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how to do it anyway

a guide to self-managing an abortion at home

LIVE LIKE THE WORLD IS DYING:
SKILL SERIES #2

brought to you by
★ Strangers In A Tangled Wilderness ★
and Hazel Acacia

about the author

Hazel Acacia (they/them) is a trained abortion doula, community organizer, and former abortion clinic worker from the Rust Belt, who delights in watching birds in the water, singing loudly in the car, and eating little snacks.

about Strangers

We release audio versions of each of these featured zines, as well as interviews and other behind the scenes content, through our podcast Strangers in a Tangled Wilderness, so we hope you'll check it out! Strangers in a Tangled Wilderness is a collectively run anarchist publisher. We put out books, zines, and podcasts, which you can find at tangledwilderness.org. Our podcasts include: **Live Like the World is Dying**, your podcast for what feels like the end times; **The Spectacle**, for people who love movies and hate cops; and **Strangers in a Tangled Wilderness**. Thanks for reading!

for kai

How to Do It Anyway: a Guide to Self-Managing an Abortion at Home
by Hazel Acacia

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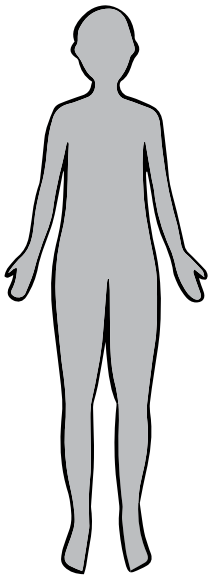
★ **What do you need right now?**

★ **Some folks chose to pick an affirmation to repeat to themselves during their abortion. Here's some ideas, feel free to memorize, put on a post it note or write on your hand with a sharpie.**

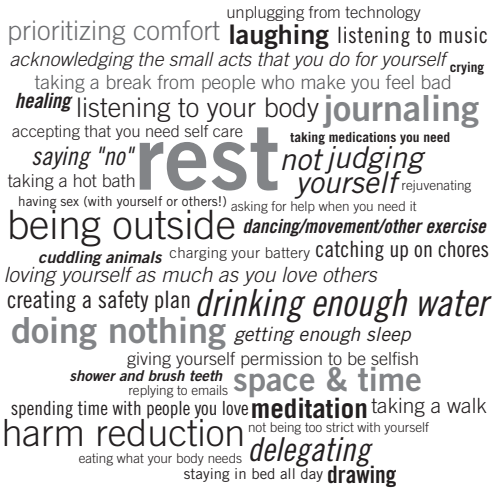
- **I am doing my best and that is enough.**
- **No matter what happens today, I will remember that I am beautiful and powerful.**
- **I know I am worthy just as I am.**
- **I choose to have compassion for myself, my body and my emotions.**
- **I love myself, unendingly and unapologetically.**
- **I can choose my own path forward. My life is my own.**
- **I can do hard things and make difficult choices. I will survive.**

We affirm your decision. We love you, we trust you, and we are here for you <3 More self care ideas in the DIY Doula Zine: ia902505.us.archive.org/24/items/abortion-zines/DIYDoulaZine.pdf

★ **Where on your body are you feeling what you're feeling? Draw a line from what you put in your circle above to where it is on your body. Emotions often seem like they "sit" in a part of your body. Put your hand where you notice feelings. Some feel it in their stomach, or around the heart, or they feel tension in the neck or head or jaw. Does it help to rub that area? Take slow, deep breaths?**[52]



★ **Self Care Ideas: Circle 3 that sound good to you and have helped you in the past** [53]



52 Exercises adapted from *Pregnancy Options Workbook* by Peg Johnston and Mercedes Sanchez. pregnancyoptions.info/pregnancy-options-workbook/.

53 Screenshot from *DIY Doula Zine*

intro

This zine is a love letter to anyone who finds themself hungry for the information contained in these pages, no matter the circumstances that lead to this booklet coming into your hands. This resource was diligently compiled and written with care by a few clinic workers in the midwest for the patients we can't see anymore, in the wake of the US Supreme Court decision to overturn Roe v. Wade in June 2022.

In this zine, we'll talk about the process of making a decision, getting ready, what to expect after taking the pills, taking care of your emotions, safety planning, and how to move forward after your abortion. It contains evidence-based recommendations and anecdotally-informed best practices for self-managing a medication abortion through the end of the 12th week of pregnancy. Throughout these pages, we'll share some wisdom, care, and hot tips from our experiences. We hope you'll find it informative, interactive, and comforting.

why self-management?

We see abortion as a way to exercise autonomy over our bodies and futures, especially while we live under a government that has demonstrated time and again that they think we're disposable—one racist, misogynistic, and transphobic law after another. Instead, abortion is a way for us to reclaim our power to live the kinds of lives we want to live with families (of all shapes and sizes) whom we love more fiercely for it. We do this not because of a policy that says we can but because we know we were never meant to be defined by their laws anyway.

We know that "choice" without access isn't enough—that for people to be freely able to freely choose abortion, we must remove every financial, cultural, logistical, and legal barrier. Self-management (where an abortion takes place in part or in whole outside the formal healthcare system) is one such path forward that, for some, can present a more easily-accessed option.[1] It may not be the right choice for everyone (and that's okay!), but having accurate and affirming information widely available is still a valuable harm reduction tool for those who were already planning to do so.

This zine will present evidence-based recommendations for medication abortions through the end of the 12th week of pregnancy, drawing largely from the World Health Organization (WHO), the National

1 Definition from *Abortion On Our Own Terms.* abortiononourownterms.org.

Abortion Federation (NAF), Ipas, the Miscarriage and Abortion (M+A) Hotline and Planned Parenthood Federation of America (PP), as well as the wealth of personal experiences of those authoring and consulting on this text. They are accurate as of summer 2024, but if it's been a few years since then, it may be worth using this resource together with something more up-to-date. These recommendations are presented in context and generally with potential drawbacks, if applicable. When there isn't a single consensus on a topic, we do our best to reflect the discussion happening in the data. The goal is not to present a checklist that must be followed but for you, the reader, to evaluate the available information, do some more research if you need, come to your own conclusions, and exercise autonomy about what makes the most sense for your situation.

Even though more and more folks are talking about self-managed abortion (SMA) these days, especially after Dobbs, it's important to remember that it isn't a new strategy. As long as people have been getting pregnant, they've been figuring out how to get un-pregnant by themselves and with trusted friends—long before the hierarchical system of doctors and medicine that we have now.[2] Because of this long tradition, most practices in abortion clinics today have their roots in self-managed and community-managed settings, from before Roe v Wade or in countries outside the US where abortion access is significantly more restricted. We see examples of this in:

The discovery of Misoprostol's abortion-inducing qualities in Brazil (or so the oral history goes), which pioneered safe medication abortion regimens. More on Misoprostol later…

The invention of new, much safer abortion techniques (the intra-uterine cannula and Del-Em system) by both patients and providers at a Pre-Roe, underground abortion clinic in Santa Monica. These revolutionized how abortion procedures are done.[3]

The Janes' Abortion Counseling Services in 1960s Chicago that centered emotional care just as much as the medical, a model still used at many clinics (and this zine!).[4]

2 For more on what we mean by this, and what we mean by the phrase "Medical Industrial Complex," see: https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/

3 *Inside the Top Secret Abortion Underground.* Mother Jones. https://www.motherjones.com/criminal-justice/2018/02/inside-the-top-secret-abortion-underground/

4 *Jane: Documents from Chicago's Clandestine Abortion Service, 1968-1973,* from Firestarter Press. archive.org/details/jane_abortion.

Part One: The Jane Collective: Direct Action Abortion Access Works, from Cool People who did Cool Stuff. 2022. iheart.com/podcast/1119-cool-people-who-did-cool-96003360/episode/part-one-the-jane-collective-direct-96629898/.

how are you feeling about it all?

★ **I'm feeling: (circle any and all that apply)**

confused	**vulnerable**	**overwhelmed**	**hopeful**
confident	**uncertain**	**panic**	**numb**
guilty	**comfortable**	**anxious**	**relieved**
trapped	**strong**	**embarrassed**	**selfish**
resolved	**grieving**	**relaxed**	**peaceful**
disappointed	**alone**	**unloved**	**powerless**
powerful	**other**		

★ **Draw a circle and divide it into sections, then label the pieces with the feelings you are having**

- Set Intentions and reflect on how you want to have your abortion with this zine from The Abortion Project: dropbox.com/scl/fi/12l3wludb2ttvg95yeyuk/TAP-ABORTION-INTENTIONS-CARE-PLAN-FREEBIE.pdf?rlkey=xolh7bmgydo2laldxxugyc-2cc&e=1&dl=0
- Abortion Stories, or share your own anonymously, from Shout Your Abortion: shoutyourabortion.com/stories/
- R/abortions is a reddit forum for sharing stories, asking medical questions, and receiving emotional support: reddit.com/r/abortion/wiki/welcome/.
- DOPO Doulas maintains a comprehensive list of abortion resources at wearedopo.com/support

If you want to talk to someone:

- All-Options provides judgment-free support for all decisions and experiences with pregnancy, abortion, parenting, and adoption: all-options.org or 1-888-493-0092.
- Exhale offers a free, national text line that provides emotional support, resources, and information for individuals who have had abortions and to their partners, friends, allies, and family members: 617-749-2948 or exhaleprovoice.org.
- National Sexual Assault Hotline, RAINN is free, confidential, and available 24/7: 1-800-656-HOPE or rainn.org.
- National Domestic Violence Hotline provides life saving tools and immediate support to enable survivors to find safety and live lives free of abuse: 1-800-799-SAFE or ndvh.org.

