

Answers to most common calls from medication abortion patients

Document all calls in the patient's medical record. Keep track of the questions women ask when they call, as these can guide you in counseling future patients and ultimately decrease the number of calls you receive.

1. I vomited after I left your office and am not sure if I threw up the first pill (Mifepristone). What should I do?

If she swallowed the pill more than 1 hour ago, then it was probably absorbed. If she took the pill less than 1 hour ago, the dose of the Mifepristone should be repeated along with an anti-nausea medication.

2. I took the mifepristone in the office yesterday and started to bleed before using the second pills (misoprostol). Do I still need to use the misoprostol?

Yes. The process is most effective when the mifepristone and misoprostol are both used. If she was planning to insert the misoprostol tablets vaginally and she's still bleeding, she may want to switch to buccal administration.

3. I wasn't able to take the misoprostol pills as scheduled and now it has been more than 72 hours since I took the mifepristone. Should I still use the misoprostol? Do I need to repeat the mifepristone?

The misoprostol should still be used if she didn't already cramp and bleed and expel the pregnancy (mifepristone alone works about 65% of the time), but there is no need to repeat the dose of mifepristone. Research most strongly supports using misoprostol between 24-48 hours after the Mifepristone. Misoprostol also works when it is used earlier or later, and using it late is much more effective than not using it at all.

4. I used the misoprostol pills 24 hours ago and I still haven't had any bleeding. What should I do?

This happens most often with very early pregnancies. If an intrauterine pregnancy was seen on ultrasound, there is nothing to worry about and a little more time is often all that is needed. In this case, options include waiting another 24 hours and having the woman call back if she still hasn't bled or dispensing a second dose of misoprostol right away.

If an ultrasound wasn't performed prior to the medication abortion or an intrauterine pregnancy wasn't seen on the ultrasound, then ectopic pregnancy should be considered. Women should be asked about symptoms of ectopic, given ectopic precautions and be evaluated in the office as soon as possible.

5. I accidentally swallowed the misoprostol pills before the 30 minutes was up. Is this OK?

Yes. The pills are still safe and usually effective if swallowed. If the woman doesn't have any bleeding within 48 hours she should be advised to call back. There may be more gastrointestinal side effects when the pills are swallowed rather than placed in the cheeks or vagina, but though uncomfortable this is not dangerous. For pregnancies between 7 and 9 weeks the efficacy of misoprostol used orally is slightly lower than when used buccally or vaginally, but it still works the vast majority of the time.

6. I took the misoprostol 6 hours ago and am still having heavy bleeding and passing large blood clots, is this normal?

Yes, bleeding with a medication abortion is usually heavier than a period and often accompanied by clots. The heaviest bleeding typically occurs 2-5 hours after using misoprostol and usually slows within 24 hours. Some women, however, bleed heavily for up to 48 hours and may pass clots days or even weeks later. This is common and is not dangerous, if there are no symptoms of anemia or hypovolemia.

When a patient calls for bleeding:

- 1) Quantify how often she is soaking through a thick sanitary pad. If she hasn't been using pads (e.g. using tampons or sitting on the toilet), ask her to start using pads.
- 2) Ask about symptoms of anemia and hypovolemia (dizziness, orthostasis, feeling faint, racing heart, pre-syncope). This is *very rare*, unless she was dehydrated to begin with, and is one of the reasons to advise women during the initial counseling to eat and drink *before* inserting the misoprostol.
- 3) If she is using fewer than 2 pads per hour and she has no symptoms of hypovolemia, reassure her that the bleeding and clots are normal and will probably decrease after 24 hours. Tell her to call back if the bleeding increases or she develops symptoms.
- 4) If she is soaking through more than 2 pads/hour for 2 hours in a row, but she has no symptoms of hypovolemia:
 - Advise her to:
 - Take Ibuprofen 600 mg every 8 hours
 - Increase fluids
 - Rest, avoid strenuous activity, change position gradually
 - Call back for any new symptoms
 - Call the patient back in 1-2 hours to check on bleeding and symptoms.
- 5) If persistent, heavy bleeding (greater than 2 pads/hour) for several hours despite the above advice **or** symptoms of hypovolemia arrange for evaluation as soon as possible (in office if possible, ER if office closed).

For more information on triaging calls from medication abortion patients concerned with bleeding see Algorithm for phone triage of bleeding with medication abortion.

7. I had my medication abortion 3-5 weeks ago and I'm still bleeding.

On average, women bleed for 9 -14 days following a medication abortion. Some women bleed or pass clots for as long as 4 weeks. After the first few days of heavy bleeding some women will have little or no bleeding, some will have bleeding that stops and starts, and others will have bleeding similar to a menstrual period for several weeks. Sometimes the first menses following a medication abortion is especially heavy. In the absence of other symptoms, the bleeding is not dangerous and it is safe to wait for it to stop on its own. Triage these calls as above (question #6).

If a woman experiences heavy bleeding (not spotting) greater than 4 weeks after mifepristone, or if she has symptoms of anemia, hypovolemia, or infection, she should be evaluated in the office.

8. My girlfriend took the misoprostol 4 hours ago and for the last 2 hours she has been vomiting and has a fever of 101 degrees. I'm worried something is wrong.

Low grade fever, chills, nausea, vomiting, diarrhea and flu-like symptoms are all side effects of misoprostol and should resolve within 6 hours of using the misoprostol. The fevers, chills and cramping caused by misoprostol can be alleviated by using Ibuprofen 600mg. Women can be counseled to use NSAIDs prior to or after misoprostol use to help with these symptoms.

If a woman feels ill, has abdominal pain, nausea, vomiting or diarrhea, or has a fever >100.4 **more than 24 hours after** using misoprostol she should be evaluated in the office for possible infection.

9. How long after having a medication abortion can I become pregnant?

Medication abortion does not have any long term impact on women's health or fertility. Most women will ovulate within two or three weeks and will resume menstruation within four to five weeks after the abortion. Thus, a woman can become pregnant within weeks of having a medication abortion and immediate use of an effective family planning method is recommended.

10. How long after having a medication abortion can I use tampons or resume sexual intercourse?

In general, women are advised not to insert anything into the vagina for approximately one week after a medication abortion. Women who choose the vaginal ring (Nuvaring) for birth control should insert it 2 or 3 days after taking mifepristone.

11. Are there psychological consequences to medication abortion?

There is no evidence that early medical abortion is associated with an increase in psychological problems such as depression, anxiety, or suicidality. Studies have shown that among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they deliver that pregnancy.

A range of emotions is normal following abortion. Women often experience feelings such as sadness, happiness, empowerment, anxiety, grief, relief and/or guilt. Feelings vary and they often change over time. Women who are concerned about their emotions should be encouraged to talk with their physician. Another resource is Exhale -- a free, after-abortion Talkline that provides emotional support, resources and information (1-866-439-4253 or <http://www.4exhale.org>).