

When can a medical abortion be done?

• This method of abortion is only approved for use if it's been 49 days or less since the first day of your last menstrual period. Doctors call this "LMP."

When did your last period begin?

How many days has it been since then?_____days

You should know . . .

Some abortion providers give patients the abortion pill as late as 63 days LMP—but this is not recommended by the FDA and it could make a medical abortion less safe for you.



How is a medical abortion done?

According to the official safety guidelines issued by the U.S. Food and Drug Administration (FDA), a medical abortion requires three office visits:

- 1. At the first doctor visit: You will take three mifepristone pills, also known by the brand name Mifeprex[®]. These pills contain a drug that cuts off the supply of blood and nutrients to the developing embryo.
- **2. Two days later:** You will return to the doctor to take another drug, misoprostol, also called Cytotec[®]. This causes your uterus to contract and expel the embryo. You may also be given some antibiotics.
- **3. Two weeks later:** You'll have a third visit to the doctor to confirm that the abortion is complete.

You should know . . .

If an abortion provider doesn't follow the safety guidelines required by the FDA, you should consider seeking medical care elsewhere.



What should I expect afterwards?

- You should expect to have vaginal bleeding or spotting for an average of 9 to 16 days.
- Up to 8 percent of women may experience some bleeding for 30 days or more.

You should know . . .

Your follow-up visit is an important step in ensuring you are healthy and that the medication has worked correctly.

Are there potential side effects from taking these medications?

According to the data collected by Micromedex, here's what women who've taken these medications have experienced:

- headache (up to 44%)
- nausea (43–61%)
- vomiting (18–26%)

- diarrhea (12–40%)
- fatigue (10%)
- cramping & pain (96%)

Are there health conditions I need to tell my doctor about?

Yes—make sure to tell your healthcare professional about any of these conditions, because a medical abortion is not safe for people who have:

- high blood pressure
- heart disease
- bleeding problems

- anemia
- uncontrolled diabetes
- an IUD in place

What kind of track record does the abortion pill have?

- The abortion pill is used in about 25% of early abortions, according to the Guttmacher Institute.
- For 1 to 4 percent of women, the abortion pill won't result in a complete abortion and they will still need a surgical abortion to terminate the pregnancy.
- The FDA collects information about the drugs they approve to help people understand some of the risks they face in choosing certain treatments.

You should know . . .

Since September 2000, the FDA has tracked complications following medical abortions in the United States. In 2011, they reported:

- Hospitalized-612
- Ectopic pregnancies 58
- Blood loss requiring transfusions—339
- Infections—256
- Severe infections-48
- Deaths-8

What warning signs should I watch for?

Within the first 24 hours after taking mifepristone and misoprostol, contact your healthcare professional right away if you experience:

- heavy bleeding that soaks through two thick, full-size sanitary pads per hour for two hours
- persistent stomach pain or discomfort
- weakness
- nausea
- vomiting
- diarrhea, with or without fever
- fever of 100.4° or higher for more than four hours

These symptoms, even without a fever, may indicate a serious and possibly fatal blood infection.



It's very important to follow the safety guidelines

The FDA report also says that eight women died from a severe bacterial infection in their bloodstream.

- Seven of these women had the misoprostol inserted in their vagina and one let the pill dissolve in her mouth, instead of swallowing the pills as the safety guidelines require.
- Each of these women became ill very quickly and died from a fast-growing infection.
- None who swallowed the misoprostol pill have died from an infection.



Are there some safety tips I should follow?

Do:

- Get an ultrasound to make sure that the pregnancy is in your uterus because the abortion pill doesn't work if you have an ectopic pregnancy.
- Take the misoprostol pill orally, not vaginally.
- Take the misoprostol only at the healthcare professional's office—do not take it at home.
- Go for a follow-up visit after the abortion is complete to make sure you are healthy.

Don't:

- Use this method of abortion if it's been more than 49 days LMP.
- Sign any paperwork that says that it's been less than 49 days LMP if you know it's been longer—even if the abortion provider asks you to.
- Order the abortion pill online—you don't know what you're getting.
- Go to an abortion provider who lacks immediate access to a surgical facility in case you need an emergency surgical abortion.

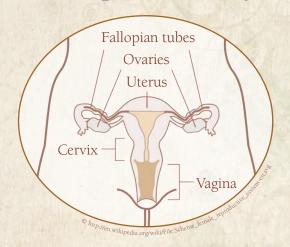
What's an ectopic pregnancy?