Knowing our history and connecting to that legacy can help us feel less isolated: you may do this by yourself, but you never do it alone.

As a movement for Reproductive Justice, it is critical that we move away from language that stigmatizes self-management, such as "I'm pro-choice so that people don't have to turn to back alley abortions," or "Abortion should be safe, legal, and rare." While it's certainly true that criminalization creates conditions that can lead to abortion seekers being taken advantage of, we must not concede that the *only* way that an abortion can be safe and valid is if it's sanctioned by politicians and performed by a specialized, medicalized practitioner. Evidence is on our side here, and the National Abortion Federation, the World Health Organization and Ipas all recommend that first trimester self-managed medication abortions can be done as safely and effectively when clinician-supported.[5] In light of this, we must embrace and defend self-management as an understandable and empathizable option in these chaotic and unpredictable times. Access to safe, affirming abortion without the threat of criminalization is foundational to building a liberated world, and people who choose self-management deserve this too. Self-management can become a rallying cry: a call to mutual aid, practical support, and direct action.

Fuck SCOTUS. We're doing it anyway.

emotions and shit

Pregnancy and abortion can be a site of stress and trauma, whether that emerges from an unexpected betrayal from a partner or family member, gender shit, the financial burden of an unexpected pregnancy, or the circumstances of how the pregnancy happened in the first place. Pregnancy feelings are often tied up in our feelings about ourselves, our relationships and families, and our pasts and futures. During a pregnancy, all of these can come into hyper-focus and feel like the most urgent and most pressing things–and that can be really challenging to navigate! Wherever you're at is okay—the goal doesn't have to be to make a choice that you feel fantastic about, just one that you can live with.

Part Two: ibid. iheart.com/podcast/1119-cool-people-who-did-cool-96003360/episode/part-two-the-jane-collective-direct-96742755/.

5 "Abortion Care Guidelines," from the World Health Organization, see Clinical Services Recommendations 28 and 50. 2022. who.int/publications/i/item/9789240039483.

"2024 Clinical Policy Guidelines for Abortion Care," National Abortion Federation. prochoice.org/providers/quality-standards/.

But not everybody feels that way, and that's okay too. For a lot of folks, this decision could feel gentle, normal, or completely chill.[6] Whether you knew immediately that you'd choose abortion or it took some time, whether this was an easy decision or a tough one, be strong and confident in that choice. This process doesn't have to look any special or particular way, just the way you need it to. Let the strength of all those who have made this choice before carry you through.

And! While your decision might be hard, the actual procedure doesn't have to be. With accurate information, a little prep and good support, abortion can be an act of hope and self-compassion. This zine is for reflecting on, learning about, and preparing for things that feel big, daunting, or even scary, but nothing in this zine is meant to frighten you, make you feel guilty, or pressure you into something you don't want to do.

Periodically, we'll have little interactive activities to help you clarify your feelings and calm down if you need, like this one! None of it is homework–run with what works for you and leave the rest.

Take your time
Breathe in
You don't have to do this alone
Breathe out
We trust you
Breathe in
We hope you are able to trust yourself
Breathe out

6 "My Abortion was Gentle, Irreverent and Empowering." youtube.com/watch?v=Z-1jSVl5Rgg8.

emotional support and first aid

People have all kinds of feelings about their abortions: relief, anxiety, grief, hope, shame, numbness, joy, neutrality, everything in between, and more! And that's okay. This is a really big event for a lot of folks and just another Tuesday for others. Because so many hormones are involved in pregnancy and abortion, these can also bring up some things for folks or amplify existing feelings. That doesn't mean those feelings aren't real or that they're coming from an illegitimate place. They just may also feel out of place or outsized to what you know about yourself. And that's okay too, just observe what your body is trying to tell you, and you can let it go.

After an abortion, some people do report feeling post-abortion blues, similar to postpartum. That's a part of the normal experience for a lot of folks, and isn't permanent. In the long run, studies show that choosing abortion isn't linked with negative mental health outcomes.[51] At the end of the day, you're the one who gets to define the rest of your life.

Below are some tools for helping to sort out emotions, make decisions and support someone having an abortion.

- The *DIY Abortion Doula Zine* has great resources on managing emotions, caring for yourself, and abortion stories: archive.org/download/abortion-zines/DIYDoulaZine.pdf.
- *Abortion Resolution Workbook* is a longer resource of guided worksheets for working through post abortion feels: pregnancyoptions.info/abortion-resolution-workbook.
- *You are not Alone* by Catholics for Choice offers pro-abortion, spiritual support for Catholics and people of faith (just be aware that it uses gendered language): catholicsforchoice.org/wp-content/uploads/2021/06/CFC_YouAreNotAlone2020.pdf.

51 ANSIRH, 2018. ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf

Foster, Dianna Greene. *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having–or Being Denied–an Abortion.* Scribner, 2020.

cybersecurity

- How much of my plan happens over the internet? (for instance, buying medication, reaching out for help). How much am I willing to do to keep my identity safe?
- Plan C has online cyber safety tips at plancpills.org/digital-security, as does Abortion Cafe at abortion.cafe, or find a more comprehensive guide from the Digital Defense Fund at digitaldefensefund.org/ddf-guides/abortion-privacy. They recommend:
  - » Downloading and using a VPN or TOR Browser to keep your web traffic private. Use browsers like Firefox or TOR Browser and search engines like Duck Duck Go that don't store your data.
  - » Communicate with contacts over encrypted texting apps like Signal or encrypted email accounts like Proton Mail.
  - » If you need to travel, turn off location services on your phone or turn it off altogether to keep location data from being stored.

legal stuff

Unfortunately, self-managing an abortion does carry legal risk. How much and the likelihood of anything happening will depend on your state and county. If you have questions about the specific risks in your area, If/When/How runs a legal helpline who can help you get answers to your questions. You can call them at 844-868-2812 or fill out their form online at reprolegalhelpline.org/contact-the-helpline/#secure-form. They have a more in depth review of your rights and what to expect at reprolegalhelpline.org/sma-know-your-rights/.

some other notes

- This zine is not intended as medical or legal advice. While it's intended to be educational and comprehensive, it cannot be definitive. It will not be able to speak to the full range of experiences possible and it is not intended to replace medical or legal expertise. Please do not hesitate to reach out to the Miscarriage and Abortion Hotline at mahotline.org/ or 1-833-246-2632, or talk to a trusted doctor with medical questions. For legal concerns, you can talk to a lawyer at If/When/How's Repro Legal Helpline at reprolegalhelpline.org/sma-contact-the-helpline/ or 1-844-868-2812.
  - » For convenience, this zine often addresses the reader with a vague, general "you." This is to keep the flow smooth, casual, and easily understandable. It is not meant as actionable advice or to make assumptions about you (the reader), your choices, what you have been through, or what you may experience.
- On authorship: This zine is written primarily by a trained abortion doula and former abortion clinic worker citing peer reviewed sources and their anecdotal personal experience.[7] Much debt is owed to the many additional contributions and edits by other trusted clinic workers, full spectrum birthworkers, registered nurses, abortion counselors, clinical herbalists, sex educators, and lawyers. Many hands poured so much care and intention into this work, and I carry so much gratitude for all of their labors of love. I hope you are able to feel the gratitude and care I carry for these friends, and I hope that you, too, feel held by this thoughtful, talented, and empathetic community.
- This zine contains some sensitive and intense content, including: discussions of abortion experiences; blood, bodies, and pain; cops and policing; trauma stewardship; etc. There is a detailed description of what tissue might be passed during an abortion on page 27, feel free to skip over the text in the gray box if you'd prefer not to read that. None of this is presented to scare you, and periodically we'll share some exercises for re-centering yourself.
- Copy this zine!

7 I trained with the Spiral Collective in 2017, and worked as a Patient Advocate and Counselor from 2021–2022.

defining some terms

reproductive justice

"SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

—From the Sister Song Women of Color Reproductive Justice Collective

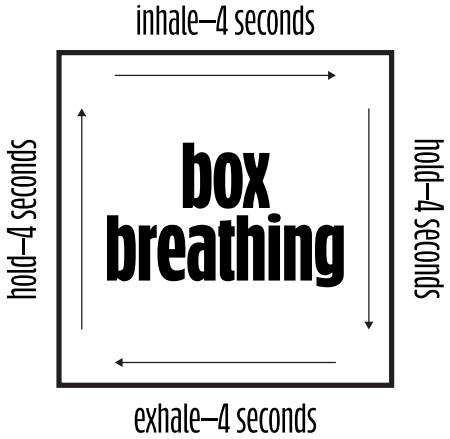
This zine is rooted in the values of reproductive justice (RJ). We are unapologetically pro-abortion, working to create the conditions for autonomy over our own bodies, futures, and choices. We strive to bridge gaps in access so that each person has the information and resources to make the best decision for themselves, whether that's abortion, parenting, or adoption. Read more: sistersong.net/reproductive-justice/.

procedural/surgical abortion vs. medical/medication abortion

Abortions are commonly performed in two ways: procedure and medication. During a procedural abortion (also called a surgical abortion) a doctor or midwife at a clinic will dilate the cervix and use gentle suction to empty the uterus. Even though it's commonly called a surgical abortion, it's not *really* a surgery like we tend to think of them. There's no cutting, stitching, or scraping and most people don't even get general anesthesia (going all the way to sleep). During a procedural abortion, you and the clinic have more control over how long the procedure will take (3–5 minutes in the first trimester of pregnancy), how much pain you'll feel (fully aware to fully asleep, ask the clinic about sedation options), and you know you'll definitely be leaving the clinic no longer pregnant.

