

INSTRUCTIONS FOR MEDICAL ABORTION

STARTING YOUR ABORTION

Inside the Mifegymiso medication box, you will find one GREEN box and one ORANGE box.

STEP 1:

You will swallow the MIFEPRISTONE (ONE tablet in GREEN box):

- This pill will begin the abortion process.
- Most people have little to no side effects with this medication.
- You may start to bleed or cramp a bit, but you still need to take the misoprostol (Step 2) as directed below.
- If you have been nauseous during your pregnancy, you may wish to take medication to prevent nausea (i.e. Gravol) before swallowing the mifepristone. If you vomit within an hour of taking the mifepristone, call us. If you vomit after 1 hour, the medication will still work.

STEP 2:

You will open the MISOPROSTOL (FOUR tablets in ORANGE box): WHEN TO USE THE MISOPROSTOL: At least 24 hours (1-2 days) after you swallow the MIFEPRISTONE.

- This medication will help push out the pregnancy tissue.
- For best pain relief, when the cramping is uncomfortable take Ibuprofen 600mg every 4 hours OR Tylenol 1000mg every 6 to 8 hours.
- If you have been very nauseous during your pregnancy, you may also wish to take Gravol 50 mg one hour before misoprostol.

HOW TO TAKE:

Wash your hands and remove the pills from the box.

Choose ONE method:

- A) Place 2 of the tablets deep in each cheek pouch (4 total) between your cheek and lower gums. Keep the tablets there for 30 minutes and do not eat or drink during this time. After 30 mins, swallow the rest of the tablets.

OR

- B) Place all 4 tablets deep inside the vagina and lie down for 20 minutes.



Cramping and bleeding usually start 1 to 4 hours later.

Drink lots of clear fluids and stay hydrated (juice, pop, broth, tea)

Eat lightly because of the possibility of vomiting.

If you are 9 weeks pregnant or greater, you will take a second dose of this medication 4 hours after the first dose.

MIFEGYMISO SCHEDULE:

Step 1:

You will swallow the MIFEPRISTONE on _____(DATE) at _____(TIME)

Step 2:

You will insert all 4 MISOPROSTOL tablets.

A) 2 in each cheek pouch- and keep there for 30 minutes.

OR

B) deep in the vagina – and lie down for 20 minutes.

Between _____(DATE) at _____(TIME) and _____(DATE) at _____(TIME)

Based on your last menstrual period (or other testing) we believe you to be _____ weeks pregnant.

If you are 9 weeks pregnant or more, you will take a second dose of misoprostol (4 pills)

FOUR HOURS AFTER your first 4 pills at: _____(TIME)

WHAT TO EXPECT

Cramping in the lower abdomen is normal and is the worst when your body is trying to pass the pregnancy tissue. Cramping often starts before the bleeding, within 2 hours of taking misoprostol. To help manage the cramps, you can rest, use a heating pad, massage your lower belly or take medications. If the pain is not helped by Advil 600mg or Tylenol 1000mg by mouth every 6 hours. This medication may cause nausea, headache, dizziness and diarrhea may last for 24hours. You may take gravol 50mg for the nausea. After the pregnancy tissue passes, cramping is usually mild & stops within 2-3 days.

Uterine Massage is done by taking the fingertips of both hands and pressing into your belly just above the pubic bone. This can be done for 5 minutes a few times a day to help move clots through and decrease bleeding and cramping.

Bleeding starts between 30 minutes and 24 hours of using misoprostol, usually within 2-4 hours. It is usually heavier than a period, sometimes with large clots. You may notice passing a small amount of white tissue or clot up to the size of a grape. This is the pregnancy tissue. After the second day, the bleeding should decrease to no more than a light-moderate period. The bleeding/spotting may continue for a few weeks. We recommend that you use pads for the first few days to allow you to monitor your bleeding until the bleeding slows down.

Sexual activity: You should avoid unprotected vaginal intercourse until your follow-up has determined that the abortion is complete. It is important for you to have a birth control plan in place because you can get pregnant before you get your first period.

