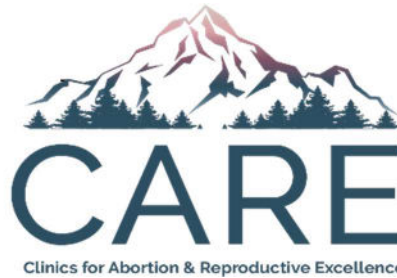


Patient Number:



1930 E Orman Ave Pueblo, CO 81004

Phone: (719) 884 - 4070

Website: CareClinicColorado.com

Email: CareClinicColorado@outlook.com

## Medication Abortion Instructions

These instructions include how to reach us, how to complete a medication abortion, activities to avoid, and general information that is important to read over and understand.

If you have any questions or concerns, please review this information and if needed call the clinic: **719-884-4070**

### First Medication

- Mifepristone 200mg is the first of two medications you will be taking. This is the medication that stops the pregnancy from developing. It is important to note the date and time that you take the mifepristone:
  - Date \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM
- You may have some light vaginal bleeding after taking this pill, however overall there are very few side effects of the medication today.
- Normal activities today.
- You wait at least 24 hours, but no more than 48 hours before using the second medication.
  - Hint: You may want to set an alarm letting you know “OK, use the misoprostol within 24 hours.” You set this alarm for 24 hours after the time noted above.

### Second Medication

- Misoprostol is the second medication of the medication abortion procedure. Each pill is 200mcg and each dose consists of 4 pills at a time. These pills are absorbed in the cheeks for **30 minutes** before they are swallowed.
- Use the misoprostol at least 24 hours, but no more than 48 hours, after you took the mifepristone pill.
- Approximately 30 minutes before you plan to use the misoprostol, have a light meal. Avoid foods that are greasy, spicy, high in dairy, or difficult on the stomach. A light meal could be pasta, crackers, salad, soup (chicken noodle but not cream of chicken). In addition to providing nourishment, the light meal helps ensure there is food in your stomach when you use the misoprostol tablets because these tablets can cause stomach upset.
- Approximately 15 minutes before using the misoprostol, take the pain medications (Tylenol and ibuprofen) and the anti-nausea pill (ondansetron/Zofran).
  - **To use the pain and nausea medications:**
    - Acetaminophen (Tylenol) – 2 tablets (325mg each)
      - Repeat every 4-6 hours as needed for pain

- Ibuprofen (Motrin) – 4 tablets (200mg each)
  - Repeat every 8 hours as needed for pain
- Ondansetron (Zofran) – 1 or 2 tablets (4mg each)
  - Repeat every 4-6 hours as needed for nausea
- **To use the misoprostol:**
  - Place all 4 pills between the cheek and gum of the lower jaw for at least **30 minutes**. It is easier to place two pills on each side of the lower jaw (kind of like where chewing tobacco would go).
  - Do not eat or drink anything while the pills are in your mouth.
  - After 30 minutes with the pills being absorbed between your cheeks and gums, “swish and swallow” the medication with water. You have completed the second and final step of the process.
  - If you are more than 9 weeks pregnant, that means you need 2 doses of the misoprostol:
    - Wait 4 hours after using the first dose (4 pills) of the misoprostol, then repeat the process with the second set of 4 pills
    - If you are less than 9 weeks pregnant, you do not need to use 2 doses (8 pills) but you may want to keep the 2<sup>nd</sup> dose (4 pills) handy in case you need them
  - Side effects: nausea, vomiting, “feeling hot,” chills, diarrhea
  - If you **DO NOT** experience any cramping or vaginal bleeding by eight (8) hours after using misoprostol, call our office.
  - If more than 24 hours after using misoprostol you have abdominal pain, weakness, nausea, vomiting, or diarrhea with or without fever, these symptoms may indicate a serious infection or other problem and you should contact the clinic immediately or go to the nearest hospital Emergency Room for evaluation and possible treatment.

## **WHAT TO EXPECT DURING A MEDICATION ABORTION**

- **Bleeding/Clotting** - Bleeding and clotting is normal, it usually occurs “off and on” and could last 6-12 weeks. The heaviest bleeding begins a few hours after the misoprostol pills and lasts for a few hours. The heavy bleeding should taper to lighter bleeding.
- **Cramping** - Cramping is common and may occur “off and on” for 2-3 weeks after an abortion.
  - Things to reduce cramping include:
    - Tylenol and/or Ibuprofen (given to you by the clinic free of charge)
      - **NO ASPIRIN** - aspirin can thin the blood and increase bleeding.
    - Uterine massages for at least 1 minute every 30 minutes for 8 hours
    - Heating pads
    - Walking for 10-15 minutes every hour for 8 hours
- **Menstrual Period** - Your next menstrual period can be 3-12 weeks after your abortion and may be heavier than your usual period.
  - Taking a form of hormonal birth control can help regulate your cycle and may help your period return quicker.