During a medication abortion (also called a medical abortion or the abortion pill) you'll take a series of medications to cause the uterus to cramp and release the pregnancy. During a medication abortion, you have more control over where you are, who is with you, what kind of

- What would you be willing to share with the Medical staff?
- The legal status of self-managing an abortion and/or acquiring and taking Mife (if applicable) outside of a clinic setting varies depending on where you're located. Even more than this, the relationship of your hospital to law enforcement regarding pregnancy-related occurrences is even more varied. You can ask your friends about their experiences with different ERs for pregnancy-related occurrences, or you could even call a local abortion clinic, if there's one near you, to see if they have recommendations on friendly ERs in the area.
- Some people choose to use vague phrasing, such as "I started bleeding and now there's a lot."
- Medically, a miscarriage is no different than a medication abortion, and there's no bloodwork or exam doctors can do to detect the medications in a patient's blood. However, there have been anecdotal stories about traces of the binder used in Miso left in the vagina after vaginal administration. This is much less likely to occur when Miso is taken buccally or sublingually.



If you find yourself feeling overwhelmed, try this guided breathing pattern to re-center.

making a safety plan

As discussed, the complication rates of medication abortions are extremely low. However, there's always a risk, no matter how small, that something drastic *could* happen. It can still be helpful to think through what you might do in different situations, and to consider the different medical, domestic, and legal risks. This section will lay out some prompting questions, but ultimately, you know your life best and assessing risk and creating contingency plans are up to you. If you choose to write your answers down, weigh the benefits of having something easily reference-able with creating physical documentation of your plans.

- Who will you be with during the abortion, if anyone?
  - » Is there anyone you don't want to be around, such as parents, partners, or children?
  - » Clinics often recommend having at least one other person designated as an emergency contact in case something rare and extreme happens, such as a dramatic loss of blood pressure leading to fainting. Assessing that risk is up to you and you know your life best, but it's something important to consider.
- How secret are you trying to be? What are you willing to share with the people around you?
  - » If something did happen, who would you be willing to tell?
- If something were to happen, how would you get to the hospital? Would you want anyone to come with you? What would you tell them?
  - » What hospital would you be most likely to visit? Do you have a transportation plan?
  - » Is the hospital Catholic? Because of their institutional beliefs about when life begins, they're likely going to have different standards of care for miscarriage, ectopic, and post-abortion patients than non-affiliated hospitals—standards that often aren't rooted in evidence-based practice. They may also have a different relationship to law enforcement for pregnancy-related cases than non-affiliated hospitals.

music is playing, etc. But there is more uncertainty about how long it will take and how much cramping and blood there will be. There is also about a ~5% chance that you might not pass all of the tissue and will need some level of follow up care. However, with accurate information and good support, all of that uncertainty should be manageable.

Statistically, a medication abortion is about as safe as a procedural abortion, in terms of complications and hospitalizations following the experience.[8] There is no one right choice for everyone, and both have their benefits and drawbacks.

clinician-managed/supported vs self-managed

Another big distinction in abortions is between those that are clinician-managed, or clinician-supported, and those that are self-managed. For a clinician-managed abortion, people access care through an abortion clinic or hospital. They make appointments, sign the informed consents and have dedicated medical support with them or available over the phone. For a self-managed experience, the abortion happens in part or in whole without a clinic or medical professional available, though there might be a doula or a trained peer support person there.[9]

This is less a distinction about setting (as plenty of people take abortion pills prescribed by a clinic at their homes) and more to do with the level of medical support and intervention that is available to and tailored for a patient. It also, unfortunately, is a legal distinction. Many states require that abortion be accessed through a clinic and provided by a doctor or nurse practitioner, and legal risks do exist for those choosing to access abortion through other means.

Some reasons people choose a clinician-managed abortion might include:

- They want more sedation options (ie: narcotic pain meds and strong anti-anxiety meds, or even full anesthesia for a procedure)
- They're further into pregnancy
- They want dedicated clinician support (especially if a patient has underlying health concerns)

8 Ibid.

9 A doula (DOO-lah) is a trained, non-medical support person who provides educational and emotional support and may also be called a Full Spectrum Birthworker. Learn more and find an abortion doula near you at wearedopo.com/home

Considering a clinician-managed abortion? Cool! We hope you find a care team you trust and who will center your needs. Even though this zine is about self-management, it might still have some good info for you about what to expect and how to prepare for a medication abortion experience in a clinician-supported context. The National Network of Abortion Funds maintains a really good resource on how to find a trustworthy clinic at abortionfunds.org/need-an-abortion/find-a-clinic-you-can-trust/. If you're not sure about what the laws are in your state, here's a good resource for looking them up: abortionfinder.org/abortion-guides-by-state.

Here are some trusted maps to find a clinic near you:

- I need an A, at ineedana.com/
- Abortion Finder, at abortionfinder.org/
- The Crisis Pregnancy Center Map can help you avoid fake clinics, at crisispregnancycentermap.com/

Need help paying for a clinician-managed abortion? Most clinics have financial aid available.

- The National Network of Abortion Funds is a good place to start looking for $$$ in your area at abortionfunds.org.
- Many abortion funds also offer practical assistance such as helping with transportation and housing if you need to travel for your procedure.

If a clinician-managed setting doesn't feel right for you, self-managed abortion (SMA) can be a really good option for people too, and that's also okay! Some reasons might include that it offers more flexibility, more control, or more accessibility. Many people choose to pass their abortion off as a miscarriage if, for example, they're trying to hide it from family members, their workplace, or a partner. There are a bunch of different ways that people self-manage their abortions, whether that's taking some medication, using a manual method (like using a homemade Del-Em), or taking some herbs.[10]

This zine contains recommendations and best practices for self-managing a medication abortion with Mifepristone and/or Misoprostol through the end of the 12th week of pregnancy. For questions regarding other methods of abortion or abortion later in pregnancy, please consult a trusted healthcare professional like an OB/GYN or Certified Nurse Midwife. Every medical intervention carries risk, so make sure to trust who you're learning from (including me!).

10 "*Whatever's your darkest question, you can ask me." A secret network of women is working outside the law and the medical establishment to provide safe, cheap home abortions.* The California Sunday Magazine. story.californiasunday.com/abortion-providers/

summary

Here's a timeline of what to expect throughout the process

- ★ **Day 1–2: Take your meds**
- ★ **The most intense cramping and bleeding can last anywhere from 8–12 hours, and should subside by 24–48 hours after your last dose of Miso.**
- ★ **A good way to tell if your abortion was complete is to find a gestational sac during this time period.**
- ★ **The next few days: Your cramping and bleeding should slow to around what your normal period is like and last for a few days to a few weeks (1 week on average).**
- ★ **4 weeks later: Pregnancy tests should read negative.**
- ★ **4–6 weeks later: Menstrual period should return.**

Rest up and take steps to minimize infection risks. In the week after an abortion, keep an eye out for:

- ★ **Heavy bleeding (soaking 2 pads in an hour for 2 hours or blood clots the size of a golf ball)**
- ★ **Heavy cramping (10/10 pain)**
- ★ **A high fever (100.4 for at least an hour)**
- ★ **Unusual or foul-smelling vaginal discharge**

or

- ★ **5 weeks later: a drug store pregnancy test comes back positive (can indicate an incomplete abortion, an ectopic pregnancy, or a wholly new pregnancy)**

or 12 weeks. If it's an ectopic pregnancy, they'll recommend options for managing the condition which could include a referral to an OB/GYN or a near-by friendly emergency room. Or if it's a new pregnancy, which should be about 4–6 weeks LMP (count the first day you took Mife (or Miso, if no Mife) as the first day of your last period), you could opt to take another round of medication, seek care at a nearby abortion clinic, or consider your parenting or adoption options again.

Tracking your period going forward can help you stay on top of your fertility and can help you notice sooner when your period is late. Tracking apps can help predict when you're ovulating and let you know to be extra careful in the days before you ovulate to help prevent future pregnancy. Having records of periods can also help you date a pregnancy in case you become pregnant again. Although, with everything the way it is, having documentation of personal data creates personal, domestic, and legal risk, depending on your situation. Some apps have been known to sell health data to advertisers, and some may turn over your data to the cops during a legal investigation. Be wise and weigh the risks and benefits for your own particular situation. Some more privacy-minded apps include Clue and Euki.[49]

Because your hormones are still resetting after an abortion, it can also be easier than normal to get pregnant in the month after an abortion. So if you're not trying to be pregnant, it's a good time to be a little extra careful. It's reasonable to not want to go through this again. Planned Parenthood[50] maintains a pretty comprehensive comparison of every different kind of birth control and emergency contraception (Plan B), if that's something you're interested in looking into. Birth Control might also not be your thing, and that's okay too—there's no need to shame yourself into using something that doesn't work for you. It's worth saying that abortion is a fine and normal form of birth control, if that's what feels most comfortable and accessible, and you feel fine about the chance of maybe having another one. It's also okay to simply not want to have sex, either. You don't owe anyone anything! So don't let anyone pressure you to do something you don't want to do. But of course, there are plenty of other ways to avoid pregnancy too if you do still want to keep having sex, which is also fine and good. You don't need to feel shame about sex just because you've had an abortion. Live your life proudly, and make the choices that feel best for *you*.

