



## What to Expect When You Come In For Your Medical Abortion

### What to do before your procedure:

- ❑ **No street drugs, alcohol, or aspirin for 72 hours before your procedure.** Tylenol or ibuprofen are fine.
- ❑ **If you are using insurance, we need that information no later than the morning before your abortion day.** You can call us between 1-4pm the day before your appointment to verify that your insurance will cover the cost of your medical abortion and what your financial responsibility is.
- ❑ For liability reasons, **we are unable to accommodate children in the clinic at any time.** Please make arrangements for childcare.

### What to bring with you:

- ❑ **A state-issued photo ID with birth date** is mandatory for all patients, regardless of age. You may use a driver's license, non-driver's state ID, military ID, alien registration card, or passport. You may use a work or school ID in combination with a birth certificate. *We do not accept check cashing ID's.*
- ❑ **A support person** if you would like to have someone with you (this is not required). Due to limited space, please do not bring more than one person.
- ❑ **If you are a minor**, you must have ID, your parent or guardian must have ID and you must also bring your birth certificate or tax documents issued by the state listing them as your parent, or court documents proving guardianship. The same parent/guardian who attended the PACA Information Session with you must return for your procedure. If you are a minor and have completed judicial bypass you must bring court papers.
- ❑ **If you do not speak English or cannot understand medical terms in English**, you must have a translator. We suggest that the same translator who attended the PACA Information Session with you returns for your procedure.
- ❑ **Your payment** in cash, debit card (with credit card logo) or credit card. If you are not the cardholder, the cardholder must be present to show ID and sign the receipt. If using insurance bring your insurance card and co-pay. *No personal checks or money orders accepted.*
- ❑ **Any prescription medications** you are currently taking, including inhalers for asthma.

### What to expect on the first day of your abortion (please expect a stay of 3-6 hours at the office):

#### **Arriving at the clinic**

When you arrive at the building, use the intercom to call up to the office (scroll through the list until you see "Women's Center"). Give your name and appointment time to be buzzed into the building. Please sign in with the receptionist when you enter the clinic. She will ask you to complete your medical history in your chart, along with some consent forms. Please pay close attention to the questions in the paperwork and answer honestly because we will use the information to provide you with the safest care we can.

#### **Ultrasound**

All PWC patients receive ultrasound examinations at our clinic to verify the length of pregnancy. The ultrasound measurement, which we convert to the number of weeks and days since your last menstrual period, is accurate to within a few days, and is the measurement from which we determine the type of procedure you are eligible for as well as the accompanying fee(s). Here at PWC, we perform surgical abortion procedures from 5 to 21 weeks of pregnancy. If you are between 5 and 9 weeks, you are eligible for a medical abortion.

#### **Lab work**

Following your ultrasound, you will go to the lab, where a medical assistant will take your vital signs. We will test a small sample of your blood for anemia and the Rh factor. Should you be found to have Rh-negative blood, you will need to receive an injection of RhoGam to protect future pregnancies. The cost of the RhoGam injection is \$35 which may be covered by insurance. If you have chosen to be tested for STIs, a sample of your urine will be taken for gonorrhea and chlamydia testing.

#### **Bookkeeping**

After your lab work is completed, you will meet with the bookkeeper who will verify your identification, collect your payment. If you are having financial difficulty, please call our office prior to your scheduled appointment. We may be able to help you with additional funding.

#### **Counseling**

Your counselor will review your medical history and all of your paperwork with you. She will also explain the medical abortion process and answer any questions that you have. The counselor will discuss your decision to have an abortion and your support system with you. She will discuss birth control, and record your preferred method of birth control for the nurse.



## **Taking the Medication**

Following your counseling session, you will be shown to an exam room where you will meet with the physician and a nurse. The doctor will administer the medication mifepristone (Mifeprex) which works by blocking the hormone progesterone which is necessary to sustain the pregnancy. This medication starts your abortion procedure. You will probably not have any physical side effects such as bleeding or cramping after taking this pill. We will send you home with the other medications necessary to complete the process. We will also take this opportunity to provide you with prescriptions for pain management medications as well as an antibiotic to help prevent infection. If you are Rh negative, we will give you a dose of Rhogam at this time.

