

MEDICAL ABORTION – CLIENT INFORMATION

This information is for people who plan to have a medical abortion appointment at Family Planning Victoria (FPV).

If you have any questions, feel free to call us: **(03) 9257 0100**.

For general information about abortion see [Types of Abortions](#) under Pregnancy Options on our website: www.fpv.org.au.

PHONE CONSULTATION WITH A NURSE

If you ring and request a medical abortion at FPV, you will be booked in for a phone consultation with a nurse. The nurse will spend about 20 – 30 minutes talking to you. The nurse will ask you a number of questions about your health, pregnancy and home situation. These questions help with working out whether there are any reasons a surgical abortion might be a better option for you. The nurse will give you some information about what happens during a medical abortion. If you are uncertain about your decision or feel you need some professional support, you will be given information on how to get the support you need.

CLINIC PROCESS

If you decide to have a medical abortion, you will be given an appointment with a nurse and a doctor, either in our clinic or sometimes by telephone. You can expect your appointments to take up to 1 ½ hours.

The nurse will explain what happens before, during and after a medical abortion, help you plan the best time to take your tablets, talk to you about situations when you need to seek medical advice or emergency care, give you a 24 hour help line number and discuss contraception options. The nurse will usually take a blood to check your pregnancy hormone level, even if you have had this done before. You will be given times for follow up appointments, which are by phone or in the clinic.

The doctor will check that you have understood the information you have been given and answer any questions, explain the possible complications of medical abortion and ask you to either sign a form or give your verbal consent to go ahead with the medical abortion. The doctor will also organise a follow up blood test and give you a script for your tablets.

TAKING YOUR TABLETS

Step 1

Take your first tablet (mifepristone) at the time you have agreed to. This tablet does not usually cause any side effects and you can continue with your normal activities until you take your second tablets.

Step 2

You will need an adult with you from when you take your second tablets until the heaviest bleeding has settled and you will need to stay within 1 – 2 hours of an emergency service for 3 weeks after taking your first tablet. You take your second tablets (misoprostol) 36 – 48 hours after your first tablet. You will be given a prescription for additional tablets you can take 30 minutes before starting your second tablets to minimise side effects such as pain and nausea.

After taking the second tablets (misoprostol) you may experience the following:

- Nausea, vomiting, diarrhoea, dizziness, headaches and fever.
- Pain usually starts within half an hour and is generally much stronger than period pain.
- Vaginal bleeding usually starts 1 – 4 hours after taking the second tablets. It is heavier than a period and there may be large clots.
- The timing of the pain and bleeding can be unpredictable. Occasionally it starts before taking the second medication, but it may take up to up to 24 hours to start.
- You might see a piece of pink tissue, which is the pregnancy passing.
- After 2 – 6 hours the bleeding usually settles to the level of a normal period.
- The vaginal bleeding that follows is usually similar to that of a normal period and may continue for another 3 – 7 days.
- A small number of people may experience unpredictable, irregular or prolonged bleeding that can last for up to 5 weeks.
- Nausea and tiredness usually settle quickly.
- Breast tenderness can remain for 2 weeks.

Recommendations for managing vaginal bleeding

Use pads to decrease the risk of infection. Do not use tampons or menstrual cups.

Recommendations for managing pain

- Use prescribed pain medication.
- Rest.
- Massage your abdomen or apply a heat pack.

COMPLICATIONS

- Small pieces of tissue left in the uterus (womb) requiring a minor surgical follow-up procedure to clear the lining of the uterus (around 1 in 20 – 1 in 33 cases). This procedure is done under anaesthetic.
- The medical abortion does not work and the pregnancy continues (around 1 in 100 cases). The abortion tablets can be repeated if the pregnancy is not more than 9 weeks otherwise a surgical abortion may be required. This can be organised at a public hospital.
- Haemorrhage (very heavy bleeding). A blood transfusion is needed in fewer than 1 in 1000 cases.
- Infection requiring antibiotic treatment (around 1 in 100 cases). Symptoms include persistent pain, an unusual vaginal discharge, fever and feeling generally unwell.

WHO CAN HAVE A MEDICAL ABORTION?

Most people who have a pregnancy from 5 to 9 weeks can have a medical abortion.

MEDICAL ABORTION MAY NOT BE SUITABLE IF YOU:

- are more than nine weeks pregnant
- have an ectopic pregnancy (a pregnancy occurring outside the uterus, usually in the fallopian tubes)
- have certain medical conditions such as bleeding disorders, severe asthma, heart disease, high blood pressure, diabetes or a liver, kidney or adrenal condition
- are taking long-term steroid or blood-thinning medication
- have had an allergic reaction to the medication's mifepristone or misoprostol
- have an intrauterine device (IUD) – the IUD needs to be removed before taking mifepristone
- cannot stay somewhere within a 1 hour drive of an emergency medical service from the time when the second tablets are taken until 2 – 3 weeks later
- do not have a support person who can stay with you from the time you take your second dose of tablets until the miscarriage has happened
- cannot have a blood test – to check your pregnancy hormone level has dropped – 1 week after you have started your tablets
- cannot be reviewed by the clinic for at least one follow-up appointment.

FOLLOW UP

- A nurse will call you a few days after you have taken your tablets to check how you are and answer any questions.
- You will need a blood test 7 days after you have taken your first tablet (mifepristone) to check that your pregnancy hormone level has dropped and that you are no longer pregnant. You will receive an SMS reminder to have this test.
- You will need a clinic or telephone consultation with a doctor in around 2 weeks after the tablets.

CONTRACEPTION

A new pregnancy can occur very soon after a medical abortion, so if you want to prevent pregnancy, it is recommended you start contraception within 5 days of taking your first medical abortion tablet. A contraceptive implant can be inserted, or a contraceptive injection can be given before you start your abortion tablets. If you would like an intrauterine device (IUD) we can organise for it to be inserted at FPV around 3 weeks after your medical abortion.

HOW WILL I FEEL EMOTIONALLY AFTER THE MEDICAL ABORTION?

You may experience a range of emotions before, during and after a medical abortion. Generally, how you feel will depend on the reasons for having the abortion, how comfortable you feel about your decision and access to information and support. After an abortion most people feel relieved that they made the decision that was right for them at the time. If you need emotional support, please let your FPV doctor or nurse know.



LOOKING AFTER YOURSELF

After taking the abortion medications you may need one or two days off work.

To lessen the risk of infection during the week after having the procedure, you should not:

- insert anything into the vagina (including tampons and menstrual cups – which should not be used until your next period)
- have vaginal sex
- perform any strenuous activity, including sport or heavy physical work, until the bleeding stops
- go swimming or have a bath (you can shower).

BREASTFEEDING

It is safe to continue to breastfeed.

WHAT IF I HAVE ANY QUESTIONS OR CONCERNS AFTER LEAVING THE FIRST CLINIC APPOINTMENT?

You will be given detailed information about what to do if you have any questions or concerns.