49 Clue. helloclue.com/
Euki. eukiapp.com/

50 Planned Parenthood. plannedparenthood.org/learn/birth-control

★ **Circle one: I feel...**

1	2	3	4	5
shitty		eh		determined

★ **I could feel more confident in my decision if:**

getting ready for an abortion

confirm pregnancy

It sounds silly, but if you haven't yet, make sure you're actually pregnant. The easiest way to do this is to take a test. All tests are created equally, the dollar store brand is fine. Pregnancy tests are super accurate starting 28–30 days after the first day of your most recent period, so no need to take a bunch in a row. If it hasn't been that long yet, wait to take another one 30 days after your most recent period.

If your insurance covers it and you feel safe doing so, you can get an ultrasound at a doctor's office to confirm an intrauterine (inside the uterus/womb and not ectopic/outside of the uterus) pregnancy starting around 5–6 weeks after the first day of your most recent period to get a more accurate dating of the pregnancy (see the next section for more about dating pregnancies). But this is not, strictly speaking, medically necessary per WHO guidelines.[11]

You can also use a speculum (or two spoons) and a mirror to inspect your cervix.[12] It may have a blue tint (known as Chadwick's Sign) from increased blood flow, though this may take up to 6–8 weeks after your last menstrual period to occur and can be tricky to spot if you're not very familiar with what your cervix looks like.

determine the gestational age

It's important to make sure that your pregnancy is in the right time window to safely self-manage. Knowing the approximate gestational age of your pregnancy will help determine what choices are still available and help you know more about when your "deadlines" are, like when abortion in your state will become unavailable or illegal for you.

11 WHO: Clinical Services Recommendation 10. 2022. who.int/publications/i/item/9789240039483.

12 "Operational Obstetrics & Gynecology," brooksidepress.org/Products/ed2/Enhanced/PapSmears/GetPap.htm Scroll down about halfway for photo instructions on how to use two spoons as a speculum. Note: This self-managing contains medical reference photographs of vulvas and vaginas.

confirming abortion success

An easy way to know that the abortion was successful is if you had some heavy bleeding that lessened to lighter flow after a day or two. This signals that all the tissue has been passed from the uterus, but that the process is wrapping up normally.[47]

Seeing a gestational sac can also be a good indicator of a completed abortion. But, not all sacs (especially if you're under 6 weeks) are large enough to be visible or collected. So not seeing a sac is not automatically a sign of failed abortion. (See the *Tissue* section for a more detailed description of the tissue you might expect to see.)

If you had any pregnancy symptoms before your abortion like nausea or breast/chest soreness, these should go away in the next few days.

If your bleeding doesn't start within 24 hours of the first dose of Miso, or if the bleeding stays heavy for a few days, it could be a good idea to reach out to the M+A Hotline or trusted doctor. They may tell you to keep an eye on it or to take some more Miso. They may also suggest that you get a follow-up ultrasound, as there's a possibility of retained tissue (blood clots or a partial gestational sac), a continued pregnancy (full gestational sac), or an ectopic pregnancy (pregnancy that has implanted outside of the uterus).

next few weeks

After a week or two, you should be able to return to normal activities and exertion, including lifting, taking a bath, and having sex (if you want). Your bleeding should slow down and stop within a few weeks. Expect your hormones to still be adjusting and for your period to return 4–6 weeks after your abortion.

After an abortion, your hormone levels are still dropping, so a pregnancy test will probably read positive for a few weeks afterward. By 4 weeks after the abortion, it should be negative.[48] If a test comes up positive, wait a week and test again at 5 weeks. If it's still positive, that could indicate a continued pregnancy, ectopic pregnancy (outside the uterus), or a new pregnancy. Reach out to the M+A Hotline or a trusted doctor to decide what to do. They'll likely recommend or perform an ultrasound to date the pregnancy to figure out what's going on. If it's a continued pregnancy, they may be able to provide a referral to an abortion clinic for follow-up care, especially if the gestational age is now above 11

47 Ipas. ipas.org/resource/how-to-have-an-abortion-with-pills/.

48 NAF. prochoice.org/providers/quality-standards/.

to get in.[43] If you're getting an abortion at a clinic that makes recommendations on how long to wait, please defer to their advice. That said, the M+A Hotline says that there actually isn't any evidence that waiting to insert things reduces risk of infection, and (in a self-managed context) they recommend doing what feels right for your body.[44] All in all, you should make the choices that feel best and safest for you and your situation.

You can also opt to take some prophylactic antibiotics. WHO, NAF, and Ipas all recommend that antibiotics are optional and that the side effects and risks may outweigh the benefits, in a medication abortion context.[45] Even without them, the risk of infection is still pretty low, and they can cause nausea, yeast infection, etc. But if you have access to some and it feels safest to you to take them, that's a choice that you can make for yourself. If you go through a clinic that prescribes antibiotics, please follow their recommendations. If you do end up getting some, take them the night before your first dose of Miso with food to help with nausea. Probiotic foods like yogurt and sauerkraut can help reduce GI side effects.

The most important thing that you can do is to keep an eye out for symptoms. Fever is often the first sign of an infection in the uterus, so take your temperature once a day or if you're having other fever symptoms. If it reads 100.4 for 2 readings (one hour apart), reach out to the M+A Hotline or a trusted doctor. If you see any unusual or foul smelling vaginal discharge, that's also something to reach out to a medical professional about.[46] The sooner that you can catch an infection and get treatment, the lower the chance of long term consequences to your health and future fertility. Most complications that tend to arise from medication abortions come from infections that are not treated, but with meds and support from a trustworthy care team, an infection can be very manageable and easy to kick.

43 Over the course of writing and researching this zine, the guidance on this has actually changed. I'm glad to uplift that, as a reproductive public health community, we're always striving for the best, most accurate, and up to date information and referring back to strong, peer reviewed evidence to craft best practices. There used to be recommendations about how long to wait before using tampons, having sex, etc. but within the last 2 years, these have been dropped for medication abortions due to lack of evidence.

44 M+A Hotline. instagram.com/p/C3IPTpPgysK/?igsh=dTJwZnJibTlwdTFu.

45 WHO: Clinical Services Recommendation 9. 2022. iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1

NAF. prochoice.org/providers/quality-standards/.

46 Ipas. ipas.org/resource/clinical-updates-in-reproductive-health/.

This zine contains recommendations intended for abortions through 12.6 LMP.

Let's break that down: pregnancies are often measured from the first day of your Last Menstrual Period, or LMP for short. This is called the "gestational age." It doesn't matter when you had sex, when you ovulated, or what day your period "should have" come. This is written as the number of weeks since LMP, a period separating the numbers, and the number of days into the week they are, followed by the letters LMP. So "10.0 LMP" means that it's been exactly 10 weeks to the day since the first day of your Last Menstrual Period. Tomorrow, the pregnancy will be dated "10.1 LMP," in another 5 days, 10.6 LMP, and then 11.0 LMP the day after that.

For example, Jasmine got their period on March 4th, and got pregnant in the following weeks. It's currently the 7th of April and they just had a positive pregnancy test. So, their LMP is March 4th (3/4), and because it's been 4 weeks and 6 days since their LMP, their gestational age is "4.6 LMP." There's also a number of online tools to help you do this. safe2choose.org/pregnancy-calculator is good and abortion-specific.

As mentioned above, getting an ultrasound (if that's accessible) can help you get a more accurate gestational age measurement. This can be useful if your periods are spaced really far apart or are unpredictable. But again, per WHO, it's not always medically necessary and it's important to consider the implication of having charted medical data about your pregnancy written down. Calendar dating works just fine, and period tracking apps can be really helpful for keeping record of when your cycles are (as well as predicting ovulation and potentially fertile time windows). But again, consider the implications of having data related to (missed) periods digitally accessible.

timeline:

- **0.0 LMP:** First day of Period/Menstrual Cycle
- **1.6–2.1 LMP:** Ovulation, in a regular 28 day cycle. This is the day when an egg is released from an ovary and travels to the uterus to be fertilized, though it varies from cycle to cycle and from person to person. You're the most likely to get pregnant in the window between 5 days before and 2 days after ovulation.
- **4.0–4.2 LMP:** This is approximately when dollar store pregnancy tests become super accurate, when the hCG pregnancy hormone that the tests look for is detectable in urine. If the pregnancy is established enough for a urine pregnancy test to come up positive,

that means abortion pills will work and it's not too early, whether you're seeking an abortion at a clinic or self-managing.

- **5.0–6.0 LMP:** This is around when a pregnancy is large enough to be seen with an ultrasound. If you're seeking an abortion at a clinic, they'll typically want to make sure they can see the embryo on an ultrasound before they schedule a patient for a procedural abortion.
- This is also the timeframe in which fetal cardiac motion becomes detectable on an ultrasound. The embryo's heart isn't really developed yet, so it's not medically considered a heartbeat, but if you live in a state that restricts abortion access based on fetal cardiac motion or a "heartbeat," you'll have 5–6 weeks after your LMP (1–2 weeks after your missed period) to legally access abortion through a clinic in your state.[13]
- **9.6 LMP:** The last date that Medication Abortion is available through clinics that provide it, due to FDA guidelines.
- **12.6 LMP:** The latest date this zine makes recommendations for self-management.
- **13.0 LMP:** The beginning of the 2nd trimester of pregnancy. Due to development of the placenta and fetus, abortion procedures become more complicated and expensive around this time. 6.5% of all abortions are performed in the second trimester (after this date).[14]
- **24.0 LMP:** Fetal Viability: This is around when a fetus could survive (with significant medical intervention) outside the womb. Many states use this date to restrict abortion access even after Dobbs, so check about regulations in your area. 6 states and DC do not have date-related restrictions on abortion access.

are you a good candidate for a self managed abortion?