- This is when the embryo is growing outside of your uterus, usually in your fallopian tube.
- If the embryo is in the fallopian tube, the abortion pill won't end your pregnancy and the embryo will continue to grow and could cause the tube to burst
- Here's the danger: The cramping and abdominal pain that are normal after the use of the abortion pill are a lot like the symptoms of an ectopic pregnancy. You might not realize until it's too late that you need to seek emergency care—and this puts your life at risk.
- If you have little or no bleeding after taking misoprostol, it could also be a warning sign for ectopic pregnancy.
- An ectopic pregnancy is an emergency—don't delay in contacting your doctor or the emergency room at the hospital.
- Better yet—get an ultrasound before having a medical abortion.

You should know . . .

The abortion pill will not end an ectopic pregnancy, which could put your life at risk. An ultrasound can help your provider detect such a pregnancy.

Female Reproductive System



Here's why it's important

- If the embryo is growing in your fallopian tube, the abortion pill won't end your pregnancy.
- The embryo would continue to grow, possibly causing your fallopian tube to burst (rupture), which might put your life at risk.
- An ultrasound could help your provider detect an ectopic pregnancy, which could save your life.

Thoughts from a doctor...

Despite its known risks, the abortion pill has been called a major medical breakthrough. In fact, some groups go so far as to say that it's a real step forward for the health of women, even that it "saves lives."

This is just not true. As an obstetrician, I can tell you that an incredibly special and completely unique person is growing inside of every pregnant woman.

You can see for yourself, at the Mayo Clinic's website, that just six weeks after your last period, your baby's heart has already begun beating and he or she has the beginning of arms, legs, mouth and eyes. Visit **mayoclinic.org** and search for "fetal development—first trimester."

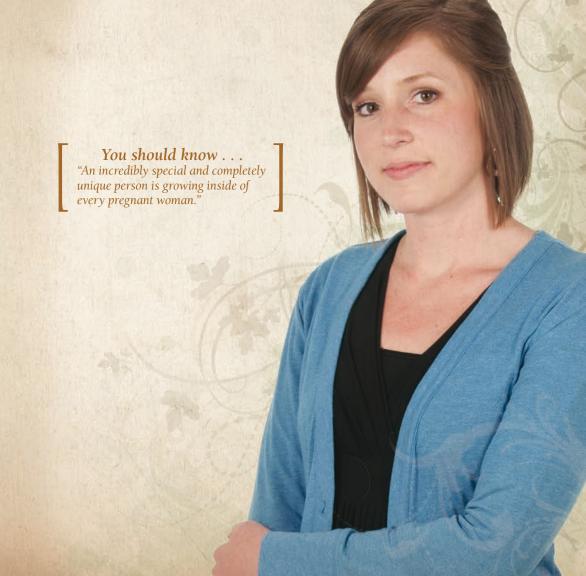
Take time to consider all your options and get counseling from someone who does not have a financial or personal stake in your decision.

Then choose well.



Author Note

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Things to ask your doctor

1. Will you do an ultrasound to make sure my pregnancy is not ectopic? 2. If it's been more than 49 days since my last menstrual period began, will you do a surgical abortion? 3. If the abortion pill doesn't end my pregnancy, do you have admitting privileges at a local hospital in case I need an emergency surgical abortion? 4. How do you give the second drug, misoprostol—vaginally or orally? 5. Will I have a follow-up visit to make sure the abortion is complete and that I have no infection?

Things I want to ask my doctor

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Do you know the difference?

Sometimes these pills get confused.

The Abortion Pill:	The Morning-After Pill:
An abortion method used to terminate an early pregnancy.	A method used to prevent pregnancy. It may cause a very early abortion if fertilization has already occurred.
Medications are Mifeprex® (mifepristone) and Cytotec® (misoprostol).	Medication is Plan B® One-Step (levonorgestrel).
Must be taken within 49 days of when your last menstrual period began.	Must be taken within 72 hours after unprotected sex.
Pills must be prescribed by a healthcare professional. At least three visits to your provider are needed, possibly more.	Available without prescription.
Will not prevent sexually transmitted infections or diseases.	Will not prevent sexually transmitted infections or diseases.



Source Notes

The U.S. Food and Drug Administration (fda.gov)

- Medication Guide: Mifeprex®
- Drug Label Information for Mifeprex®
- Drug Safety: Mifeprex Questions and Answers
- Postmarket Drug Safety Information for Patients and Providers: Mifeprex®

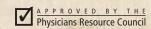
U.S. National Library of Medicine and the National Institutes of Health

Drug Information: Mifepristone (nlm.nih.gov)

Micromedex (http://micromedex.com)

Guttmacher Institute: Induced Abortion in the United States. (guttmacher.org)

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