum on each side of her mouth (4 pills total) and keep them there until they dissolve. After 30 minutes, she should swallow whatever is left with water.

If the woman is 10–12 weeks pregnant, she may need to take 1 or 2 extra doses of misoprostol to finish the process. To reduce pain and cramping, advise her to take ibuprofen before or just after she takes the 4 pills of misoprostol.

Medication abortion using misoprostol alone

If mifepristone is not available, misoprostol can also be used alone to end a pregnancy.

Taking misoprostol alone is still an effective way to end a pregnancy, but it is more effective when taken in combination with mifepristone.

The majority of women will experience an abortion within the first 24 hours after taking misoprostol, although it sometimes takes longer.

When misoprostol is used alone, a woman will need repeat doses of the medicine to achieve a successful abortion.

The recommended regimen is three repeat doses of 800mcg misoprostol placed **either** under the tongue (sublingual route) **or** against the cheek (buccal route) every three hours. Since more doses are required, women should make sure they have at least 12 pills of 200mcg available to take.

Even if bleeding starts after the first or second dose, the woman should take all three doses for best results. Sometimes, to achieve a successful abortion, more than three doses of misoprostol (800mcg) may be needed.

Inserting misoprostol pills into the vagina (vaginal route) works well too but is not recommended in legally restricted settings as the pills may be detectable even several hours later. In some cases, women seeking medical attention have been reported to the police for having an abortion without the approval of a health provider.

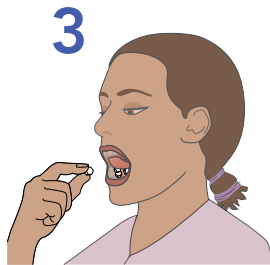
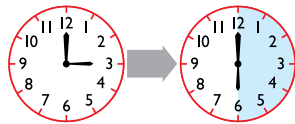
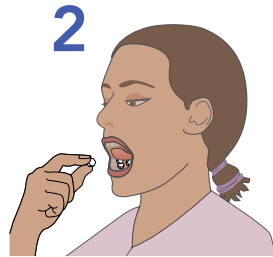
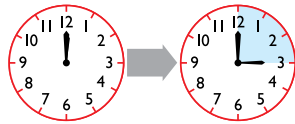
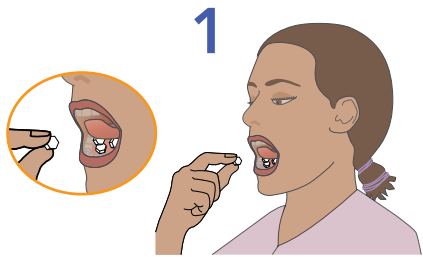
How to take misoprostol alone in first 12 weeks since last period

There are two options for how to take misoprostol alone. Women must choose just one option.

OPTION A: UNDER THE TONGUE

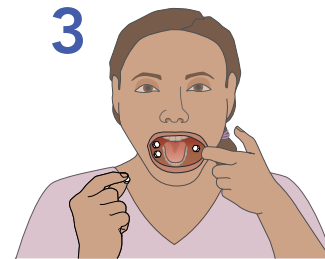
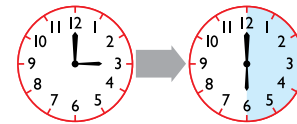
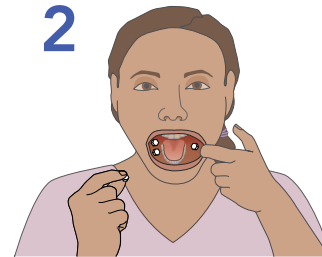
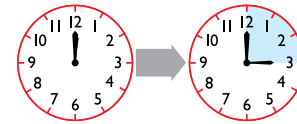
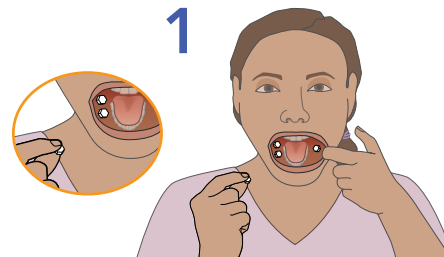
OR

OPTION B: IN THE CHEEK



Instruct the woman to place the 4 pills (misoprostol) under her tongue and hold them there until they dissolve. After 30 minutes, she should swallow whatever is left with water.

Instruct her to take more pills the same way every 3 hours, taking 12 pills total.



Have the woman place 2 pills (misoprostol) between her cheek and lower gum on each side of her mouth (4 pills total) and keep them there until they dissolve. After 30 minutes, she should swallow whatever is left with water.

Instruct her to take more pills the same way every 3 hours, taking 12 pills total.

To reduce pain and cramping, advise her to take ibuprofen before or just after she takes the first pills.

Who is eligible to use medication abortion?

Important: A crucial first step for a woman before using abortion pills is to confirm pregnancy and determine how many weeks pregnant she is (gestational age). A medication abortion works best when the medicines are taken as early as possible in pregnancy.

If a woman is less than 12 weeks pregnant, she can use the methods described in this manual. If she is more than 10 weeks pregnant, it may be safer for her to have a medication abortion under the supervision of a health-care provider, as the risk of complications is greater. Expulsion of a pregnancy may also become more recognizable after 10 or 11 weeks, and women may have to consider issues of proper disposal of those products.