Medication abortion is generally super safe! However, there are a few things to look out for that might complicate your experience. If you fall within any of these categories, there's a higher risk of complications and you should consult a doctor about your options.

13 For more information: npr.org/sections/health-shots/2021/09/02/1033727679/fetal-heartbeat-isnt-a-medical-term-but-its-still-used-in-laws-on-abortion.

14 CDC. cdc.gov/reproductive-health/data-statistics/abortion-surveillance-findings-reports.html.

taking care of yourself after an abortion

The days and weeks after your abortion are a really important time to take care of your body, confirm that your abortion was complete, and to spot and manage any complications arising. There's no need to plan to follow up with a doctor's office unless you're seeing specific indicators of an incomplete abortion or complication (see page 39), in which case you should reach out to the M+A Hotline or a trusted medical provider.[42]

the next few days

You'll still have some bleeding and cramping for the next few days, but for most part, these symptoms are often very similar to your usual period and last around a week. There's a wide range of "normal" though. Some people bleed for a few days and some people bleed for a few weeks.

Don't overdo it! Like during the abortion itself, activity will make cramps and bleeding worse, so take the time to rest. Once cramping starts, it's hard to get it to stop. Stay on top of your pain management strategies.

Keep an eye out for all the same things: reach out to M+A hotline or a trusted doctor for heavy bleeding (2 pads per hour for 2 hours in a row or golf ball sized clots), heavy cramping or high fever (100.4 or above). While unlikely, these can be signs of retained tissue, post-abortion hemorrhage, or infection. It's more likely these signs are just a part of the process. Your doctor or the M+A hotline will help you monitor your symptoms and seek treatment at a nearby friendly emergency room if needed. It's *always* better to catch complications early, and *rarely* hurts if there's a false alarm.

preventing infection

The most common complication after an abortion is infection in the uterus. During this time it's important to take steps to minimize that risk. Putting things in your vagina has the potential to introduce bacteria really close to a softened cervix, so it's potentially easier for germs

42 WHO: See Clinical Services Recommendation 34. who.int/publications/i/item/9789240039483.

★ **I feel nervous for...**

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★ **I feel okay about...**

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_____

★ **I feel excited for...**

_____

_____

summary

Plan for some intense bleeding and cramping. Stock up on pads and any pain or nausea meds you think you might want. Rest up, get help where you need it, and make a plan for how and with whom you'll spend your time.

Call the Miscarriage and Abortion (M+A) Hotline at 1-833-246-2632 or a trusted doctor for help managing your symptoms and instructions on what to do next if you're experiencing:

- ★ **Heavy bleeding (completely soaking 2 pads an hour for 2 hours)**
- ★ **Passing blood clots the size of a golf ball**
- ★ **Heavy cramping (worst pain you can imagine, doubled over and can't walk, not controlled with pain medication)**
- ★ **Fever of 100.4 or above**

if you have an ectopic pregnancy:

2–4% of pregnancies occur outside the uterus (usually in a fallopian tube), which is called an ectopic pregnancy. Ectopic pregnancies are a potentially life threatening situation, and often need to be treated with medication or surgery. Unfortunately, there's no good way to tell if a pregnancy is ectopic without an ultrasound.

Nothing bad will happen if you take abortion meds with an ectopic pregnancy, but medication abortions *do not affect pregnancies outside of the womb* and simply won't work. Keep an eye out for ectopic symptoms, especially if you don't pass as much blood and tissue as you were expecting (see confirming abortion success section).

These are things like:[15]

- Severe or escalating cramping in your belly or back that's mostly on one side, or pain in the shoulder area
- Fainting, feeling faint, or dizziness
- Spotting
- Breast soreness
- Nausea
- Low blood pressure

if you have an IUD

IUDs are generally extremely effective at preventing pregnancy, but there is still a very small chance you could get pregnant even if you have one. While both IUDs and abortions on their own are very safe, there's only so much room in one uterus. Having that IUD in place while you're pregnant and/or having an abortion opens up more risks. It's recommended to have an IUD removed ASAP after a positive pregnancy test, whether you're considering an abortion, continuing pregnancy, or still deciding.[16]

If you have an IUD and get a positive pregnancy test, there's a higher chance that the pregnancy might be ectopic. Keep an eye out for the symptoms listed above.

15 More information on ectopic pregnancies is available from the Cleveland Clinic at my.clevelandclinic.org/health/diseases/9687-ectopic-pregnancy and Women on Waves at womenonwaves.org/en/page/3348/what-is-an-ectopic-pregnancy-and-how-do-you-know-you-have-one.

16 NAF, Standard 6.7. prochoice.org/providers/quality-standards/.

You can find more resources about getting pregnant with an IUD from the University of Texas at utswmed.org/medblog/pregnancy-iud/.

when to consider a clinical setting

A procedural abortion in an out-patient clinic (like a Planned Parenthood or independant clinic) or in a hospital setting may be more appropriate:[17]

- If you're receiving treatment with long-term steroids. However, nasal, inhaled, or topical steroids are okay.
- If you have a bleeding disorder (ie: your blood clots too easily or doesn't clot enough) or are on blood thinners. Some examples include Factor V clotting disorder or if you're currently in Sickle Cell Crisis. You may need to seek abortion in a hospital setting.
  - » History of Anemia (low iron in your blood) is not considered a risk factor for SMA, though you may consider taking iron supplements for a few days prior to taking the medications and be sure to watch out for heavy bleeding.
- If you've had a previous allergic reaction to Mifepristone/Mife and/or Misoprostol/Miso, you'll need to seek a procedural abortion.
- If your pregnancy is beyond 12.6 LMP.

If you have any other major health conditions, including but not limited to HIV/AIDS, Systemic Lupus, or are undergoing treatment for cancer, consult with a medical professional about the best path forward for you.

Medication Abortion *is* safe for folks on Hormone Replacement Therapy.[18] Mifepristone (one of the abortion medications) does increase levels of both estrogen and testosterone, but because abortion pills are a one time dose it will not have long term effects. People taking HRT may experience a slight delay in onset of symptoms, so the process may take longer overall.

The M+A Hotline offers trusted, non-judgmental medical support for abortion. You can contact them at mahotline.org or 1-833-246-2632 for support in English or es.mahotline.org and the same phone number for support in Spanish. If neither English nor Spanish are your first language, think about someone you trust who might be able to help translate for you in case of a rare emergency.

17 All recommendations below from the Miscarriage and Abortion Hotline: https://mahotline.org/how-to-use-abortion-pills#english-pdf.

18 Folx Health. https://www.folxhealth.com/library/what-you-need-to-know-about-medication-abortions.

It's good to plan to have something to do during an abortion. The most intense part can take a long time (up to eight to twelve hours or even longer on a Miso-only regimen) and involve a lot of sitting on the couch and waiting. Will your partner and/or best friend be there with you? Would you rather watch your favorite tv show on your own?

★ **3 things I can do during my abortion:**

Watch or read: _____

Call: _____

Create: _____

★ **Here's a set of Abortion Positive Coloring Sheets, if you're into that: ia803205.us.archive.org/31/items/abortion-zines/Lilith-Fund-coloring-book-2.pdf**

Activity, especially lifting, will probably increase how much you're bleeding and cramping. It can be a good idea, where possible, to get help with or minimize chores and responsibilities. Can you send your kids to your mom's house for the weekend? Make some food ahead of time so you'll have tasty leftovers? Get disposable plates and silverware to minimize dish mess? Have a friend come to help care for your pets?

It's also a good idea to have at least a day or two off work for the Miso to do its thing. Many clinics are able to write work excuses for up to a week if that's something you think you'll need, like if you work a really physical job. Think about planning when to take the Mife and Miso around your schedule so you can pamper yourself during this time.

Because you'll need to keep an eye on your bleeding and because you'll likely be in at least some discomfort, it's not the best idea to take Miso directly before bed. You want to plan to be awake for the first eight or so hours after taking Miso.

It's understandable and okay to want to be on your own, especially if you can't tell anyone in your life. However, think about one or two people you could have on speed dial, just in the event of a super rare case where something did happen and you need some help.

herbal support

Herbal abortion on its own can be complicated and risky, but a lot of herbs are safe to use alongside Mife and Miso to support and ease an abortion. Consult with a clinical herbalist before trying anything, because plants are really powerful (especially herbs like black and blue cohosh and cotton root bark) and can have big interactions with bodies and medications. In the meantime, here's some jumping off points for your own research, practice, and to get curious about.

Some gentler herbs for managing side effects–

- *Calming*: Chamomile, Passionflower, Lavender, Rooibos
- *Diarrhea*: Marshmallow root and fresh Blackberry leaves
- *Nausea*: Ginger, Peppermint, Chamomile
- *Immune support*: Echinacea
- *Liver support*: Dandelion and Red Clover

Lots of herbs also work alongside Mife and Miso to help the uterus cramp up and shed lining. Some examples include blue cohosh, cotton root bark, red raspberry leaves, mugwort, and crushed parsley. Consult an herbalist to see if these might be right for you.