Pregnancy Symptoms: Nausea and vomiting usually go away in a few days. Chest/breast tenderness, fatigue, and mood swings can take 2 weeks to go away, but should improve. Pregnancy hormones (bHCG) remain in your body for up to 4 weeks after a medication abortion, so please do NOT do a home pregnancy test before 4 weeks after your abortion, as it may be falsely positive.

Birth control: You can get pregnant again within one week of having a medical abortion, even if you are bleeding. If you don't want to be pregnant, know that:

- Condoms can be used immediately.
- Birth control pills/patch/ring or DepoProvera or Micronor can be re-started the day after Step 2 (misoprostol)
- IUDs can be inserted once the abortion is confirmed to be complete.

EMERGENCIES:

Emergencies are rare but it is important to be prepared.

- It is important for you to be able to call us.
- Consider who will drive you to the nearest hospital (ideally within one hour away) if necessary.

GO TO EMERGENCY ROOM/CALL IF YOU HAVE:

- Excessive bleeding (soaking more than 2 large sanitary pads per hour for 2 consecutive hours)
- Severe abdominal pain not managed by the pain medications.
- Continued vomiting or if you cannot keep fluids down for more than 6 hours.
- A fever greater than 38 °C more than 24 hours after taking misoprostol.
- A feeling of severe dizziness or fainting, chills, or shortness of breath
- Symptoms of a tubal pregnancy: increasing one-sided pelvic pain, sharp shoulder pain



HOW TO CONTACT US:

Monday to Friday 8:00 am – 4:00 pm: Call our office at **403 996-1160**. Anytime after hours please call our Emergency Line at **587 333-3166**- If no one answers please leave a detailed message and someone will return your call with 15 minutes. ***If you feel your symptoms are so bad that you cannot wait for a return phone call, go to your nearest emergency room and **TAKE THESE INSTRUCTIONS WITH YOU**. If you are not sure if you should go to the emergency room, please call us.

If you do not have Alberta Health Care or other valid health coverage, you may be required to pay for this emergency care.

The options to confirm the success of the medical abortion are:

1. Blood Test the day of Misoprostol and repeat 7 days later.
2. The history of tissue passed and a negative urine pregnancy test 4 weeks later.

MANDATORY PHONE FOLLOW UP VISIT:

We will not know that your pregnancy has ended without a follow up visit. Follow up includes:

1. A phone call from our team approximately 1 week after you start your medication abortion.
 - a. During this phone call, we will ask screening questions to determine whether the pregnancy has likely passed.
 - b. Phone call from doctor on _____(dd/mm/yyyy) between 1:00 and 3:00 pm
 - c. ***If you do not hear from the doctor by 3:00 pm, please call the clinic***
2. A urine pregnancy test (purchased at the pharmacy) to be done at 4 weeks after the start of your medication abortion.
 - a. Our team will follow up after the 4 weeks to confirm this test was negative.
 - b. If the test was positive, do not panic, please call us to discuss the next steps.
 - c. Expect our phone call on: _____ dd/mm/yyyy (clinic will tell you the approximate dates)

If either you or the doctor are concerned, we will send a requisition for bloodwork at your local laboratory.

BE SURE TO KEEP YOUR FOLLOW-UP APPOINTMENT.

If you are unable to follow the above instructions or keep your follow-up appointment, please call the Clinic at 403 966-1160 Monday to Friday between 8:00 am – 4:00 pm.

For any Physician who assists our patient care:

This medical abortion was administered using an evidence-based supported by experts at the National Abortion Federation. Most likely the patient did not receive pre-abortion ultrasound, hemoglobin or RH testing, or serial bHCG follow-up. The success of the abortion will be determined based on clinical history and a urine pregnancy test at 4 weeks post-abortion.

As such, an ultrasound was (most likely) NOT performed:

- The gestational age of this pregnancy was estimated based on the last menstrual period (LMP) in an individual with a reliable menstrual history, and no risk factors for ectopic pregnancy.
- Intrauterine location of the pregnancy has not been confirmed, therefore ECTOPIC PREGNANCY HAS NOT BEEN RULED OUT

Should the patient have signs or symptoms suggestive of an ectopic pregnancy, please take this into consideration and arrange for urgent assessment and management.

Our clinical team is ready to provide assistance / clarification via the emergency numbers provided to the client.

Please do not hesitate to call!