Note: While abortion pills work at any stage of pregnancy, the medication doses used for a pregnancy after 12 weeks are not the same as the doses used during earlier pregnancy. To avoid very serious, though rare, complications (for example, rupture of the uterus), doses for pregnancy after 12 weeks are generally smaller (only two misoprostol pills, 400mcg, at a time) and many more repeat doses of this smaller dose are generally necessary for the pregnancy to be expelled. Women with a pregnancy over 12 weeks should seek care at a health facility.

Who should not take medication abortion drugs?

If a woman has a known or suspected ectopic pregnancy (when the fertilized egg begins to grow outside the womb, usually in a fallopian tube), abortion pills will not harm her, but they will not end the pregnancy. Women who are at risk—which includes women who have had a previous ectopic pregnancy or surgery on their fallopian tubes—should not take the pills without medical supervision. If an ectopic pregnancy is diagnosed, she should seek immediate medical attention. Women who have a known allergy to misoprostol or mifepristone based on previous experience should not use medication abortion. Other contra-indications (medical reasons not to take these drugs) are uncommon (like blood-clotting problems, heart disease, severe anemia, adrenal failure) and can also be found in the medication package insert. If a woman has major health issues, she should consult with a health provider about her abortion options.

If a woman has an intrauterine device (IUD) in place for contraception, it must be removed by a health-care provider before she can have a medication abortion.

How can a woman confirm she is pregnant?

Most women determine they are pregnant if they are having sex and miss a menstrual period. The most common symptoms of pregnancy include nausea, breast tenderness and fatigue.

A woman is often able to confirm she is pregnant on her own using a urine pregnancy test bought from a pharmacy or drug seller. Most pregnancy tests can be used from the first day of a missed period. The test may not be accurate if used before then.

In some cases, pregnancy is determined using alternative methods in a medical facility, such as blood tests and/or an ultrasound scan. Ultrasound can establish the

length of a pregnancy (gestational age) and detect an ectopic pregnancy. These alternative methods are not required and, in most cases, a urine pregnancy test is sufficient to confirm that a woman is pregnant.

Note: If a woman is not pregnant and she takes abortion pills, they will not cause her harm, but she will unnecessarily experience the general side effects of the medications. Using abortion pills does not cause an ectopic pregnancy. A woman with a suspected or known ectopic pregnancy should seek prompt medical attention.

How can a woman assess how many weeks pregnant she is?

It is important for a woman to determine how many weeks pregnant she is before using abortion pills. Estimating the length of pregnancy (gestational age) will help her establish the best course of care. For later pregnancies (over 10 weeks), a woman should ideally be referred to a health provider properly trained in abortion care.

A woman can calculate her gestational age based on the first day of her last menstrual period. Using a calendar, she should count how many weeks and days have passed since the start date of her last period.

Some questions a woman can ask herself to help remember the start date of her last menstrual cycle:

- What were you doing the day you started your last period?
- Where were you when your last period started?
- Who was with you when your period started?
- What day of the week was it when your period began?
- Was the first day of your period close to a holiday, special event, market day or weekend day?
- What was the weather like when your period started?
- What were you wearing the day you started your last period?

If a woman is unsure of how many weeks pregnant she is, an accompaniment person can help her find out using a pregnancy wheel. A woman can also use an online pregnancy calculator or mobile application to help her figure this out based on the date of her last period. A woman can search the “app store” on a smart phone for “gestogram” or “gestational calculator” for available options. Examples of websites that include pregnancy calculators can be found at the end of this guide under “Useful Resources.” For an example of available options, search for “pregnancy calculator” on the following websites: Safe2Choose.org, WomenHelp.org, and HowToUseAbortionPill.org.

A health-care provider who offers any type of reproductive health care, including pre-natal care, can also help determine gestational age (even if the woman is not planning to disclose her desire for an abortion). A health-care provider could use any of the methods described above in addition to a physical exam to determine the length of pregnancy.

What can a woman expect with a medication abortion and when should she seek additional care?

Serious or long-lasting side effects and complications after a medication abortion are rare.

WHAT WILL HAPPEN WHEN THE WOMAN TAKES THE PILLS?



BLEEDING



CRAMPING

Sometimes bleeding occurs after the first pill (mifepristone). The next pills the woman takes (misoprostol) should cause bleeding and cramping, and she may see clots. Her bleeding may be more than her normal period. Every woman will experience bleeding and cramping differently.

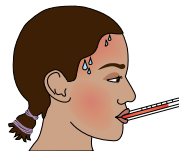
VOMITING



HEADACHE



**FEVER/
CHILLS**



DIARRHEA



THE WOMAN MAY HAVE SIDE EFFECTS ON THE DAY SHE TAKES THE 4 PILLS

When side effects occur, most go away in a few hours. If any side effects last longer than a day, instruct the woman to go to the nearest health worker.

The following warning symptoms could be a sign of a complication and must not be ignored. A woman must get prompt medical care from a health provider properly trained in abortion and postabortion care if she has:

- severe pain in the abdomen that doesn't go away with pain relief medication
- unusual and bad-smelling discharge from the vagina
- excessive continuous bleeding
- a high temperature or persistently high fever

- a feeling that she might faint, or is lightheaded or confused

The medication abortion experience will be different for every woman. Like all medications, those used for medication abortion can result in some side effects. These side effects generally cause moderate discomfort and go away on their own. Bleeding and pain intensify in later stages of the first trimester of pregnancy.