- **Pregnancy Symptoms** - Signs of pregnancy usually disappear within 48 hours. While pregnancy symptoms may have gone away, it is still important to respond to follow-up emails sent by staff to be sure there are no other problems.
  - **Nausea** - If you are experiencing nausea, please ask the reception desk how you can get a Zofran prescription.
    - **Non-prescription options:** Dramamine, Loperamide, and Meclizine
  - **Breast Enlargement**- Lactation, milk production and enlargement of the breasts is not likely after an early abortion. However, if you experience this, consider the following:
    - Wear a tight bra 24-hours a day to help prevent milk production.
    - Do NOT stimulate the breasts.
    - Put your back to the water in the shower to avoid hot water directly on the breasts.
- **Temperature Elevation and/or Fever**- Please take your temperature every 12 hours. If your temp is above 100.4, recheck it every 30 minutes and call us immediately.
  - Temperature elevation below 100.4 is a common side effect of misoprostol.
  - Temperature greater than 100.4 that occurs more than 8 hours after using misoprostol should be reported because it is most likely not due to misoprostol.

**PLEASE GO TO THE EMERGENCY ROOM IF YOU HAVE ANY OF THE FOLLOWING ISSUES:**

- You start bleeding so heavily that you soak through two thick sanitary pads every hour for 2 hours consecutively (4 pads in 2 hours), along with feeling faint.
- You begin to have severe abdominal cramping not relieved by any medications provided.
- Temperature greater than 100.4 that persists after taking medication.

**ACTIVITIES TO AVOID**

There are no physical restrictions after an abortion. You can return to all normal activities the day after your abortion unless you receive different instructions from the doctor.

**AVOIDING PREGNANCY**

After any pregnancy ends, whether it is an abortion, a miscarriage or giving birth, you may ovulate (release another egg) as soon as 3 weeks after. This means you could be fertile before you have your next period. If you are not planning on becoming pregnant again right away, we recommend using some form of contraception (birth control, condoms, abstinence, etc). If you are interested in receiving a prescription for birth control, please let us know!

**FOLLOW-UP EMAILS AND APPOINTMENTS**

**Follow-ups will be done virtually. We will reach out to you via email twice; around 4 weeks and around 6 weeks after your appointment. Below are instructions for the virtual follow-up.**

We will be sending you home with two pregnancy tests. Take the first pregnancy test 4 weeks after your medication abortion. If it results negative, you are no longer pregnant and the abortion is complete. If it comes back positive, do not stress. This may be normal as your body can still

have pregnancy hormones circulating up to 6 weeks after a pregnancy ends. If this is the case, please use the second pregnancy test 2 weeks later (6 weeks after your medication abortion). If that test comes back positive, please call the clinic to discuss the results and potential need for follow up either with us or with your local health care provider.

In-clinic follow-up appointments are also offered 1-2 weeks after the procedure if preferred by the patient.

## **NEED TO KNOW**

- Your medication abortion procedure is your own business. We will not and cannot disclose your having this procedure with us without certain, very specific, governmental subpoenas being ordered. That being said, if you go to another health care provider, or to a hospital emergency room, and are afraid to disclose you had a medication abortion: **YOU DO NOT NEED TO TELL ANY HEALTH CARE PROVIDER YOU HAD AN ABORTION.** A medication abortion is the same as a miscarriage, except it started differently than it starting “by Mother Nature.” That means if there are any complications, you will be treated the same as someone having a miscarriage because that is what this is. It does not endanger your health or life, nor does it change your medical treatment, if you do not tell them you had an abortion. You will be treated as having a miscarriage, and that is what a medication abortion is.
- If you do not have an ultrasound, or if the ultrasound does not show that the pregnancy is inside the uterus, we cannot guarantee the medication abortion will work, or that it is the correct management for you. Without confirming that the pregnancy is inside the uterus, a variety of things are possible: the pregnancy could be outside the uterus (known as “ectopic”); the pregnancy could be too early to see but still inside the uterus; the pregnancy may be an abnormal pregnancy such as a “molar” pregnancy or a miscarriage not expelled by the body yet, etc. We want people to have access to this necessary health care which is why we will not turn you away if we cannot confirm the pregnancy is inside the uterus and developing normally, but we want people to be aware of the risks that exist without this confirmation by ultrasound.

## **ADDITIONAL INFORMATION**

- If desired, you may assess the completion of your abortion process by obtaining an ultrasound exam two (2) weeks after using the misoprostol. We can provide that service in our clinic.
- Medication abortion does not affect your future fertility.

For questions, please contact our office at **(719)-884-4070.**

## HOW MUCH AM I BLEEDING?

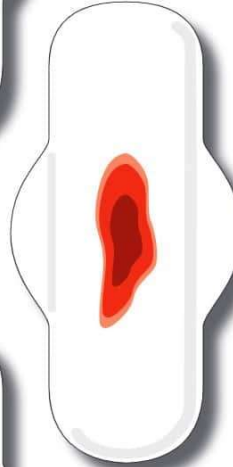
### Scant amount

Blood only on tissue when wiped or less than one-inch stain on maxi pad within one hour.