## **What to expect at home, after taking the medication:**

### **Day Two or Day Three (whichever is more convenient for you to start bleeding and cramping)**

Either the very next day, or the day afterwards, you will insert four tablets of a drug called misoprostol between your cheeks and your gums and you will let them dissolve for approximately 30-45 minutes. Our staff will help you determine the best time for you to do this. Before taking the misoprostol it is recommended that you take the pain medication that was prescribed. Misoprostol causes the uterus to contract and empty ending the pregnancy. It is normal to feel moderate to intense cramping and bleeding at this stage and it is a sign that the medication is working and your uterus is cramping down to its normal, non-pregnant size.

## **What to expect during and after the abortion (approximately 2 to 3 weeks or more):**

**Bleeding:** Bleeding is normal, and may be heavier than a normal period. Sanitary pads *only* should be used until your follow-up ultrasound, as tampons increase the risk of infection. Bleeding will usually last a few weeks, and may stop and start. Bleeding should decrease as time goes on, but may increase with physical activity.

**Menstruation:** You should have a menstrual period 4 to 8 weeks after your abortion is complete. It may be heavier than usual, with more clots or cramping.

**Cramping:** After the pregnancy tissue passes, there may be some mild to moderate cramping. You may take the prescribed medication if you need it, over the counter (non aspirin) medication or use a heating pad or a hot water bottle externally. Some women report having very severe cramps. While this is rare, each woman should talk with a counselor to evaluate her own tolerance for pain prior to taking the mifepristone.

**Fever:** A temperature of up to 100.3° F is not unusual and is not a cause for concern. (Make sure you have had nothing hot or cold to eat or drink for at least 20 minutes before taking your temperature.) If your temperature is 100.4° F or above after taking it 2 times in a row (4 hours apart), call the clinic, as it could be a sign of infection. *Even if you do not have a fever, but are feeling achy or "just not right", call the clinic, as some rare infections are not accompanied by a fever.*

**Breast Changes:** Any pregnancy related breast tenderness should go away within a few days of passing the pregnancy tissue. It is possible, though not likely, that your breasts may leak a milky discharge. If this happens, wear a snug-fitting bra; this should go away in 1 to 2 days.

**Nausea:** This should go away within 24 to 48 hours.

**Diet:** If you feel nauseated, you should drink plenty of fluids and eat cautiously. Otherwise, you may eat and drink as you normally do.

**Fatigue:** Because there is a sudden change in your hormones after you pass the pregnancy, you may feel tired and/or a little depressed for a few days.

**Activity:** You may go back to your usual activities (school, working, driving) as soon as you feel up to it. Some women feel well enough to do so right away, though most prefer to rest a few days. You should not take part in strenuous activities until after your follow-up ultrasound.

**Vaginal Intercourse:** Because there is a risk of infection, you should not have vaginal intercourse until after you have had your follow-up ultrasound and your clinician says it is safe to do so.

**Contraception:** You may be able to get pregnant again shortly after the abortion. If you have been given birth control pills, start them as directed. You will be given information about other birth control methods and can discuss them further at your follow-up visit. If unprotected sexual activity should occur, call the clinic immediately to discuss emergency contraception.

## **What to expect when returning for your follow-up appointment:**

Two weeks after you've taken the mifepristone, you will return to the clinic for a follow-up transvaginal ultrasound, a urine pregnancy test and a hemoglobin check confirm that the abortion is complete. You can expect to be in the clinic for approximately an hour and will have an opportunity to speak with a physician. Even if you have had bleeding and cramping, you could still be pregnant. It is very important for you to return for this visit as it is how we determine that you are no longer pregnant. If your medical abortion was unsuccessful you may require further treatment or a surgical abortion. After we confirm that the abortion is complete, you may start using tampons again for bleeding.