A woman should try to stay somewhere comfortable until she feels better. She can take ibuprofen or another locally available non-steroidal anti-inflammatory drug (NSAID) before or with her first dose of misoprostol to help make her feel more comfortable. NSAIDs have been shown to be much more effective than paracetamol to relieve pain during medication abortion. Placing a hot water bottle on the stomach area may help too.

A woman should consider drinking fluids and eating something light to help her with the recovery process.

When mifepristone is used, less misoprostol is needed, which may decrease the side effects experienced by women. Most side effects are related to the amount of misoprostol taken and usually appear after misoprostol administration and then go away within hours of taking the last dose.

Expected effects and side effects of medication abortion

BLEEDING

Bleeding, especially after taking misoprostol, is normal and an expected effect. It can be heavier than a menstrual period and is a sign that the medication is working. A woman should make sure she has a supply of sanitary cloths or pads. She should keep a note of how many cloths/pads are soaked through and how often.

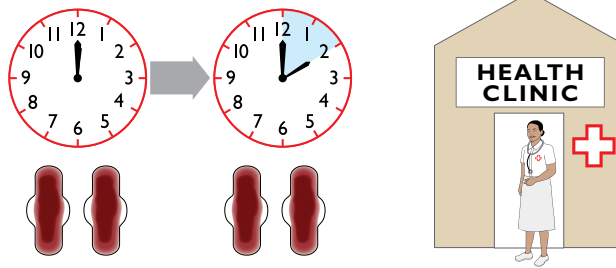
Generally, bleeding starts within a few hours after taking misoprostol, but it may start sooner. A few women may have some bleeding after taking mifepristone. Some women will pass blood clots.

Some women can continue to have bleeding and/or spotting until their next menstrual period. This is only of concern if the bleeding is excessive and continuous.

Important note: Bleeding alone does not mean the abortion pills have successfully ended the pregnancy. A woman must also pass the pregnancy tissue (sometimes called “products of conception”). Some women will only see blood and clots. Some women with pregnancies greater than 10 weeks may see the embryo, which may be wrapped in a blood clot or tissue, although they may not see it unless they really look for it. Women can flush expelled tissue down the toilet or dispose of it with sewage or the way they would dispose of sanitary pads (or the equivalent) during a menstrual period.

When should a woman seek immediate medical attention?

- If a woman has heavy bleeding (soaking through two or more large sanitary pads (or their equivalent) each hour for two or more hours, she should seek immediate medical care.



- If bleeding stops but is followed two weeks or so later by sudden extremely heavy bleeding.
- If a woman is showing signs of being confused and fainting coupled with a fast-beating heart, pale and damp skin, and fast breathing. These may be signs that she is in shock, a condition brought on by excessive bleeding.
- If continuous bleeding for several days results in weakness, dizziness, and/or light-headedness.

Important: If a woman experiences little or no bleeding, this is a sign that the medications may not have worked, and she should seek medical care.

PAIN AND CRAMPING

Cramping in the lower abdomen is normal and to be expected. Most women are able to tolerate the temporary pain, which may be stronger than for a period. Cramps generally start within hours of taking misoprostol and can start as soon as 30 minutes after.

Cramps are generally a sign that a woman's uterus is contracting and preparing to expel the pregnancy.

A woman can place something warm over her lower stomach area to make her feel better. She can also consider taking ibuprofen or another locally available non-steroidal anti-inflammatory drug (NSAID) at any point. Taking these pain relief medications will not affect the success of the abortion and may make the process much more comfortable for women.

When should a woman seek immediate medical attention?

- If severe pain in the abdomen lasts more than 24 hours after the last dose of misoprostol and does not go away with pain relief, this may be a sign of infection or other complication.

FEVER AND/OR CHILLS

Some women may experience light fever and/or chills. In most cases, this is an effect of the misoprostol pills and should only last for a few hours after taking the last dose of misoprostol.

If necessary, a woman can use a cool compress or take ibuprofen or paracetamol to relieve the symptoms. **Note:** Aspirin is **not** recommended as it may cause unnecessary extra bleeding.

When should a woman seek immediate medical attention?

- If a high temperature or fever begins a day after the last misoprostol dose or lasts more than one day, this may be a sign of infection, and the woman should seek medical attention.

DIGESTIVE TRACT ISSUES AND/OR DIARRHEA

Some women may experience digestive tract issues and/or diarrhea, especially with higher doses of misoprostol. Diarrhea should not last long and should go away on its own. Women should drink fluids when experiencing diarrhea to avoid dehydration.

NAUSEA AND VOMITING

Some women may experience a feeling of queasiness and/or may vomit after taking mifepristone and/or misoprostol. If a woman vomits soon after taking the medications (within 30 minutes of taking mifepristone or misoprostol), she may need to take the medicine again.

If these symptoms do not go away, a woman can choose to take a medicine called *dimenhydrinate* (one pill every eight hours) for nausea and *metoclopramide* (one pill every 12 hours) for vomiting. If these are not available, a woman can ask her pharmacists what they recommend for nausea.

What are some signs that the abortion is complete?

Knowing that the pregnancy tissue has been expelled is one way to assess if the medication abortion has worked.

Another way is when the symptoms of pregnancy stop. The symptoms of pregnancy may include nausea, sore breasts and feeling tired.