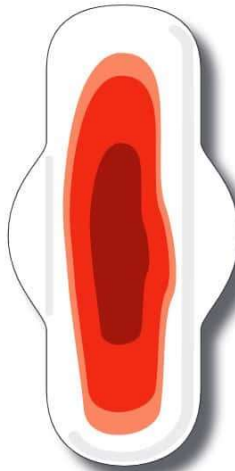
### Light amount

Less than four-inch stain on maxi pad within one hour.



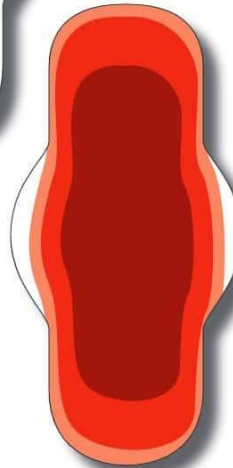
### Moderate amount

Less than six-inch stain on maxi pad within one hour.



### Heavy amount

Saturated maxi pad within one hour.



## ¿CUANTO ESTOY SANGRANDO?

### Cantidad muy escasa

Solo hay sangre en el papel sanitario cuando se limpia, o tiene manchas que miden menos de una pulgada en una toalla sanitaria tamaño maxi en menos de una hora.

### Poca cantidad

Manchas que miden menos de 4 pulgadas en una toalla sanitaria tamaño maxi en menos de una hora.

### Cantidad moderada

Manchas que miden menos de 6 pulgadas en una toalla sanitaria tamaño maxi en menos de una hora.

### Cantidad muy fuerte

Una toalla sanitaria tamaño maxi completamente saturada en una hora.

# **Ultrasounds: Why they are important to make sure medication abortion is safe for you**

## **Pregnancy location and development:**

Ultrasounds are a way to make sure we know two basic things: 1) the pregnancy is located inside the uterus and is not an ectopic pregnancy, and 2) there are normal findings on the ultrasound, meaning an abnormal pregnancy, such as a molar pregnancy, is unlikely.

## **What to do if you have an IUD:**

People who become pregnant while an IUD is in place are at increased risk of that pregnancy being an ectopic pregnancy. Therefore, two steps are very important for your health and safety: 1) have an ultrasound that confirms there is no ectopic pregnancy, and 2) have the IUD removed as soon as possible. Once the IUD is removed, it is safe to proceed with a medication abortion.

## **What is an ectopic pregnancy?**

An ectopic pregnancy is a pregnancy outside of the uterus. Most ectopic pregnancies grow in a fallopian tube (also called tubal pregnancy). They may also be found in an ovary, the cervix, or the abdomen (inside the belly). Ectopic pregnancies happen in approximately one out of every 100 pregnancies.

If the pregnancy continues to grow, it can cause the tube to stretch and break (rupture). This can cause bleeding inside the abdomen. Tubal rupture is an emergency, requiring immediate surgical treatment. If treatment is not received right away, death can occur. Until a pregnancy is seen in your uterus, ectopic pregnancy must be considered.

## **Some conditions that increase a patient's chances of having an ectopic pregnancy are:**

- Previous infection of the fallopian tube (sometimes called Pelvic Inflammatory Disease or PID)
- Previous ectopic pregnancy
- Previous abdominal surgery (inside the belly)
- Previous surgery of the fallopian tube, including tubal ligation (having your "tubes tied")

## **Some possible warning signs of ectopic pregnancy include:**

- Pain in the lower abdomen, especially on one side
- Vaginal spotting or bleeding
- Shoulder pain
- Fainting, dizziness, lightheadedness, shortness of breath, unusual feelings of weakness, or unusual sweating
- Continued pregnancy symptoms (nausea, breast tenderness, etc.) for 3-4 days after an abortion or miscarriage

**If you have any of the above signs, please call your health care provider IMMEDIATELY.**

**ECTOPIC PREGNANCY CAN BE LIFE-THREATENING.**

- If you cannot reach your medical provider right away, **GO TO THE NEAREST HOSPITAL EMERGENCY ROOM IMMEDIATELY.**
- Tell them that you might have an ectopic pregnancy.

**Clinic emergency number: 719-884-4070**



A close-up photograph of a person's hands. The left hand holds a clear glass of water, and the right hand holds a single white, round pill between the thumb and index finger.

## *Help others in your situation*

Participate in a confidential survey from the University of California, San Francisco to help expand abortion access.

### *What is the goal of the study?*

The goal of this study is to help us understand how people access medication abortion services so that these services can be improved.

### *Can I participate?*

You can participate if you are:

- At least 14 years old
- Thinking about using abortion pills, or used abortion pills in the last 2 months



We invite you to participate in a study from the University of California, San Francisco that CARE is partnering with. The study asks about your medication abortion experience and aims to help expand abortion access. The study involves two online surveys about your medication abortion experience, and you will receive up to \$70 for participating. Visit the following website to complete the surveys:

<https://redcap.link/syjcgtkj>