Approach to Patients Undergoing Self-managed Medication Abortion

Self-managed medication abortion is generally safe and effective.[1] In countries where abortion is illegal, medication abortion (either self-managed or guided by a remote clinician or informal advisor) is associated with lower maternal mortality.[2] As abortion restrictions and bans spread in the United States, primary care clinicians will encounter more patients who have used mifepristone and/or misoprostol on their own. Most patients simply need reassurance and do not require testing or an in-person evaluation.

Some people who self-manage an abortion fear consulting a clinician. When caring for a pregnant patient, clinicians should document judiciously, keeping in mind that anything they write in the medical record could be subpoenaed if a patient is unjustly charged with a crime related to self-managing an abortion. Clinicians working in a state where abortion is illegal may want to frame suggestions as general information rather than as specific advice for ending a pregnancy. Clinicians should be aware of the laws in their state and consult an in-state attorney with specific legal questions.[3]

Below are suggestions for handling common questions and concerns from patients:

1. *"How do I know the pills are real?"*

Plan C offers information about authentic pills for medication abortion. Misoprostol obtained at a licensed pharmacy is another reliable option.

2. *"How do I know how many weeks pregnant I am?"*

Advise patients to use a gestational age calculator. Some patients are unsure and need a clinician's guidance on this.

3. *"What if I'm further along in pregnancy than I thought?"*

Many patients worry that medication abortion will fail to work after a particular gestational age cutoff. Although efficacy may decline somewhat in later gestations, mifepristone and/or misoprostol remain effective for most patients with gestations up to 12 weeks.[3,4]

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[1] Harris LH, Grossman D. Complications of unsafe and self-managed abortion. N Engl J Med 2020;382:1029-1040.
[2] Footman K, Keenan K, Reiss K, Reichwein B, Biswas P, Church K. Medical Abortion Provision by Pharmacies and Drug Sellers in Low- and Middle-Income Countries: A Systematic Review. *Stud Fam Plann*. 2018;49(1):57-70. doi:10.1111/sifp.12049.
[3] Verma N, Goyal V, Grossman D, Perritt J, Shih G. Society of Family Planning interim clinical recommendations: Self-managed abortion. 2022. doi: 10.46621/ZRDX9581.
[4] Abortion care guideline. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240039483.

4. *"What's the best way to use the pills?"*

Offer simple instructions for misoprostol alone or for mifepristone/misoprostol. Video instructions can be found here. Providing these instructions to patients carries very little legal risk for clinicians. Vaginal insertion of misoprostol may leave pill fragments that can be detected on a clinician's exam. Buccal and sublingual insertion of pills do not leave pill fragments, and thus may be less likely to trigger criminalization.

5. *"How do I know the pills worked?"*

Clinicians can assess abortion completion by history. A patient who had bleeding at least as heavy as a usual period and who no longer feels pregnant can be reassured.[5] A negative pregnancy test 4 weeks after taking pills assures that the abortion is complete. Before 4 weeks, a pregnancy test may be positive even if the abortion has succeeded.[6]

6. *"How much bleeding is too much?"*

Patients should expect heavy bleeding, often with large clots. Those who soak through 2 maxi pads per hour, 2 hours in a row, should contact a clinician. Nonsteroidal anti-inflammatory drugs (NSAIDs) and/or an extra dose of misoprostol may help with non-emergent heavy bleeding. The rare patient with symptoms of hypovolemia (dizziness, weakness, fainting) may need in-person medical attention.

7. *"What if I don't bleed?"*

Patients who have no bleeding within 24 hours of the last misoprostol dose should contact a clinician. People with very early gestations may have only light bleeding. Clinicians can advise additional doses of misoprostol for patients who have light or no bleeding. There is no clear maximum number of misoprostol doses.[7] Patients who have symptoms suggesting ectopic pregnancy (severe pelvic pain, dizziness, etc.) need urgent in-person medical attention.

8. *"What can I take for pain?"*

Patients can expect moderate to severe lower abdominal pain after using misoprostol. NSAIDs should help. Patients who cannot take NSAIDs may use acetaminophen and/or an opioid.

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[5] Andersen KL, Fjerstad M, Basnett I, et al. Determination of medical abortion success by women and community health volunteers in Nepal using a symptom checklist. *BMC Pregnancy Childbirth*. 2018;18(1):161. Published 2018 May 11. doi:10.1186/s12884-018-1804-3.

[6] Schmidt-Hansen M, Cameron S, Lohr PA, Hasler E. Follow-up strategies to confirm the success of medical abortion of pregnancies up to 10 weeks' gestation: a systematic review with meta-analyses. *Am J Obstet Gynecol*. 2020;222(6):551-563.e13. doi:10.1016/j.ajog.2019.11.1244.

[7] Abortion care guideline. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240039483.

Severe, unremitting pain that does not improve with medication requires evaluation by a clinician.

9. "I got a fever after using misoprostol. What should I do?"

Many patients have fever, chills, and loose stools after misoprostol. This generally lasts a few hours after each dose. Persistent fever (more than 24 hours after the last misoprostol dose) should be evaluated by a clinician.

10. "Can anyone tell that I used these pills?"

To avoid criminalization, patients in a potentially hostile environment may want to avoid telling medical staff that they have used pills to induce abortion. Clinicians who refer such patients for emergency care need not mention medication abortion, and can simply document presumptive pregnancy with possible complications. Patients who need in-person care should express concern about a miscarriage or ectopic pregnancy. Those patients who used misoprostol vaginally may want to remove pill fragments before seeking care. Assure patients that there is no blood test or exam that proves they have attempted to end a pregnancy. Patients with concerns about digital privacy and criminalization of abortion can access resources from the Digital Defense Fund here.

11. "Can I buy abortion pills in advance, in case I need them in the future?"

The FDA states that mifepristone is not approved for advanced provision of medication abortion. This is an area where clinicians should proceed with caution. Patients can obtain pills from a licensed pharmacy or via Plan C. Pills' shelf life should be 2-5 years from manufacture date. Clinicians may prescribe misoprostol for its FDA indication, reducing the risk of gastric ulcer in patients taking NSAIDs.[8] A month's prescription of misoprostol for ulcer prevention (200 mcg 4 times/day) equals an advance supply covering 10 medication abortions.

[8] US Food and Drug Administration. Cytotec (misoprostol). https://www.accessdata.fda.gov/drugsatfda_docs/label/2002/19268slr037.pdf.

Additional Resources:

- M+A Hotline: Confidential, private, secure phone and text hotline for self-managing your miscarriage or abortion
- Self-Managed Abortion; Safe & Supported: Information and resources on how to use abortion pills, with or without a clinician
- Plan C: Guide for how to get abortion pill access by mail
- If/When/How Repro Legal Helpline: Free, confidential helpline to access legal information or advice about self-managed abortion, young people's access to abortion or judicial bypass, and referrals to local resources
- DOPO: Directory of abortion doulas to support people through their unique abortion experiences
- Exhale Provoice: Confidential text and talkline for nonjudgmental after-abortion support
- Connect & Breathe: Confidential, toll-free after abortion talkline with trained staff who listen and provide unbiased support
- Reprocare Healthline: Confidential heathline that provides peer-based, trauma-informed emotional support, medical information, and referrals to people having abortions with pills at home
- Digital Defense Fund: Resource guide for digital privacy recommendations and information around keeping your abortion private and secure.