A woman can check that the abortion is complete by taking a urine pregnancy test after two or more weeks, but this test is not recommended immediately following the medication abortion. Pregnancy hormones usually remain in the body for days to weeks after an abortion. Urine pregnancy tests bought in a pharmacy or from other trusted drug sellers are very sensitive to these hormones and can have an incorrect positive result for up to a month—even after a successful abortion.

How should a woman prepare for possible complications?

If a woman thinks she has signs of a complication, she should seek medical care from a health facility without delay.

Although complications are rare following medication abortion, it is always wise to be prepared for a possible medical emergency. A woman thinking about self-managing a medication abortion should consider:

- The location of her nearest health facility, especially one that provides abortion and postabortion care and is open during the day and night.
- How to get to the health facility as quickly as possible
- How to pay for services, if needed
- Being with someone she trusts for a few hours after taking the misoprostol pills
- What to tell the health provider

Note: Telling a health provider that she had an abortion can be difficult and even dangerous for some women, especially in settings where abortion is legally restricted. Women should know that even where induced abortion is restricted, the provision of care for postabortion complications is always legal and women experiencing complications should not delay seeking care. The effects of medication abortion are similar to a miscarriage (natural loss of a pregnancy) and it is difficult for health providers to tell the difference. A woman can simply tell the health provider that she has unexplained bleeding and she will be treated for a miscarriage.

How soon after an abortion can a woman become pregnant?

A woman can have sex as soon as she is ready after a medication abortion. She can become pregnant again almost immediately after an abortion. If she does not want this to happen, she should consider using a method of contraception.

What are a woman's options for preventing unwanted pregnancy?

When a modern method of contraception is used correctly, it is a highly effective way for women prevent pregnancy.

If a woman is interested in contraception, she is entitled to accurate information to help her choose a method that is most suitable for her needs and circumstance. A woman should never be pressured into using contraception. The decision to use contraception or not is her decision alone.

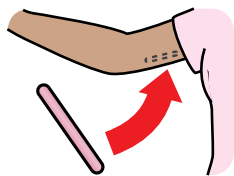
There is a wide range of very safe and effective methods available, which can be accessed at a health facility and, in some cases, in a pharmacy.

A woman can start using almost all contraception the same day she takes the mifepristone pills (or misoprostol) for almost immediate protection against pregnancy.

If a woman is having an abortion following what she considers to be a failure of her contraception, it is possible her chosen method was used incorrectly and it may be appropriate for her to get advice on how to use the method correctly or to change to a different method.

Which contraceptive methods can be used with or after medication abortion?

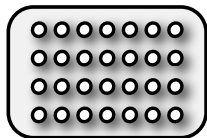
With the exception of the intrauterine device (IUD), most methods of contraception can be started right away with medication abortion (as early as the day of taking the first abortion pill—mifepristone or misoprostol). Choices include:



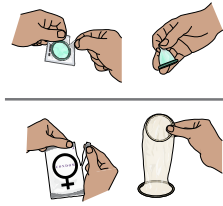
Contraceptive implants: Trained providers can perform a minor procedure to place and remove a small plastic rod that is kept under the skin on the inside of a woman's arm. Depending on the type used, the implant can remain in place and prevent pregnancy for 3-5 years. An implant can be inserted as early as on the day you take the first abortion pill (mifepristone or misoprostol).



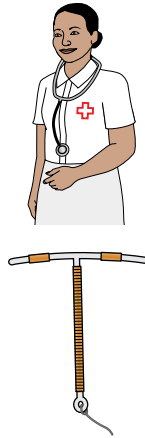
Contraceptive injection: A trained provider injects the contraceptive into a muscle in the arm or leg once every 1-3 months, depending on the type used. In some settings, women can self-administer injectable contraceptives if they have the right training and access to a health provider when needed. A contraceptive injection can be given as early as the day when the woman takes the first abortion pill (mifepristone or misoprostol). In some settings, this injectable contraception may be available at the same pharmacy or drug seller where a woman buys her abortion medications.



Oral contraceptive pills: There are two types of oral contraceptive pills: the "combined" oral pill (which contains two hormones) and the progesterone-only pill. A woman must swallow either type of pill and must take them regularly and consistently to prevent pregnancy. The contraceptive pill can also be started as early as the first day of medication abortion and may be available to buy at the same place women buy abortion pills.



Condoms (male and female): Consistent and correct use of a condom is good for preventing the sexual transmission of HIV and reducing the risk of other sexually transmitted infections, such as chlamydia, gonorrhea and syphilis. They are also effective in preventing pregnancy if used every time and correctly.



Tubal ligation: Tubal ligation, also known as female sterilization, is minor surgery to permanently prevent pregnancy. This a permanent method of contraception and can only be provided by a trained clinical provider.

Intrauterine device (IUD): A small, T-shaped device inserted into a woman's uterus by a trained health provider. Depending on the type used, the IUD can stay in place and prevent pregnancy for up to 12 years. A health provider can remove the device at any time. An IUD should be placed only when it is reasonably certain a woman is no longer pregnant after taking abortion pills.

If a woman is asked about the date of her last period or asked to take a pregnancy test when seeking contraception after an abortion, she does not have to disclose that she had an abortion if she does not wish. She can simply use the date of initial bleeding after the abortion or say she recently had a failed pregnancy (miscarriage).

ABORTION ACCOMPANIMENT AND THE ROLE OF ACCOMPANIMENT PERSONS

What is accompaniment for abortion self-care?

