



MEDICAL ABORTION INFORMATION AND PATIENT CARE FORM

Please keep and refer to this form throughout the medication abortion process. If you require emergency care, give this form to your provider: it contains important information helpful in caring for you.

Pregnancy options including parenting, adoption, and abortion. An abortion is intended to end the pregnancy. Please refer to the handout "Comparison of Early Pregnancy Options" for additional information about medication and surgical abortions.

LMP: _____

Ultrasound:

Date _____ **Gestational Age:** _____ weeks _____ days intrauterine uncertain* Not required*

* Note: If no ultrasound is done or the location of pregnancy is uncertain on ultrasound, there is a small chance you may have a tubal or ectopic (outside the uterus) pregnancy and strict follow-up is extremely important to ensure resolution of the pregnancy. You must seek care if you have signs or symptoms of a tubal pregnancy and possible rupture (see page 2).

Labs:

Date: _____ Results: _____ Not required Ordered today

NOTES: (ADD OPEN BOX)

First Medication:

Mifepristone 200 mg (1 pill GREEN BOX) orally blocks progesterone, a hormone needed for the pregnancy to continue. You may eat and drink normally.

Date: _____ Gestational Age: _____ weeks _____ days Time: _____

Side effects from the first medication are uncommon and usually mild, but may include nausea, diarrhea, headache, dizziness and bleeding.

Second Medication (24-48 hours after the mifepristone):

Misoprostol 800 mcg (4 pills ORANGE BOX) is taken at home to help your uterus contract and pass the pregnancy tissue. Buccal: put the tablets into the inside of your cheek and hold them there for 30 minutes while they slowly dissolve. After 30 minutes, swallow anything remaining with water.

Date: _____ Time _____

Repeat misoprostol 4 hours after 1st dose Date: _____ Time: _____

Misoprostol 800 mcg (4 pills) prescribed separately if your pregnancy is >63 days (9 weeks).

Side effects from the second medication may include nausea, vomiting, diarrhea, fever, dizziness and low-grade fever, and are rarely severe. If the vomiting is severe, dimenhydrinate (Gravol) rectal suppositories can be helpful (available from pharmacies without a prescription).

You will experience symptoms similar to a miscarriage, such as heavy bleeding, passing blood clots, and strong cramping. You need to remain at home, rather than working or attending school when you take the misoprostol. **During the bleeding, use full size maxi-pads (not tampons).**

Cramping in the lower abdomen is normal and often starts within 2 hours of taking the misoprostol. Severe cramps usually mean that some pregnancy tissue is passing out of the uterus. After the pregnancy tissue passes, cramping is usually mild and stops within 4-7 days. To relieve this discomfort, take naprosyn (Naproxen) and/or acetaminophen with codeine (Tylenol#3) as prescribed (do not take acetylsalicylic acid such as aspirin). Ibuprofen (Advil) and/or acetaminophen (Tylenol) are also good options. A hot water bottle or heating pad can also help.

Bleeding usually starts after the cramping. It may be like a heavy period, often with clots up to the size of a lemon. You may notice that you pass a small amount of whitish-gray tissue or solid clot about the size of a grape, which may be the pregnancy tissue. If you are >56 days gestation (8 weeks), you may see fetal tissue. The bleeding may continue off and on for a few weeks.

Lab follow-up:

Date: _____ before _____

You **MUST** have blood work done to confirm the termination is complete. You can bleed and pass clots and still be pregnant. You must be willing to go for additional follow-up lab work as advised.

-----OR-----

Urine home pregnancy test follow-up

Date: _____

Do a home urine pregnancy test (obtained from the pharmacy) **FOUR WEEKS** after taking the mifegymiso, to confirm the termination is complete. Do **NOT** do a urine pregnancy test earlier because it is likely to be positive.

If the urine test is negative, no further follow up is needed.

If the urine test is positive, please phone the clinic for further evaluation to ensure the abortion is complete.