***As a progressive leader in the community, Philadelphia Women's Center professionally and compassionately provides client-centered abortion services and follow-up care in a friendly, safe, and non-judgmental environment. Please feel free to ask our staff any questions or express any concerns you may have during your visit. We are here to make this experience as comfortable for you as we can. If you would like to read first-hand accounts of other PWC patients who have gone through this process, please let us know.***



### **Further Information on the Abortion**

*Below is some information which summarizes the things you must know about abortion, by state law. Much of this information will be given to you verbally by a physician at your information session. However, it may also be helpful to read over on your own time. Please don't hesitate to call the clinic if you have questions!*

The first thing that the State of Pennsylvania requires that you be informed of is that the Department of Health has created materials describing fetal development within the uterus and listing social services agencies that offer information about alternatives to abortion. You have a right to see these materials if you request to see them, but you are not required to view them at any point if you don't wish to do so. We will provide these materials free of charge, and at least 24 hours before a scheduled abortion procedure, if you request to see and review them.

Also, medical assistance benefits may be available to assist you with costs of prenatal, neonatal, delivery, and early child health care, if you choose not to have the abortion, and to continue your pregnancy instead. More detailed information on the availability of such assistance is contained in the printed materials published by the Department of Health.

The man by whom you became pregnant is liable to assist you in the support of a child, should you choose to carry to term and raise the child yourself – even if he has offered to pay for the abortion procedure itself.

You must also certify in writing, on the day of your procedure, that you heard and understood the description of the State's requirements that you received at least 24 hours before having your abortion procedure. You must also certify in writing that if you chose to see the State's printed materials, that they were, in fact, provided to you.

You should also know that you cannot be forced to have an abortion. The decision is yours alone. The alternative to having an elective abortion is not to have one, and to deliver at term, either vaginally or by cesarean section. If you choose not to raise the child yourself, adoption agencies can help to place the child with another family.

The probable length of your current pregnancy is considered to be the number of weeks from the first day of your last menstrual period until today. This is an estimate. Every patient at the Philadelphia Women's Center will also have an ultrasound, to confirm the true duration of the pregnancy. If there happens to be a discrepancy between the last menstrual period date and the ultrasound date, remember that the ultrasound is more accurate.

You will meet with a counselor before your abortion to discuss the specifics of the procedure. However, in general, you should know that an abortion is performed to surgically or medically terminate a pregnancy. The surgical abortion procedure performed at PWC is called a D&E, or Dilation and Evacuation. In the first trimester, you may have a choice of anesthesia. The procedure will begin with a pelvic exam, after which you will be given the anesthesia. Your cervical canal – which is a very short passageway leading from your vagina to your uterus – is gently opened (or dilated). A small plastic tube called a vacurette is inserted into the uterus through the opening in the cervix, and a negative pressure or vacuum is applied to empty the contents of the uterus. In the first trimester the abortion takes about 3 to 5 minutes.

In the second trimester dilating sponges may be inserted into the cervix, which will require a dilation period of a few hours, or for some patients, overnight. A second trimester abortion may take anywhere from 5 to 30 minutes.

Patients at the Philadelphia Women's Center also have the option of the medical abortion by pill, if they are 7 weeks or under by ultrasound. The procedure itself involves taking one pill (called Mifeprex) here in the office. The patient will then return home with 4 tablets that she will insert vaginally 24 to 48 hours later. This combination of medications will cause cramping and bleeding, allowing the woman's body to pass the pregnancy. This will be similar to a miscarriage, and will take at least a few days. The patient will then need to return to the Center approximately 2 weeks later for an ultrasound to determine if the procedure was successful. In rare cases, the woman's body may not expel all contents of the uterus, and she may need additional medication or a surgical abortion (described previously).

You should also know that pregnancy in general, whether a woman miscarries, chooses an abortion, or delivers at term, involves a potential risk. However, carrying a pregnancy to full term is actually about 10 to 15 times more risky than having an abortion at 16 weeks or less.

The State also requires that you know that both abortion and full term pregnancy "may have detrimental physical and psychological effects which are not accurately foreseeable. Some of these potential problems could include infection, hemorrhage, danger to subsequent pregnancies, and infertility" – although, as mentioned before, for abortion, these risks are relatively very low. Other potential problems could include (but are not limited to) damage to the cervix, the vagina, or the uterus, or to surrounding normal organs requiring hospitalization and/or additional surgery. Sometimes delayed periods occur which require further treatment, or – rarely – re-aspiration of the uterus for blood clots or tissue.

After your procedure, you will be given detailed instructions on aftercare. By following these simple instructions, you can help to decrease your risk of complications, allowing you to have a safe, and healthy recovery.