Medication abortion accompaniment is a model of care that involves training community members to be available for women who desire support and guidance on ending a pregnancy. This human-centered approach puts women at the heart of their own care and provides resources to women who want them when considering abortion self-care outside a health-facility setting. The types of resources, support and care offered depend on each woman's preferences and needs.

Accompaniment persons can be a source of practical information (for example, offering advice on where to access quality abortion pills, how to use them correctly, and which facilities to visit in case of complications or need for additional support). They can also provide emotional support to women who wish to share their needs, thoughts, feelings and perceptions in the absence of judgment, fear or mistreatment. Reducing the stigma around the issue of abortion may be especially helpful for adolescents and improve the likelihood of them accessing timely, safe care.

Encounters with empathetic, respectful accompaniment persons build women's confidence, preparedness and a sense of control—and ensure that women can make decisions based on accurate and balanced information. Accompaniment enables women to face the medication abortion process with information and support should they want or need it.

What are the essentials of accompaniment for abortion self-care?

- A woman receives accurate information about abortion options to supplement care she may or may not have received from a health provider.
- A woman feels supported and safe if she chooses medication abortion.
- A woman is offered advice and guidance on when to seek additional care (signs of a possible complication) and where to go for additional care.
- A woman is offered information on and help with postabortion contraception and where to get her preferred method.
- A woman's decision is voluntary and based on informed choice.

Accompaniment models vary by context as well as by the individual woman's needs and preferences. The following considerations are essential when providing support to women:

- **Confidentiality:** Assuring the woman that all information shared will be private and will not be shared with anyone without her authorization.
- **Privacy:** Ensuring that conversations always occur in a private place. Only other persons authorized by the woman are permitted to be present.
- **Respect:** Respecting the woman's questions, fears and feelings, without judgment or stigma.
- **Impartiality:** Ensuring that the woman receives all the necessary attention, regardless of the accompaniment person's opinions or personal bias.
- **Empathy:** Attempting as much as possible to recognize the woman's needs and working to understand her feelings in the given situation.
- **Empowerment:** For some women, medication abortion self-care represents an empowering act of control of their fertility. Women's autonomy and agency over their body should always be respected.
- **Rights:** Respecting the woman's rights, especially in relation to contraceptive choice, which includes the right to choose no method. In the rare case that a woman faces a legal challenge or issue later, accompaniment staff may also be well-positioned to connect her with appropriate resources.

What are some techniques that an accompanying person can use to encourage a woman to share her preferences and needs?

- **Active listening:** The ability to pay attention so that you can understand what the woman wants to express and respond appropriately. Active listening includes nonverbal communication (see below) as well as verbal affirmation and clarification.
- **Paraphrasing:** The process of confirming you understand by repeating in other words what the woman has expressed about her emotions and fears. Paraphrasing can show the woman that she is heard and understood and can ensure you accurately heard what she was saying.
- **Verbal communication:** Using a tone of voice that is clear and calm can make the woman feel safe and able to share openly.
- **Nonverbal communication:** Empathetic body language and behavior, eye contact, head movements and other physical signals to indicate that you are paying constant attention to the woman.
- **Checking comprehension:** Using questions to check if the woman understands information provided, to detect confusion, or to address the woman's questions.

What are some key things an accompaniment person should consider when providing support to a woman?

Introduce yourself	Identify yourself to the woman requesting information and explain the purpose of your role.
Explore the woman's needs	Find out why she has come to see you. Start by listening to her needs, feelings and questions. Observe how she is acting and what emotions she might be feeling.
Counseling	<p>Provide basic information on safe, available options for abortion and contraceptive methods, including the right to choose no method, and the right to choose an abortion at a facility.</p> <p>If the woman is undecided, give her time and space to reflect on her thoughts and the information that you have provided. Provide specific information on various options as requested.</p>
Eligibility	<p>Make sure the woman understands if she is eligible for medication abortion. If she is not eligible or chooses another option, provide referral information for services at a health facility.</p> <p>It is critical that any woman who is not a good candidate for medication abortion is given safe alternative options.</p>
Medication abortion process	<ol style="list-style-type: none"> 1. Explain what medication abortion is. 2. Explain how medication abortion works as well as when and how to take the pills. 3. Describe symptoms expected after she has taken the pills. 4. Describe signs of a potential complication (warning signs) and help the woman develop a safety plan. Provide referral information for the nearest health facility in case of emergency. 5. Explain how she can confirm that the abortion is successful. 6. Explain how soon she could become pregnant again and offer information on contraceptive options as well as any other relevant referrals.
Follow-up and availability for continued support	<ul style="list-style-type: none"> • Emphasize your availability to provide information again and answer her concerns at any time during the entire process, if desired. • Express your willingness to have other follow-up meetings. • Reiterate that everything discussed will remain strictly confidential and will not be shared with others, unless that is her wish. • Mention that you are a support person for her in the community and that she can access you as she needs. • Reiterate that your role is to provide information and support, and that you respect the decisions the woman makes for herself. • If data are being collected, make sure that women know that there will be no identifying information noted or shared and that it is simply for accompaniment staff to track the care they provide and inform future needs under this model.