If you'd like to start your own research, here's some trusted resources:

- *Reclaiming our Ancient Wisdom* by Catherine Marie Jeunet from AK Press
- *Blood Moon: A Guide on How To Bleed:* archive.org/download/abortion-zines/Blood%20Moon-%20finished%20copy.pdf
- Molly Dutton-Kenny maintains a wealth of resources about herbal abortion methods: mollyduttonkenny.com/resources-blog/resources-for-herbal-abortion

managing emotions and passing time

The abrupt change in hormones during an abortion can magnify and amplify emotions, and sometimes bring up stuff people weren't expecting. It's normal and okay to have a range of feelings about an abortion, and common ones include anxiety, relief, grief, and feeling ready to be done with the process. A lot of people feel all of those all at the same time! It's important to have an outlet. See the *emotional support and first aid* section (page 45) for more on this topic.

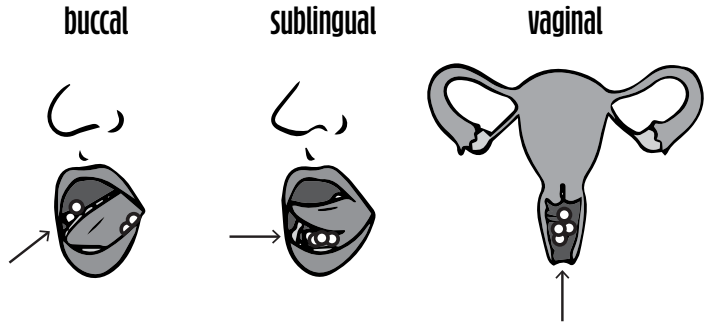
get to know your abortion besties

During a medication abortion, one or two medications are used to induce a miscarriage. So get ready to bleed, cramp, and pass tissue.

Misoprostol: pronounced "meez-oh-PROSS-tull" or, Miso ("MEE-zoh") for short. Cytotec ("sigh-toe-teck") is a common brand name.

Miso induces contractions and thins the uterus's lining that supports the pregnancy.[19] In other words, it makes you cramp and bleed. It is also used to help manage early-term miscarriages as well as to treat stomach ulcers. It does have a bunch of gnarly side effects, so be prepared.

For abortion care, Miso cannot be swallowed, it must be absorbed directly into the bloodstream. This is done by holding it between the gums and the cheek pockets (this is called the buccal route), holding it under the tongue (sublingual route), or inserting it into the vagina (vaginal route). This is done to increase effectiveness and minimize side effects. If you swallow miso, it will likely just make you really nauseous and won't cause an abortion.



Mifepristone: pronounced "mih-fih-PRISS-tone," or Mife ("MIH-fee") for short. Mifeprex is a common brand name.

Many folks also choose to take Mife during their abortions, though it isn't strictly necessary if it isn't accessible to you. This drug blocks hormones to the pregnancy.

19 Drugs.com. web.archive.org/web/20151222083002/http://www.drugs.com/monograph/mifepristone.html.

If you want to know more: Mife is classified as a Progesterone (P4) Antagonist. P4 keeps the uterus from contracting too early during pregnancy and maintains uterine lining (the endometrium). When it's disrupted (such as by Mife), the uterus will start the process of releasing the pregnancy. This also makes it a lot easier for our other bestie, Miso, to do its job (keeping you a lot more comfortable) since it won't have to work the progesterone.[20]

Mife is significantly more controlled than Miso, and some states have specific laws against taking Mife that was not prescribed by a doctor.

Mife is swallowed just like a regular pill. After you take it you may see some slight spotting or feel a little nauseous, but it's not typically associated with any side effects.

There is no evidence to suggest that taking Miso or Mife affects future pregnancies or causes infertility or cancer.[21] There is no evidence to support that taking a dose of progesterone after Mife (AKA getting a "Mife reversal") can counteract its effects.[22]

acquire your supplies

your main characters

Plan C Pills (plancpills.org/), Abortion On Our Own Terms (abortionon ourownterms.org), Women Help Women (womenhelp.org/) Abuzz Health (abuzzhealth.com/) Red State Access (redstateaccess.org/) and M+A Hotline (mahotline.org/) offer resources for sourcing abortion pills. They can also be purchased elsewhere on the internet.

20 Drugs.com. drugs.com/monograph/mifepristone.html.

21 American Cancer Society. cancer.org/cancer/risk-prevention/medical-treatments/abortion-and-breast-cancer-risk.html

Susan G. Komen Foundation. komen.org/breast-cancer/facts-statistics/research-studies/topics/abortion-and-breast-cancer-risk/ National Health Service. nhs.uk/common-health-questions/sexual-health/can-having-an-abortion-affect-my-fertility/.

22 NAF, Standard 6.2.1.1. prochoice.org/providers/quality-standards/.

diarrhea

Over-the-counter meds are available for diarrhea, like Imodium and Pepto Bismol. Herbal teas or tinctures such as marshmallow root or fresh blackberry leaves can also help.

chills

Stay as warm as you can. Heating pad, blankets, warm tea, or cuddles from someone you trust are always nice.

fever

Tylenol should help control fever. Cold washcloths applied to the forehead or neck can also help cool you down. It can be a good idea to take your temperature once a day. If you're having fever symptoms and have access to a thermometer, keep an eye on it for the first few days.

If you're reading a fever of 100.4 for 1 hour, reach out to M+A Hotline or a trusted doctor. This can be the first sign of an infection.

mouth and tongue soreness

Absorbing Miso can make your mouth and tongue really sore. Try warm tea, ice chips, ramen noodles, or just whatever feels good.

★ **How have I coped with pain in the past?**

_____

_____

_____

Put a star or heart next to 2 or 3 techniques above that you might be interested in trying out.

dealing with some of the other side effects from miso

nausea

Ginger Ale, crackers, and antacids can help calm the stomach. You probably have your own go-to sick food as well, so stock up on that.

You can get over-the-counter nausea meds like Dramamine for nausea, or if you need a little more strength, prescription meds like Zofran/Ondansetron are relatively available for pregnant folks if you have access and feel comfortable going to a doctor. Many people pregame with their nausea meds, taking them 30–60 min before their Miso so that it's already in their system and working by the time the Miso kicks in.

If you partake, marijuana/THC can also help calm your stomach. Marijuana/THC also has oxytocic properties and may aid in passing tissue.[41] Because of its mind altering effects, try to stay within lower doses to maintain your body awareness (ie: maybe don't get so high that you can't tell what's going on with your body or that you get anxious or paranoid about the abortion).

Herbal teas or tinctures such as ginger, peppermint, and chamomile can also help.

41 *Blood Moon: A Guide on How to Bleed*. archive.org/download/abortion-zines/Blood%20Moon-%20finished%20copy.pdf.

Mifepristone pills are tightly regulated, and more difficult to source. Miso, however, is pretty readily available and difficult to regulate (though as of 2024, a few states are attempting to.[23]) There's a few different forms of Miso available:

tablets

Tablets (also called pills) typically come in 200 mcg (microgram) doses. They offer more versatility in administration routes (in the cheeks, under the tongue, or in the vagina). But they can degrade over time if not stored properly.

blotter paper

Four Thieves Vinegar Collective has been distributing Miso on blotter paper, as it's easier to store long-term and send through the mail. It can only be taken in the cheeks (buccally), and cannot be swallowed, so the paper will need to be safely disposed of. More information at fourthievesvinegar.org/abortion-care/.

powder

Misoprostol powder is easy to acquire in bulk from equestrian goods websites (I guess horses get ulcers easily? Thank you Horse Girls for taking a stand for justice).

The Miso powder will need to be dosed and processed into 200 mcg tablets which is a labor intensive process and needs some more specialized (but widely available) tools.[24] Making tablets is important to do so that the medication can be dissolved in the mouth or vagina, as swallowing the powder won't be effective. Because the powder is purchased in bulk, you will also have a huge amount left over if you're only looking for enough medicine for one or two abortions, so you'll need to consider what to do with the rest.

23 NPR. npr.org/2024/09/27/nx-s1-5118339/a-new-louisiana-law-will-re-classify-miso-prostol-as-a-dangerous-controlled-substance Contact If/When/How for updated legal advice in your jurisdiction.

24 A video from 4 Thieves Vinegar Collective on how to do this can be found here: youtube.com/watch?v=k-Wrw_1c0VU.

your supporting cast

It's a good idea to think through and plan what other meds and miscellaneous stuff you'll need to be comfy, see the *coping & dealing the first 24-48 hours* section (page 25) for more info and ideas. Maybe put a star next to some coping strategies that you want to try out and circle anything here that you need to grab for yourself. How about getting an over-the-counter or prescription-strength nausea med? Take some time to think about physical and emotional safety. See the *Emotional First Aid* and *Making a Safety Plan* sections for more.

