

Using Mifepristone + Misoprostol for an Abortion

Adapted from Medical Abortion Training for Providers

Protocol recommended for pregnancies up to 13 weeks counted from first day of last menstrual period.

Contraindications

Almost anyone can safely have an abortion with pills, including pregnant woman, girl or any other pregnant person of all ages and sizes; **those who are pregnant for the first time or already have children; those who are breastfeeding, have had a previous abortion or C-section, or who have stable health conditions like HIV, diabetes, or asthma.**

There are only a few contraindications to using the abortion pills:

Do NOT use mifepristone if they:

- 1.- Are on long-term systemic corticosteroid therapy, such as prednisone.
- 2.- Or have medical conditions such as:



Allergy to mifepristone



Chronic **adrenal failure**



Bleeding disorders



Inherited Porphyria, a rare condition of the liver affecting skin and nervous systems.

If they cannot use mifepristone, an abortion using only misoprostol can still be a safe option.

Do NOT use misoprostol if they:



Are **allergic to misoprostol** or other prostaglandins.

Other conditions to screen for before medication abortion:



Ectopic pregnancy: Abortion pills will not terminate an ectopic pregnancy, and emergency care is needed.



Bleeding disorders or severe anemia: Abortion with pills is still safe, but these conditions slightly increase risk and may require closer monitoring.

If an IUD is in place:

An IUD is not a contraindication to using the abortion pills, however:



The risk of ectopic pregnancy is higher with an IUD.



It is safer to have the **IUD removed** before using the abortion pills.



A new IUD can be inserted as soon as the medical abortion is confirmed to be complete.

For an abortion with Mifepristone + Misoprostol



1 Swallow 1 mifepristone pill (200 mg) with water



Light bleeding or no immediate effects after mifepristone are normal.



Some women may experience **nausea** after taking mifepristone.



If they **vomit within an hour** of taking mifepristone, another dose is needed.



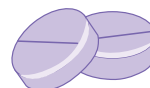
If vomiting occurs **after an hour**, no repeat dose is necessary.

2 Wait 24-48 hours:

During this time they can continue with routine activities.



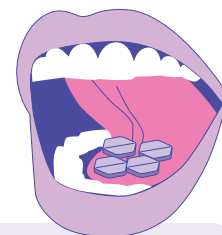
3 Take 2 ibuprofen pills (400 mg each) or 1000 mg acetaminophen if allergic.



4 Wait 30 minutes



5 Place 4 misoprostol pills (200 mcg each) under the tongue (sublingually) and keep them there for 30 minutes before swallowing the remnants with water.



After taking the misoprostol, they should wear a **sanitary pad** suitable for a heavy flow.



They should **not speak** or eat for these 30 minutes.



After 30 minutes, they can **drink some water** and swallow everything that is left of the pills.



Misoprostol should be taken the same way for any additional doses.



Bleeding and cramping should begin within 3 hours of using the 4 misoprostol pills.

If the person experiences nausea and anti-nausea medication is available, it can be taken when nausea starts or with the pain reliever, before taking the abortion medication.

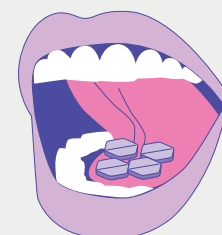
When a second dose of misoprostol is needed?

Up to 9 weeks:

Take 4 more pills only if no or very light bleeding within 24h of the first dose.

9-13 weeks:

Take 4 more pills, 4 hours after the first dose for higher success.



Expected symptoms of the abortion pills

To ensure a positive and comfortable medication abortion experience, clearly inform the person about what to expect during and after the procedure.



Bleeding

Usually starts within **3 hours of taking misoprostol, is heaviest 4-6 hours later, and typically slows within 24 hours**, though patterns vary. Seeing large blood clots or tissue is expected. Some people may spot or bleed for up to four weeks, which is also normal.



Cramping

Typically starting 30 minutes post-misoprostol, signifies uterine contractions expelling the pregnancy. Cramping pain, ranging from mild to severe, usually peaks 4-8 hours after administration.



Everyone must always receive pain medication

Dispensed with misoprostol. **NSAIDs like ibuprofen** (400-800mg every 6-8 hours, max 3200mg/24 hours) **or diclofenac sodium** (50mg every 12 hours, max 150mg/24 hours) are highly effective. Paracetamol is ineffective alone and should be avoided unless NSAID allergy exists; it can supplement NSAIDs (max 4000mg/24 hours) for breakthrough pain.



Non-medical methods

Such as **resting comfortably and applying a heating pad or hot water bottle** to the abdomen, can also ease cramping.

Managing common side effects of medication abortion

Medication abortion commonly causes minor, temporary side effects, mostly due to misoprostol, which usually resolve within 24 hours. There are no long-term effects.

Common side effects:

Nausea/Vomiting:

Lasts 2–6 hours post-misoprostol.



Manage with **light food, hydration, or anti-nausea medication** (e.g., metaclopramide).

Dizziness:

Common post-misoprostol.



Manage with **eating, hydration, and lying down.**

Diarrhea:

Often mild to moderate.



Resolves within a day.

Fever/Chills:

Temporary, peaking 1–2 hours after misoprostol and usually ending within 8 hours.



Pain medication can help, but monitor maximum daily painkiller intake. Advise seeking emergency care if a fever of 38°C (100.4 F) persists the day after misoprostol.

Warning signs for additional care

Complications from an abortion with pills are rare. However, it is important that the pregnant person is aware of early warning signs so that they can seek appropriate care.

Non-Emergency Warning Signs (seek care ASAP):



No or scant bleeding:
Could mean a failed abortion or ectopic pregnancy (pills don't work on ectopic pregnancies).



Continued pregnancy symptoms:
Possible failed abortion.

Emergency Warning Signs (Seek immediate care):



Hemorrhage: Soaking 2+ pads/hour for 2 consecutive hours.



Severe abdominal pain the day after using misoprostol.



Severe illness with/without fever, or persistent severe nausea, vomiting, or diarrhea for more than 24 hours.



Fever: 38°C (100.4°F) or higher, or a fever that continues the day after misoprostol.



Foul vaginal odor or discharge.

Most issues are resolved with limited provider intervention. If seeking medical care, it is not necessary to disclose using abortion pills. They can say they are having a miscarriage, as complication management is the same.

Post abortion care

After a medication abortion, most people do not need a follow-up visit if they feel well, are no longer experiencing pregnancy symptoms, and bleeding is not heavy.

- ✓ **Pregnancy tests:**
Can remain **positive for up to four weeks** after a successful abortion due to lingering hormones. An ultrasound can be performed earlier to confirm, if appropriate bleeding and cramping hasn't occurred, and/or pregnancy symptoms are not gone.
- ✓ **Returning to routine:**
Most people return to work or school within **one or two days after** the last misoprostol dose. More time off may be needed for heavy physical labor or fatigue.
- ✓ **Self-care:**
Encourage them to **listen to their bodies**. Normal activities can be resumed when comfortable and without complications.
- ✓ **Sexual activity:**
Can be resumed when comfortable, but they must be informed that **fertility returns almost immediately**.
- ✓ **Next period:**
Typically occurs within **6 weeks** and may be slightly heavier than usual.

Remember that it takes more or less 2 weeks to complete an abortion with pills.

In case they have questions or need to talk to someone, the [safe2choose.org](https://www.safe2choose.org) counseling team will be happy to support.