

MEDICATION ABORTION INSTRUCTIONS

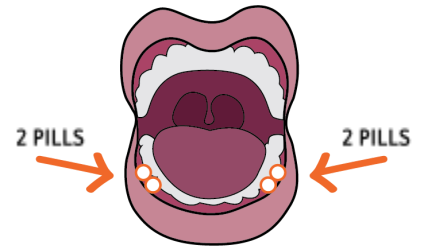
Medication abortion is made up of two medications: **mifepristone** and **misoprostol**, packaged together in one box. Taking this medication is a two-step process.

STEP 1: USING MIFEPRISTONE (green box)

1. Swallow the tablet with water.
2. Wait a minimum of 24 hours and maximum of 48 hours before using misoprostol (Step 2).

STEP 2: USING MISOPROSTOL (orange box)

1. **30-60 mins before you start**, have a light snack and take the pain relief medication suggested by your clinician
2. When you are ready to start, first have a sip of water to moisten your mouth
3. Put 2 pills on each side of your mouth, between your gums and cheeks (4 pills total)
4. Leave the pills in your cheeks for **30 minutes**, allowing them to dissolve. Do not eat or drink during these 30 minutes. They may make your mouth feel dry or taste chalky as they dissolve.
5. After 30 minutes, drink some water and swallow everything that is left of the pills.



If You Vomit

- Within 1 hour of taking **Step 1**, or during the 30 minutes that **Step 2** is dissolving in your mouth:
 - Call the pharmacy where you filled your prescription immediately.
- More than 1 hour after taking **Step 1**, or after you have completed **Step 2** (the pills have already dissolved for 30 minutes), then you do not need additional treatment and can proceed as planned.

MY ABORTION PLAN

STEP 1 (MIFEPRISTONE)

Date:

Time:

STEP 2 (MISOPROSTOL)

Date:

Time:

FOLLOW-UP TEST

Date:

Test: *(ie blood test vs home urine test)*

SUPPORT DURING YOUR ABORTION

MIA is your virtual companion during your medication abortion and is available 24/7. Mia will answer your questions, send you reminders and information about the medication, and follow up with you, all by text message. Mia will also alert your care team when there is a need for them to follow-up with you because of concerns. Mia is designed to be an ally for you through the medication abortion process. You will receive your first message from Mia shortly after your prescription has been sent to the pharmacy.

TELEHEALTH ONTARIO (1-866-797-0000) is a free, confidential service and is available 24/7. You can call to get health advice or information from a Registered Nurse, with interpretation services available in over 300 languages.

If you are experiencing a medical emergency, including the symptoms outlined in the “Emergencies” section of this document, please call 911 or go to your nearest Emergency Room.

FOLLOW UP

It is important to complete follow-up tests and questionnaires so your clinician can determine if additional treatment is needed.

COMPLETE FOLLOW-UP TESTS

Your clinician will discuss with you what testing to complete for follow-up. For blood tests, your requisition will be sent to your preferred lab on your behalf. Follow-up testing may include:

- Blood test 24-72 hrs after completing Step 2
- Blood test 7 days after completing Step 2
- Home urine pregnancy test 4 weeks after completing Step 2

COMPLETE FOLLOW-UP APPOINTMENTS AND QUESTIONNAIRES

You will be booked for a follow up appointment 7 days after taking the medication and 4 weeks after taking the medication. You will receive a follow-up questionnaire by email to complete before your appointments. Your answers will help your clinician determine if the medication has worked as expected.

It can take up to one week for your clinician to review your results. If there are concerns regarding your follow up blood work results, we will contact you by phone as soon as possible.