Some odds and ends you might need:

- PADS! You will need them. Even if you have those fancy period underwear, make sure to have some pads.
- Do you need to stock up on Ibuprofen and Tylenol?
- Do you want to stock up on a heating pad or rice sock for cramps? A new blanket or two to be cozy?
- Baby wipes to stay clean?
- Did you get pads? Go get some more!
- What supplies do you need for dealing with a sick tummy? Ginger ale? Saltines? Electrolytes?
- Do you need any supplies for self care? Sweat pants? Snacks? Finding a streaming password from a friend? What's going to help you feel cozy and supported?
- Pads??? Don't forget them!!!

they are blowing it further and further away. Everyone will default to a different image in their head, so whatever makes them feel most comfortable is awesome.[37]

counting & patterns

You could also try counting how many breaths you take during a surge of intensity, that way you know you only have to take about 10 breaths (for example) before the next one begins to go away. Some people tap their fingers or feet to a beat that only they can hear. Maybe you think of a simple beat or tune and you know that it takes a certain amount of time for that to be complete. It may be useful ahead of time to think of a song you love and listen to a short clip of it over and over, so that you can sing or hum it to yourself during the abortion. That way you'll have a really tangible thing to measure the length of your cramps against, ie: "the last cramp lasted for two choruses of *Everything is Everything* by Ms Lauryn Hill."[38]

light touch

Touch can be a really affirming and grounding practice to incorporate into your abortion. You also may not feel like you want anyone to touch you either, and that's okay too—follow what your body is telling you. During this especially sensitive time, make sure to get the okay before touching others or having them touch you.[39]

Using fingers to lightly graze the skin of the arms, back, legs, and shoulders (almost as if you are trying to give goosebumps) can help the body produce oxytocin quickly and effectively. We know that oxytocin (the love hormone) is important for shedding the uterine lining and helping the uterus return back to its normal size, so we want to create as much of it as possible. You can also produce oxytocin by cuddling, holding hands, massage, staying warm, or by spending some alone time with someone you love. Kissing, giving nipple stimulation, speaking words of encouragement and love, etc. are other good ways to encourage your body to produce oxytocin.[40]

37 Technique adapted from [M]otherboard Birth.
38 Technique adapted from [M]otherboard Birth.
39 Technique adapted from [M]otherboard Birth.
40 For more information about oxytocin, see: health.harvard.edu/mind-and-mood/oxytocin-the-love-hormone. Note: this resource is written with full-term birth in mind.

walking

Walking is a great way to shift the pelvis and remain upright while cramping, and is a great way to stay distracted if that's what you need. One way to bring your attention to your walk rather than your cramping is to concentrate on the movements of the pelvis, butt, and legs. By concentrating on these movements, the brain can find a new focus and the body a new movement.[36]

mindset

Our brains are so powerful! It can be helpful sometimes to reframe our understanding of pain and work on relaxing mentally in order to let go of our fear and suffering. Here are a few reframing tools:

- **Fear → Tension → Pain cycle**
  Fear causes tension, which causes more cramping and pain, which causes more fear… etc. Instead of feeling afraid of the next cramp, try to feel excited or at least calm when you start cramping. Relax your muscles and release tension. When you feel cramping, try to affirm that your body is working hard to expel the pregnancy. Breathe and relax into the sensation as much as possible. Every cramp is one closer to being through.
- **Pain ≠ Suffering**
  Pain is the physical sensation, while suffering is the mental state surrounding being in pain, whether physical or emotional. We can be in physical pain without suffering through it. You can try affirming this to yourself when you need it.
- **Coping vs. Relief**
  Coping with intensity doesn't mean the pain is necessarily gone, it just means that you don't feel like it's too intense to handle. It's important to manage your expectations here: having a totally discomfort-free experience might not be possible, but you're strong and you can do hard things. You can learn from and be inspired by your own resilience. What do you need in order to feel like you can cope with and handle the discomfort ahead of you?

visualization

If you like visual coping strategies, you could try picturing a slowly growing wave or a flower blooming when a cramp begins. Some people like to imagine the pain or intensity as a cloud and with each breath

36 Technique adapted from [M]otherboard Birth.

★ **What would help me feel most comfy during my abortion is:**

★ **My self-care to-do list is:**

dosage & regimen

There are few different theories about dosage and regimens for medication abortions. *Regimen* just means a prescribed systematic form of treatment for a course of drugs, kind of like a recipe but with what medications to take when and how much. Regimens for medication abortions can include using both medications, Mife and Miso, or just using miso by itself.

If English is not your first language, you can find resources about how to take Mife and Miso in many other languages at howtouseabortionpill.org.

The regimen listed here for using Mife and Miso follows recommendations from WHO, Ipas, and the FDA.[25] The Miso only regimen follows recommendations from Ipas.[26] Research indicates that this process is very safe for self-management through 11.6 LMP (WHO) or 12.6 (Ipas).[27]

25 WHO: Clinical Services Recommendation 27: who.int/publications/i/item/9789240039483

Ipas: See Recommendation 3.5.3: ipas.org/resource/clinical-updates-in-reproductive-health/

FDA: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation.

26 Ipas. Clinical Updates in Reproductive Health, 2023. See Recommendation 3.5.4. ipas.org/resource/clinical-updates-in-reproductive-health/.

27 Ipas, See Recommendations 3.5.3 and 3.5.4. ipas.org/resource/clinical-updates-in-reproductive-health/.

WHO, See Clinical Services Recommendations 27, 28 and 50 who.int/publications/i/item/9789240039483.

so they're halfway between your doses of Tylenol and alternating which ones you're taking when. That way you're not taking a whole lot of pain meds at once and they won't run out at the same time. It's important to not go over the maximum dosages though, so having a written schedule or alarms on your phone for which med to take when could be a helpful tool to stay on top of dosing. As always, consider the potential risks of having written or digital documentation of your plans.

rest

Resting and minimizing lifting as much as possible (nothing over 20 lbs) will help stop cramps from starting. As with bleeding, the more you're up and around, the more you're going to cramp. This is a great place to tap into your support system. Is there anyone who can help you with child care or house tasks?

heat

Heat helps increase blood flow which relaxes cramping muscles, so heating pads, hot water bottles, hot rice socks, and blankets are useful for managing cramping.[35] Hot showers are fine, but bathtubs could pose an infection risk (though there isn't conclusive evidence). Lots of bacteria and gunk collect in the bathwater, which could travel through the vagina to the cervix, which is still slightly dilated to allow tissue to pass (see the *preventing an infection* section on page 37 for discussion).

bearing down

If you're feeling a sudden onset of cramping, that might be the uterus cramping up really hard to try and pass a blood clot. It can sometimes be helpful to try sitting on the toilet and bearing down (like when trying to pass a bowel movement) to aid in passing the clot.

massage

Massaging the uterus by rubbing between the belly button and public bone can also help pass clots and manage cramps. Adding some nicely scented lotion can feel really good here too and help you bring in other sensations to focus on, like the feeling of the moisturizer on your skin or the scent of the lotion.

35 wikihow.com/Make-a-Rice-Sock. Throw some nice smelling herbs like lavender or eucalyptus in there for an aromatic treat.

dealing with cramping

Once again, how much cramping and discomfort to expect during an abortion will depend on a number of factors, including how far into the pregnancy you are, how many full term births you've had, and what your normal period is like. Be prepared for significant cramping and discomfort. Without pain meds, some people describe these cramps as normal period cramps. For others, they're closer to early contractions of labor. If you're planning to take more than one dose of Miso, it's an especially good idea to plan for dealing with a lot of discomfort.

how much cramping is too much?

If you're resting, on full doses of Ibuprofen and Tylenol, and you're still having severe cramps—the worst pain you can imagine, ten out of ten, and you're doubled over and can't walk—reach out to the M+A Hotline or a trusted doctor who can help you manage that cramping and assess if further care is needed.

Some strategies for managing cramping and discomfort

medication

Many resources recommend taking both Ibuprofen and Tylenol, and it's okay to take them together for extra pain relief.[34] Just follow the directions on the bottles. As mentioned before, aspirin is a blood thinner and will cause you to bleed more. If you think you might need more support than that, some clinics will prescribe Vicodin or Norco for their Medication Abortion patients.

It's important to stay on top of dosing! Once cramping gets severe, it's difficult to get under control. Lots of folks "pregame" with their pain meds, taking them 30–60 minutes before they take their Miso to make sure the meds are already in their system and already working by the time the cramping and bleeding begin. It can also be helpful to alternate the meds. You can try synching up your doses of Ibuprofen

34 Miscarriage and Abortion Hotline. https://mahotline.org/how-to-use-abortion-pills#english-pdf.

This zine does not offer recommendations for self-managed abortions after 12.6 LMP. At that point in pregnancy, research indicates that where accessible, a procedural abortion in a clinician-managed setting is more appropriate.[28] While second trimester medication abortions can be done, evidence suggests that they are only appropriate in a clinician-managed setting and are much less safe for self-management. This is because the fetus is larger so the cervix will need to dilate (open up) more to allow the tissue to pass, and because the placenta is more attached, increasing the risk for heavy bleeding.

mife + miso

This is a two stage process.

Stage 1: Start by taking 200 mg of Mife (swallow normally).

Note: If you throw up within 30 minutes of taking Mife, the medication might not have been in your system for enough time for it to absorb. Contact a trusted doctor or the M+A Hotline if this happens.

Stage 2: 24–48 hours later, take 800 mcg of Miso. That should be 4 tablets, if they're each a standard dose of 200 mcg. The Miso may be held between the gums and cheeks (buccally), held under the tongue (sublingually), or inserted into the vagina (vaginally). The tablets will probably taste kind of chalky and start to dissolve.