How to talk to women seeking accompaniment support (dos and don'ts)

DO:

- Make the woman feel welcome.
- Focus your attention on her. If appropriate, look directly at her.
- Have an active listening attitude, without exerting pressure and without making value judgments.
- Respect that she may or may not want to talk about her experiences. She is not obligated to talk about her experiences if she does not want to.
- Allow her to take a moment if she finds it difficult to talk.
- Try to make her feel supported and reassured. Show interest in what she is saying.

DON'T:

- Distract from the topic at hand.
- Invalidate her feelings.
- Make value judgments about her situation or choices.
- Act as though you are doing her a favor by helping her.

Reminder: Accompaniment persons play a positive and supportive role in guiding women through the medication abortion self-care process. It is important to remember that in this accompaniment role:

- You are not a clinician and cannot replace a clinician.
- You do not diagnose.
- You provide up-to-date information, including information on a woman's rights.
- You guide and accompany a woman so that she can make a decision that is right for her.
- You provide support to the woman as needed or wanted, without stigma or judgment.
- You provide support in the way that the woman expresses she would prefer.



Abortion pills in first 12 weeks since last period

MIFEPRISTONE AND MISOPROSTOL UNDER THE TONGUE

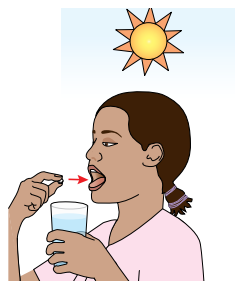
Can I use these pills?

If you are less than 12 weeks pregnant, you can use this method. If you are more than 10 weeks pregnant, it may be safer for you to take the misoprostol pills at a health facility. If your period was more than 12 weeks ago, this method might not work for you. The misoprostol doses used during later pregnancy are not the same as the doses used during early pregnancy. To avoid very rare but serious complications, doses for pregnancy after 12 weeks are generally smaller (only two misoprostol pills, 400mcg, at a time) with many more repeat doses necessary.

How do I take the pills?

STEP 1: Mifepristone

Swallow the first pill (mifepristone) with water.



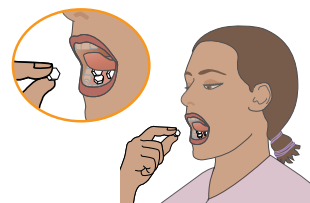
STEP 2: Wait

Wait 1–2 days.



STEP 3: Misoprostol

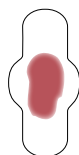
Place the 4 pills (misoprostol) under your tongue and hold them there until they dissolve. After 30 minutes, swallow whatever is left with water.



If you are 10–12 weeks pregnant, you may need to take 1 or 2 extra doses of misoprostol to finish the process. To reduce pain and cramping, take ibuprofen before or just after you take the 4 pills of misoprostol.

What will happen when I take the pills?

Sometimes bleeding occurs after the first pill (mifepristone). The next pills you take (misoprostol) should cause bleeding and cramping, and you may see clots. Your bleeding may be more than your normal period. Every woman will experience bleeding and cramping differently.



BLEEDING



CRAMPING

You may have side effects on the day you take the 4 pills

When side effects occur, most go away in a few hours. If any side effects last longer than a day, go to your nearest health worker.

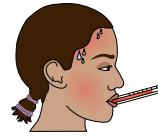
VOMITING



HEADACHE



FEVER/
CHILLS

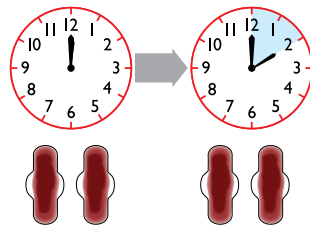


DIARRHEA



When should I seek help?

If you have any of the following symptoms, see a health worker for additional care:



- Heavy bleeding or soaking more than 2 sanitary pads per hour for 2 hours in a row, especially if you feel dizzy, lightheaded and increasingly tired.
- Unusual or bad-smelling vaginal discharge, especially if you also have severe cramps or abdominal pain.
- Any of the following the day after you take the 4 pills of misoprostol:
 - Fever
 - Severe belly pain
 - Feeling very sick with or without fever
 - Persistent severe nausea or vomiting

How do I know the pills worked?

If you experienced bleeding and cramping and you no longer feel pregnant, the medicine has probably worked.

If you experience no bleeding or have little bleeding within 4-5 days after taking the 4 pills, it may mean the medicines did not work and you are still pregnant. This happens to about 5 out of 100 women. To be certain, go to your nearest health worker for more help.

When can I have sex again?

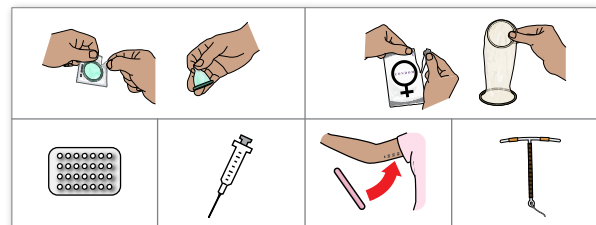
You can have sex as soon as you like.

When can I get pregnant again?

You can become pregnant again as soon as 8 days after the abortion.

How can I NOT get pregnant?

If you do not want to get pregnant, use contraception. Talk to a health worker about contraception. You can start most methods at the same time you take the abortion pills.



Call this phone number if you have questions: _____



Abortion pills in first 12 weeks since last period

MIFEPRISTONE AND MISOPROSTOL IN THE CHEEK

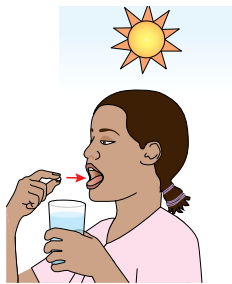
Can I use these pills?

