

PATIENT NUMBER:

MEDICATION ABORTION PATIENT INSTRUCTIONS

CARE COLORADO

AT CARE COLORADO, WE STRIVE ON PROVIDING PATIENT-BASED CARE. OUR PHONE LINE IS AVAILABLE 24 HOURS A DAY FOR ANY QUESTIONS OR CONCERNS. PLEASE DO NOT HESITATE TO REACH OUT TO OUR OFFICE. THANK YOU FOR TRUSTING US WITH YOUR CARE AND WE WISH YOU THE BEST FROM YOUR CARE TEAM!

**1930 E ORMAN AVENUE
PUEBLO, CO 81004**

**PHONE: (719) 884-4070
TEXT: (719) 888-7118
FAX: (719) 888-7721**

HELLO AND THANK YOU



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 pack and call at any time if needed at **719-884-4070**.

Day 1: 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. Swallow this medication with some water (you may take nausea medicine beforehand if needed).

DATE:

TIME:

AM / PM

- You may have some light vaginal bleeding after taking this pill, however overall there are very few side effects of this medication.
- You may resume normal activities today.

Day 1

FIRST MEDICATION: MIFEPRISTONE

NEXT DAY



Day 2: Second Medication

- Misoprostol is the second medication of the medical abortion process. Use the misoprostol at least **24 hours, but no more than 48 hours**, after you took the mifepristone tablet.
- 30–60 minutes prior to you starting your misoprostol, eat a light meal. Avoid foods that are greasy or difficult on the stomach.
- After eating your light meal, take the pain medications (Acetaminophen & Ibuprofen) and the anti-nausea medication (Ondansetron AKA “Zofran”). See doses and schedule below.

You are now ready to use the misoprostol tablets, the regimen schedule is on the next page. Each tablet is 200mcg and doses consist of 4 tablets or 2 tablets at a time, depending on how far along you are. Misoprostol tablets may be used vaginally, buccally (between cheek and gums or each side of the lower jaw, where chewing tobacco would go), or under the tongue.

Tablets used vaginally can be placed as high inside the vagina as possible and left there. If you live in a *politically hostile* state, we recommend you *use the tablets in the mouth* as sometimes tablets in the vagina can be seen during a pelvic exam, if one is needed.

Tablets used in the mouth must sit in place for 30 minutes to absorb into the bloodstream before remnants are swallowed with water. Once 30 minutes have passed, use water to swish and swallow any tablet remnants.

ACETAMINOPHEN 325MG-2 TABLETS (REPEAT EVERY 4-6 HOURS AS NEEDED FOR PAIN)

IBUPROFEN 200MG-4 TABLETS (REPEAT EVERY 8 HOURS AS NEEDED FOR PAIN)

ONDANSETRON 4MG-1 OR 2 TABLETS (REPEAT EVERY 4 HOURS AS NEEDED FOR NAUSEA)

SECOND MEDICATION-MISOPROSTOL

THE PROCESS

1

HOW TO USE MISOPROSTOL

Misoprostol tablets maybe used vaginally, buccally (between cheeks and gums on each side of lower jaw, where chewing tobacco would go), or under the tongue.

Pregnancy **up to 8 weeks and 6 days:**

- Use four tablets at once, which is a single dose.

Pregnancy **9 weeks to 10 weeks 6 days:**

- Use four tablets as a single dose. Wait 4 hours and then repeat with a second dose of four tablets.

Pregnancy **11 weeks to 13 weeks and 6 days:**

- Use two tablets as a single dose. Wait 3 hours and use another 2 tablets. Repeat 2 tablets every 3 hours until the pregnancy is pushed out of the body.

2

SIDE EFFECTS

Do not eat or drink while the pills are absorbing. You can expect nausea, vomiting, slight fever, chills, and diarrhea.

If you **DO NOT** experience any cramping or vaginal bleeding with this medication or have any questions or concerns, please call our office for further instructions.

If you are around 9-14 weeks pregnant, you may see an embryo/fetus in the tissue your body passes. Do not be alarmed, this is merely to set expectations.

3

NEED TO KNOW

- Your medication abortion procedure is your own business.
- **YOU DO NOT NEED TO TELL ANY HEALTH CARE PROVIDER YOU HAD AN ABORTION.**
- You are experiencing a miscarriage, except it's started differently than by "Mother Nature."
- Medication abortion does not affect your fertility

4

FOLLOW-UP CARE

We will reach out via email twice; around 4 weeks and 6 weeks post appointment. You will be sent home with 2 pregnancy tests. Take the first test 4 weeks after the abortion. If the result is negative, you are no longer pregnant. If the result is positive, repeat the second test 2 weeks later. This can be normal as some people need 4-6 weeks to have a negative pregnancy test. If it is still positive after 6 weeks, please have an ultrasound completed and contact our office. We also offer in-office follow-up appointments, at no extra cost.



SCAN OUR QR CODE

WHAT TO EXPECT

BLEEDING/CLOTTING

BLEEDING AND CLOTTING ARE NORMAL, IT USUALLY OCCURS "OFF AND ON" AND COULD LAST FOR 6-12 WEEKS. THE HEAVIEST BLEEDING BEGINS A FEW HOURS AFTER TAKING YOUR MISOPROSTOL (DAY 2) AND COULD LAST FOR A FEW HOURS. EVENTUALLY IT SHOULD RETURN TO A NORMAL PERIOD.