EMERGENCIES

If you experience any of the following, seek immediate medical attention by going to your nearest hospital's Emergency Room:

SIGNS OF ECTOPIC PREGNANCY:

- severe, sharp one-sided pelvic pain that may radiate into the shoulder tip
- weakness, feeling faint or dizzy

SEVERE BLEEDING:

- soaking through more than 2 thick, full size pads in 2 hours, for 2 hours in a row (4 pads in 2 hours)
- passing clots larger than a lemon
- bleeding so heavily that you feel faint, dizzy, weak, short of breath or have chest pain

SIGNS OF INFECTION:

- fever (above 38°C or 100.4°F) lasting more than 6 hours
- fever occurring more than 24 hrs after Step 2 (misoprostol)
- foul-smelling vaginal discharge
- severe pelvic pain

SEVERE PAIN:

- Unmanageable pain that is not improved by pain relief medication

ALLERGIC REACTION:

- swelling of the face, lips, tongue, throat, or any trouble breathing

In the emergency room, your care team will check your vital signs and may arrange tests such as a blood test, ultrasound and pelvic exam. There is a <1% chance of needing a procedure due to heavy bleeding (such as IV fluids, a blood transfusion, or a surgery called a "D&C") and a <1% chance of infection requiring antibiotics.

Please advise SHORE Centre as soon as possible if you receive emergency medical care.

SIDE EFFECTS AND RISKS

PAIN AND CRAMPING

Pain is very common and expected after taking this medication. It usually accompanies heavy bleeding and is often most intense for the first 4 hours after taking Step 2. There is a wide range of normal experiences of cramping, that

can range from typical period-like cramping to intense pain. Cramping may increase in intensity when your body is passing blood clots.

This pain can be managed with pain relief medication. When you meet with your clinician you will make a pain relief plan together and you may get a prescription for pain relief medication. Pain can also be managed at home using heat (hot water bottle, heating pads, shower), rest, or with techniques that you typically use to manage period cramping.

BLEEDING

Bleeding is expected to be heavier than a typical period within the first 24 hours of taking Step 2. It is usually heaviest for the first 4 hours, however it may take up to 24 hours to begin. If you do not experience heavy bleeding within 24 hours of taking Step 2 (misoprostol), it could indicate that the medication did not work. Your clinician may recommend additional treatment or further testing.

Many people do not notice when the pregnancy leaves the body. However, some people will notice tissue from the gestational sac which may appear light pink or white, and may be inside a blood clot.

Like periods, everyone's experience of bleeding will be different. On average, bleeding lasts for about two weeks and can be heavier than a normal period for the first 2-3 days. After the first few days of heavy bleeding some people will have little or no bleeding, some will have bleeding that stops and starts, and others will have bleeding similar to a menstrual period. Some people may experience light bleeding or spotting for up to 30 days.

Please contact SHORE Centre if you experience:

- no bleeding within 24 hours of Step 2
- heavy bleeding more than 14 days after Step 2
- any bleeding more than 30 days after Step 2

INFECTION

There is a <1% risk of bacterial infection after having a medical abortion. While it is rare for this to happen, infections can be serious. Signs of pelvic infections can appear up to 2 weeks after a medication abortion.

Because of the risk of infection, **it is not advised to insert anything into your vagina for the first 7 days** following the abortion. Use pads to manage the bleeding. After that 7-day period if you would prefer to use tampons or a menstrual cup or you feel ready to have sex, you can.

FLU-LIKE SYMPTOMS

It is common to develop flu-like symptoms within 24 hours of taking Step 2 (misoprostol). These include nausea, vomiting, diarrhea, chills and fever, headache, dizziness, weakness and fatigue. These symptoms should resolve within 24 hours of taking Step 2 and can be managed with pain medication, lots of fluids, and anti-nausea medication such as Dimenhydrinate (Gravol). Your clinician may recommend you take Dimenhydrinate along with a pain medication 30 minutes before taking Step 2 to help manage these symptoms.