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How do I take the pills?

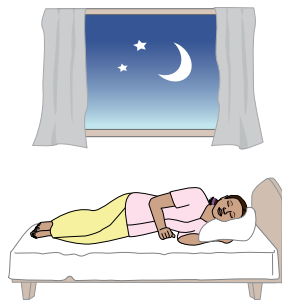
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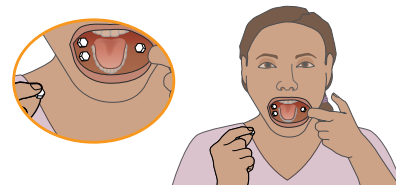
STEP 2: Wait

Wait 1–2 days.



STEP 3: Misoprostol

Place 2 pills (misoprostol) between your cheek and lower gum on each side of your mouth (4 pills total) and keep them there until they dissolve. After 30 minutes, swallow whatever is left with water.



If you are 10–12 weeks pregnant, you may need to take 1 or 2 extra doses of misoprostol to finish the process. To reduce pain and cramping, take ibuprofen before or just after you take the 4 pills of misoprostol.

What will happen when I take the pills?

Sometimes bleeding occurs after the first pill (mifepristone). The next pills you take (misoprostol) should cause bleeding and cramping, and you may see clots. Your bleeding may be more than your normal period. Every woman will experience bleeding and cramping differently.



BLEEDING



CRAMPING

You may have side effects on the day you take the 4 pills

When side effects occur, most go away in a few hours. If any side effects last longer than a day, go to your nearest health worker.

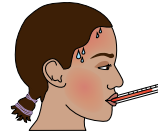
VOMITING



HEADACHE



FEVER/
CHILLS

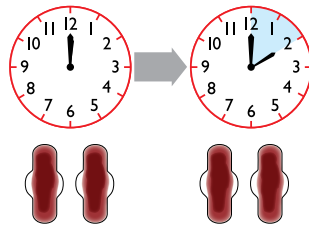


DIARRHEA



When should I seek help?

If you have any of the following symptoms, see a health worker for additional care:



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- Unusual or bad-smelling vaginal discharge, especially if you also have severe cramps or abdominal pain.
- Any of the following the day after you take the 4 pills of misoprostol:
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 - Severe belly pain
 - Feeling very sick with or without fever
 - Persistent severe nausea or vomiting

How do I know the pills worked?

If you experienced bleeding and cramping and you no longer feel pregnant, the medicine has probably worked.

If you experience no bleeding or have little bleeding within 4-5 days after taking the 4 pills, it may mean the medicines did not work and you are still pregnant. This happens to about 5 out of 100 women. To be certain, go to your nearest health worker for more help.

When can I have sex again?

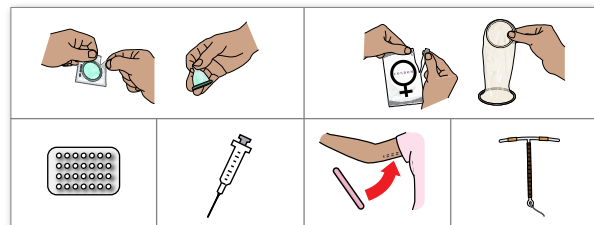
You can have sex as soon as you like.

When can I get pregnant again?

You can become pregnant again as soon as 8 days after the abortion.

How can I NOT get pregnant?

If you do not want to get pregnant, use contraception. Talk to a health worker about contraception. You can start most methods at the same time you take the abortion pills.



Call this phone number if you have questions: _____

Abortion pills in first 12 weeks since last period

MISOPROSTOL UNDER THE TONGUE

Can I use these pills?

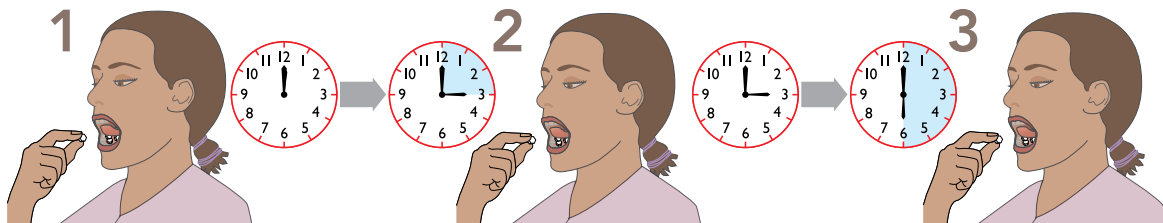
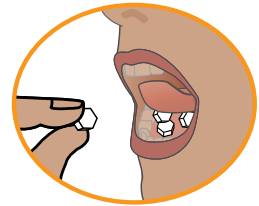
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How do I take the pills?

Place the 4 pills (misoprostol) under your tongue and hold them there until they dissolve. After 30 minutes, swallow whatever is left with water.

Take more pills the same way every 3 hours, taking 12 pills total.

To reduce pain and cramping, take ibuprofen before or just after you take the first pills.



What will happen when I take the pills?

The pills should cause bleeding and cramping, and you may see clots. Your bleeding may be more than your normal period. Every woman will experience bleeding and cramping differently.