MENSTRUAL PERIOD

YOUR NEXT PERIOD CAN BE 3-12 WEEKS AFTER YOUR ABORTION AND MAY BE HEAVIER THAN NORMAL.

- TAKING A FORM OF HORMONAL BIRTH CONTROL CAN HELP REGULATE YOUR CYCLE AND MAY HELP YOUR PERIOD RETURN QUICKER.

FEVER/TEMPERATURE ELEVATION

AFTER COMPLETION OF MISOPROSTOL, YOU CAN RUN A SLIGHT FEVER. IF YOUR FEVER IS 100.4 OR HIGHER FOR MORE THAN 8 HOURS, PLEASE CONTACT OUR OFFICE FOR FURTHER INSTRUCTIONS.

CRAMPING

CRAMPING IS COMMON AND MAY OCCUR "OFF AND ON" FOR 2-3 WEEKS AFTER COMPLETION OF ABORTION. TO REDUCE SYMPTOMS, TAKE ACETAMINOPHEN & IBUPROFEN (PROVIDED BY CLINIC) AS NEEDED. UTERINE MESSAGES ARE ALSO VERY IMPORTANT TO RECOVERY. THEY HELP WITH CRAMPING AND REDUCE BLEEDING RISK. HEATING PADS AND PHYSICAL ACTIVITY FOR 10-15 MINUTES WILL HELP REDUCE CRAMPS.

PREGNANCY SYMPTOMS

SIGNS OF PREGNANCY USUALLY DISAPPEAR WITHIN 48 HOURS. WHILE SYMPTOMS MAY HAVE GONE AWAY, IT IS STILL IMPORTANT COMPLETE FOLLOW-UP TO ENSURE THAT EVERYTHING IS COMPLETE.

ACTIVITIES TO AVOID

THERE ARE NO PHYSICAL RESTRICTIONS AFTER AN ABORTION. YOU CAN RETURN TO NORMAL ACTIVITIES THE DAY AFTER YOUR ABORTION.

QUESTIONS & CONCERNS



Emergency Care Information

In the event you experience any of the following, please see your nearest emergency room:

COMPLICATIONS:

HEAVY BLEEDING:

SOAKING 4 OVERNITE PADS FOR 2 HOURS
CONSECUTIVELY, ALONG WITH FEELING FAINT

SEVERE ABDOMINAL CRAMPING:

SEVERE CRAMPING THAT CANNOT BE RELIEVED
BY ANY MEDICATION PROVIDED

FEVER:

TEMPERATURE GREATER THAN 100.4 THAT
PERSISTS AFTER TAKING MEDICATIONS

ULTRASOUNDS: WHY THEY ARE IMPORTANT



Ultrasound: This will lay out the importance of having an ultrasound completed to ensure the medication abortion is safe for you.

1

PREGNANCY LOCATION & DEVELOPMENT

Ultrasounds are a way to make sure we know two basic things: 1) the pregnancy is located in 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.

2

WHAT IS AN ECTOPIC PREGNANCY?

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

3

WHAT IF I HAVE AN IUD IN PLACE?

People who become pregnant while an IUD is in place are at increased risk of that being an ectopic pregnancy. Therefore, two steps are very important to 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.

4

HOW DOES AN ECTOPIC PREGNANCY AFFECT ME?

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.

MEDICAL CONDITIONS THAT INCREASE CHANCES OF ECTOPIC PREGNANCY

WARNING SIGNS:

PAIN IN LOWER ABDOMEN,
ESPECIALLY ON ONE SIDE

VAGINAL SPOTTING OR BLEEDING

SHOULDER PAIN

FAINTING, DIZZINESS, SHORTNESS
OF BREATH, FEELING WEAK, OR
UNUSUAL SWEATING

CONTINUED PREGNANCY
SYMPTOMS FOR 3-4
DAYS AFTER ABORTION
OR MISCARRIAGE

1

***HISTORY OF PELVIC INFLAMMATORY
DISEASE (PID)***

2

PREVIOUS ECTOPIC PREGNANCY

3

PREVIOUS ABDONIMAL SURGERY

4

***PREVIOUS SURGERY OF THE FALLIOPIAN TUBE,
INCLUDING TUBAL LIGATION (TUBES TIED)***

IF YOU HAVE ANY OF THE ABOVE SYMPTOMS, PLEASE CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY. ECTOPIC PREGNANCY CAN BE LIFE-THREATENING. SEEK EMERGENCY MEDICAL CARE AND EXPLAIN TO THE PHYSICIAN THAT YOU MAY BE EXPERIENCING AN ECTOPIC PREGNANCY.

HOW MUCH AM I BLEEDING?

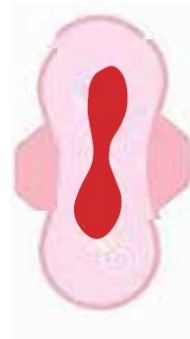


Please review this bleeding chart when calling about bleeding concerns. This helps us understand if this is a normal amount of bleeding or not, and can advise you further.



SCANT AMOUNT

BLOOD ONLY ON TISSUE WHEN WIPE 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