RARE SIDE EFFECTS AND COMPLICATIONS (<1%):

- Abnormal heart rhythm
- Fainting
- Blood infection / toxic shock syndrome
- Rupture of an unrecognized ectopic pregnancy
- Spasm of the airways (bronchospasm)
- Hot flushes
- Low blood pressure
- Skin rash / itch
- Allergic reaction or anaphylaxis

Very rarely (<0.001%), complications can become life-threatening or result in death. It is important to follow medical advice and seek immediate medical attention for any symptoms outlined in the "**Emergencies**" section of this document.

INCOMPLETE ABORTION AND TREATMENT FAILURE

INCOMPLETE ABORTION is a risk of having a medication abortion. This is when pregnancy tissue is not fully expelled from the body, also called "Retained Products of Conception". Treatment options for incomplete abortion include waiting to see if the tissue will expel naturally, taking another dose of step 2 (misoprostol), or a surgical intervention. **Prolonged heavy bleeding** can be a sign of incomplete abortion or infection. This occurs in 1-10% of people and requires a surgical procedure 0.6-2.5% of the time.

TREATMENT FAILURE is when medication abortion fails to end the pregnancy. This occurs in 2.7-5.1% of people who take the medication before 9 weeks gestation. If the medication is taken before 7 weeks gestation the failure rate is slightly lower at 2-4.9%. If your medication abortion is unsuccessful, your clinician may refer you for an aspiration abortion or provide you with another dose of the medication. If the pregnancy is continued there is a risk of birth defects to the developing pregnancy as a result of the medication.

YOUR NEXT PERIOD

Most people will ovulate within 2-3 weeks of medication abortion, and will resume menstruation 4-6 weeks after the abortion. The first period following a medication abortion can be heavier or lighter than a typical period. You may not notice the end of bleeding after your abortion and the start of your next period. If you have not noticed a period after 8 weeks, please take an at-home pregnancy test.

Some methods of birth control can cause you to skip periods. Many contraceptive methods will lighten or shorten periods. When these are started soon after Mifegymiso, you may not experience bleeding with the first menstrual cycle. If you have questions or concerns, please book an appointment to discuss this with your clinician.

SEX AND CONTRACEPTION

You can have sex as soon as you feel ready. It is recommended not to insert anything into the vagina for 7 days after taking the medication to decrease infection risks. It is possible to ovulate as early as 8 days after taking this medication, meaning you can become pregnant within 1 week of taking the medication (even if you have not had a period). Your clinician will review contraceptive options during your appointment and can prescribe you one to start after your medication abortion. We can also make referrals for tubal ligation or vasectomy.

WHEN TO START CONTRACEPTION AFTER MEDICATION ABORTION

- **Start as soon as you resume intercourse:** condoms and barrier contraceptives
- **Start on the day of Step 2, or within 5 days after:** the pill (oral contraceptives), the patch (EvraPatch), the ring (NuvaRing), the injection (Depo Provera), or the implant (Nexplanon*)
- **Start as soon as your clinician has confirmed your treatment is complete:** IUD* (Mirena, Kyleena, Copper)
- **Start after 3 menstrual cycles** (to ensure your normal pattern has resumed): fertility awareness method

*Your Nexplanon or IUD can be inserted by a clinician at SHORE Centre in Kitchener or Guelph with an appointment.

LACTATION AND MEDICATION ABORTION

It is safe to continue breast/chest-feeding during a medication abortion. Please let your clinician know if you will be breast/chest-feeding during your medication abortion.

COUNSELLING SUPPORT

If you would like to talk to one of our counsellors following your abortion, please schedule an appointment for "Support After An Abortion" online: <https://shore.inputhealth.com/ebooking>

For more information on taking care of yourself emotionally after an abortion, please visit: <https://clinic.shorecentre.ca/after>

Sources:

[*Mifegymiso product monograph, Linepharma International Ltd. Revised Feb 2018.*](#)

[*SOGC Online Medical Abortion Training Program \(2016\)*](#)

[*NAF Clinical Policy Guidelines for Abortion Care \(2020\)*](#)