Phone follow-up:

Date: _____

If you do not hear from your nurse or Dr by 3:00 PM, please phone the clinic.

Birth Control:

Date: _____ Contraception: _____

Start birth control as advised by your doctor. You can become pregnant as early as 7 days after the termination and before your next period. Usually you start the birth control the day of or after you are phoned with your lab results to confirm the abortion is complete. If you are prescribed an IUD, make an appointment to have the IUD inserted within 7 days of this phone call confirming the abortion is complete. For more information on birth control options, see www.sexualityandu.ca.

For a medication abortion, you must:

- have a telephone,
- have transportation in case of an emergency,
- follow through with the entire multi-step process as advised (including medications, lab work and phone calls at the pre-arranged dates and times), and
- have a surgical abortion if the medication abortion doesn't work. If the medication abortion fails it is very likely the fetus will be damaged or deformed.

Rare risks are serious infection, hemorrhage requiring blood transfusion or hysterectomy, and death. In perspective, first trimester abortion is at least 10-14 times safer than childbirth.

Phone 306-652-0300 or attend Emergency if you experience:

- excessive bleeding (soaking 2 pads per hour for more than 2 hours in a row),
- severe abdominal pain that is not helped at all by using the pain medications,
- continued vomiting or are unable to keep fluids down for more than 4-6 hours (and are getting dehydrated),
- a fever greater than 38 C (100.4 F) for more than 4 hours.
- * If no ultrasound is done or the location of pregnancy is uncertain on ultrasound, AND
 - increasing one-sided pelvic pain
 - pain that is sharp or seems to be coming from an unusual location, such as your shoulder tip or underneath one of your shoulder blades, or
 - feeling unusually weak or faint.

Medical Abortion 101

Medical abortion uses medications instead of surgery to end a pregnancy

1 It Is Highly Effective



Ends up to 98% of pregnancies if used in the first 10 weeks

Less effective in later pregnancy

Free in most Canadian provinces

🇨🇦 Health Canada approves its use for up to 9 weeks

2 What To Expect

After mifepristone

- may have some light bleeding
- many have no bleeding



within:

After misoprostol

3 hrs

- strong, painful cramping ⚡
- bleeding heavier than a period
- may pass lemon-sized clots 🍋
- fever over 38°C 🌡️

24 hrs

- nausea, headache, dizziness, diarrhea

2 weeks

- light bleeding

🕒 **Won't see a fetus if less than 8 weeks gestation**

3 Managing Side Effects



diarrhea



vomiting/nausea



cramping



loperamide



dimenhydrinate



naproxen
ibuprofen
opioid

Only use pads, not tampons 🍃

How to Take It

Start



Take 1 mifepristone tablet with a glass of water

- blocks progesterone in the uterus
- causes uterus to shed its lining

24-48h later

Put 2 misoprostol tablets in each cheek pouch for 30 mins

Swallow remnants with a glass of water



- causes cervix to open and uterus to contract to push out pregnancy

Seek Urgent Care If

- soaking 2 maxi-pads per hour for more than 2 hrs
- clots larger than a lemon for more than 2 hrs
- pain doesn't improve with medication
- fever, nausea, diarrhea, or weakness occurring 24 hrs after taking misoprostol

After the Abortion

- 8 ovulation can happen within 8 days of an abortion
- 🕒 can start birth control pills after taking misoprostol
- T can have IUD inserted 7-14 days after misoprostol
- 🏠 see abortion provider in 7-14 days to confirm the abortion is complete

RxTx. Ottawa (ON): Canadian Pharmacists Association; c2018. Medical Abortion; Available from: www.myrxtx.ca
Costescu D et al. Medical Abortion. J Obstet Gynaecol Can 2016;38(4):366-89.
Soon JA et al. Medications used in evidence-based regimens for medical abortion: an overview. J Obstet Gynaecol Can 2016;38(7):636-45.

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