BLEEDING



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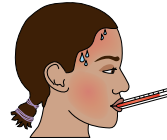
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HEADACHE



FEVER/
CHILLS

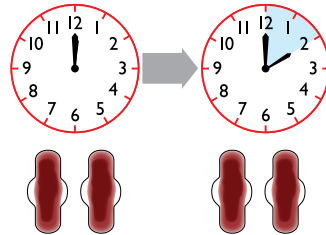


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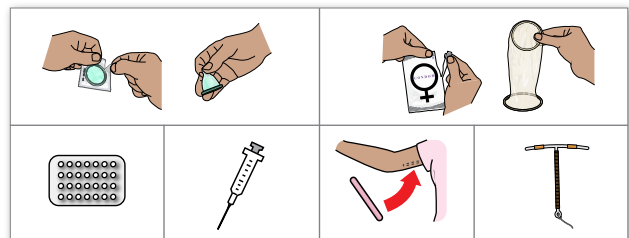
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Abortion pills in first 12 weeks since last period

MISOPROSTOL IN THE CHEEK

Can I use these pills?

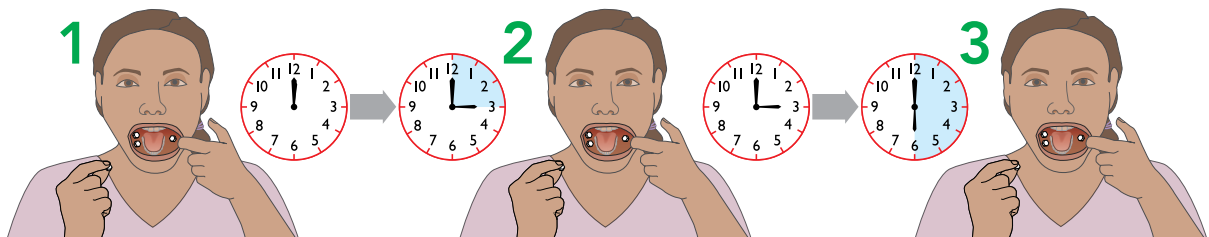
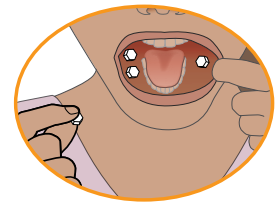
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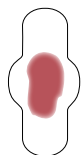
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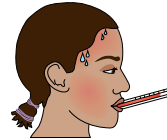
VOMITING



HEADACHE



FEVER/
CHILLS

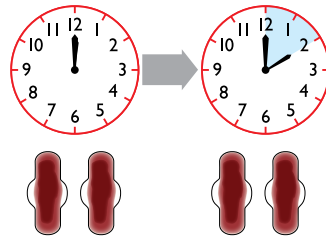


DIARRHEA



When should I seek help?

If you have any of the following symptoms, see a health worker for additional care:



- Heavy bleeding or soaking more than 2 sanitary pads per hour for 2 hours in a row, especially if you feel dizzy, lightheaded and increasingly tired.
- Unusual or bad-smelling vaginal discharge, especially if you also have severe cramps or abdominal pain.
- Any of the following the day after you take the 4 pills of misoprostol:
 - Fever
 - Severe belly pain
 - Feeling very sick with or without fever
 - Persistent severe nausea or vomiting

How do I know the pills worked?

If you experienced bleeding and cramping and you no longer feel pregnant, the medicine has probably worked.

If you experience no bleeding or have little bleeding within 4-5 days after taking the 4 pills, it may mean the medicines did not work and you are still pregnant. This happens to about 15 out of 100 women. To be certain, go to your nearest health worker for more help.

When can I have sex again?

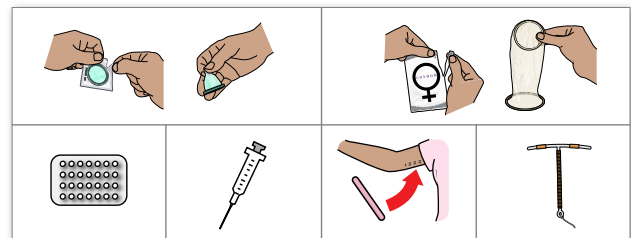
You can have sex as soon as you like.

When can I get pregnant again?

You can become pregnant again as soon as 8 days after the abortion.

How can I NOT get pregnant?

If you do not want to get pregnant, use contraception. Talk to a health worker about contraception. You can start most methods at the same time you take the abortion pills.



Call this phone number if you have questions: _____

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USEFUL RESOURCES

Hesperian Health Guides

A non-profit health information and health education source that supports individuals and communities to realize the right to health: <https://en.hesperian.org>

HowToUseAbortionPill

An online community run by dedicated individuals who believe that all women, regardless of where they live, should have access to a safe abortion option:

www.howtouseabortionpill.org

Safe Access Hub

Shares knowledge on quality safe abortion and postabortion care from leading international reproductive health organizations—Marie Stopes International, Ipas, the Safe Abortion Action Fund, International Planned Parenthood Federation and PSI:

www.safeaccesshub.org/

Safe2Choose

A social enterprise that is part of an international movement for reproductive health and access to safe abortion: <https://safe2choose.org/>

Women Help Women

An international activist non-profit organization working on access to abortion: <https://womenhelp.org/>

Women on Web

A non-profit organization providing support for the right to access safe abortion for all women and pregnant people: www.womenonweb.org



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