Ipas recommends extra Miso if the pregnancy is 9.0–12.6 LMP.[29] You may take an optional 400 mcg Miso every 3 hours until all tissue is passed.

This regimen for using Mife and Miso is thoroughly studied and well supported by science. It is approved by the FDA and the National Abortion Federation for use through 9.6 LMP, recommended through 11.6 LMP by WHO, and 12.6 LMP by Ipas.

28 NAF, see Standard 6. prochoice.org/providers/quality-standards/.
Ipas, see Standard 4.2. ipas.org/resource/clinical-updates-in-reproductive-health/.

29 Ipas. See Recommendation 3.5.3. ipas.org/resource/clinical-updates-in-reproductive-health/ and ipas.org/resource/protocols-for-medical-abortion-dosage-card/.

- This regimen is ~95% effective at completely ending pregnancy across gestational age, and is generally more effective earlier in pregnancy. This means that there is a remaining 5% chance of some tissue or blood clots remaining in the uterus.
- Ipas reports complication rates below 1%.[30]

miso only

This is a 3 stage process.

When you're ready, take an 800 mcg dose of Miso. That's 4 tablets, if they're 200 mcg each. The Miso may be dissolved in the cheek pockets (buccally), held under the tongue (sublingually), or inserted into the vagina (vaginally). The tablets will probably taste kind of chalky and start to dissolve.

3 hours later, take another 800 mcg dose.

3 hours after that, take a third 800 mcg dose.

That's 3 doses in all over a period of 6 hours totaling 2400 mcg of Misoprostol.[31]

- A study by Von Hertzog et Al. (2007) showed successful rates of completion (meaning all tissue had been passed and no follow up care required) between 84–85% for Miso-only regimens across administration routes in clinic-managed settings.
- A study by Raymond, Harrison, and Weaver (2019) showed that 0.2% of Miso-only clinic patients from a 12,000+ sample pool needed to receive a blood transfusion or be hospitalized, indicating a relatively low complication rate. Infection rates were not captured in that study.
- That same study by von Hertzong et Al. also sampled a regimen that involved 3 doses of Miso administered every 12 hours. This regimen produced only marginally diminished rates of success (79% orally, 82% vaginally). I include this since there isn't a definitive recommendation on how long to wait between doses; different resources on Miso-only regimens will recommend different

30 Ipas. See Recommendation 3.5.3. ipas.org/resource/clinical-updates-in-reproductive-health/ Across 3 studies looking at this regimen in pregnancies 9.6 or under and with a total sample size >250,000, Ipas reports rates of: .007% for unrecognized ectopic pregnancy; .5% – .76% for ongoing pregnancy; .03% – .13% for patients requiring a transfusion; .01% – .11% for rates of infection; and 2 total deaths, one from an "unrecognized ectopic pregnancy" and one from "pneumonia, likely unrelated." There is less readily available data for abortions 10.0–12.6 LMP and in self-managed settings.

31 Ipas. ipas.org/resource/how-to-have-an-abortion-with-pills/.

tissue

The following is excerpted from *Blood Moon: A Guide on How To Bleed*,[33] with minor edits for clarity.

The pregnancy is very small (the gestational sac at 5–6 weeks is around 1/4 inch, at 9 weeks around 1 inch), but should be visible with the naked eye. If you don't have access to an ultrasound after a medication abortion, checking your blood can be very crucial for your follow up care. The things that you are looking for in the blood are:

the gestational sac:

This is a thin, wispy membrane that surrounds the embryo, it's opaque/whitish in color and between ⅓–1 inch long. The sac should look complete and not torn in pieces or missing any chunks. If you find more than one piece, see that they would approximately make a whole one.

the embryo:

This is the fetus or fetal tissue of the pregnancy, and is also white/opaque in color. Depending on how far along you are, you might be able to find the beginning formation of the head, rib cage, spinal column, and four limbs. At 5 weeks of pregnancy, the whole embryo will look more like a kidney bean than specifically formed parts, but at 9 weeks it will be more visible. The embryo could still be inside the pregnancy sack when it is expelled from the uterus.

pregnancy tissues:

These could include: menstrual blood and clots, chorionic villi (feathery, spider web like tissue that starts forming at implantation that initially provide the pregnancy with nutrients/blood from the uterus), or an umbilical cord.

Some tips for catching the tissue:

- Pee over a strainer to catch anything that might come out during urination especially if 7 weeks or under, as tissue may be too small to detect otherwise.
- Any clots or tissues expelled can be put into a fine mesh strainer and run under water to remove blood. Tissue can be floated in a glass baking dish filled with water to be able to see and differentiate the parts.

33 *Blood Moon: A Guide on How to Bleed*. archive.org/download/abortion-zines/Blood%20Moon-%20finished%20copy.pdf.

complete. Depending on how far into pregnancy you are, it may be too small to notice among the rest of your tissue, or it might look like a pea to walnut sized fluid filled sac. Not finding a sac doesn't always mean that the abortion failed, but alongside other symptoms of incomplete abortion (see page 39), it can mean a continuing pregnancy.

People choose to do lots of different things with their tissue. Some people choose to bury, burn, or flush it as it feels appropriate. You are not required to do anything special with it if you don't want to.

Whatever you choose to do with your tissue, remember that people have been reported to the police because of the way they disposed of their abortion tissue. If/When/How provides legal advice about pregnancy and abortion, and they can advise about local regulations. Their phone number is 844-868-2812 and they're online at reprolegalhelpline.org/sma-contact-the-helpline/.

While it's good to try to keep an eye out for the tissue on your pads, it is *BY NO MEANS REQUIRED* to examine it, try to catch it, or do anything special. On the next page is a more detailed description of the tissue that one might pass during a medication abortion, excerpted from *Blood Moon*. You might see these things, and it's worth being prepared to, but also know that you might not. This section is only for if you're curious, if it would help your anxiety, or if it would provide closure. It is *NOT* mandatory reading. If you want to skip this passage, just bypass the gray box on the next page and move to the next one.

amounts of time. For transparency, I chose 3 hours to recommend here since that's most common, studied, and effective based on the literature. If you're curious about waiting 12 hours, there's plenty of research regarding the efficacy and safety of that regimen that you're welcome to look into. Some things to consider: If you choose to dose every 3 hours, the overall process will be quicker but potentially more intense. If you wait and take Miso every 12 hours, it will take longer but you can maybe get some relief time between cramping if needed.

some tips:

- Bleeding and cramping can start as soon as within 20 minutes of taking the Miso. Expect to bleed heavily for about 24 hours, after which the flow will lessen and be similar to a normal period. However, there are a very wide range of experiences and a broad scope for what is considered normal. Just because your experience doesn't look quite like this, that doesn't mean that something is automatically wrong.
- If you're taking your Miso buccally or sublingually, it's okay to swallow your spit, but leave the pills in place for 30 minutes. After half an hour (or once they're all dissolved), you can rinse your mouth out with a drink of your choice.
- If you're taking your Miso vaginally, it's a good idea to empty your bladder before dosing.[32] Be sure to wash your hands to reduce the risk of infection. Make sure to slide the tablets as high up in the vagina as you can. The closer to the cervix, the better. Sometimes it's easier to insert the tablets while squatting and sometimes it's easier laying down, depending on your body. Let the pills dissolve for 30 minutes to an hour. Lay down if you can so the tablets don't fall out. Some pieces of the pills might fall out anyway. If they do, you can just push them back in. If it's been more than 30 minutes, though, your body has absorbed enough medicine from them already so it's okay to safely dispose of the pieces.

32 Planned Parenthood. plannedparenthood.org/learn/abortion/the-abortion-pill/how-do-i-have-an-abortion-using-only-misoprostol.

- Some sources and anecdotal experiences say that vaginal dosing can lessen the severity of Miso's side effects. However, anecdotally there's a risk that some of the medication binder (not the active ingredient itself) might be left in the vagina or the trash afterwards, which creates a risk that the leftover tablet pieces could be found by another member of the household, a medical professional during follow up care, or even law enforcement. Some people choose to address this by removing as much as they can with clean fingers and flushing the remaining tablet pieces down the toilet, though this could increase risk of infection (see Taking Care of Yourself: Infections). Please reach out to the If/When/How Repro Legal Hotline for questions about risks and regulations in your area at 844-868-2812.

Here's a handy recap resource for later from the M+A Hotline: mahotline.org/how-to-use-abortion-pills

tl;dr

- Plan and prepare: make sure SMA is a good fit, date your pregnancy, and make a plan.
- 30–60 minutes before 1st dose of Miso: take any pain meds or nausea meds and plan to stay on those for 24 hours.
- Take 200 mgs of Mife. 24–48 hours later: take 800 mcgs Miso in cheeks, under the tongue, or in the vagina.
- OR: Take the 1st 800 mcgs of Miso. Wait 3 hours: take the 2nd 800 mcgs of Miso. Wait another 3 hours: take the last 800 mcgs of Miso.

coping & dealing during the first 24–48 hours

managing blood and tissue

Your abortion experience will depend on a lot of things, like how far into pregnancy you are and what your normal period is like, for example. Your abortion may feel just like a regular menstrual period, or your discharge may be thicker, darker, or more gelatinous in texture. You may also pass some small to medium sized clots.

Blood thinners, such as aspirin and alcohol, will increase bleeding. The more you're up and doing things, especially lifting, the more you'll bleed and cramp. Resting and minimizing tasks will minimize bleeding and cramping.

wear pads, not tampons or menstrual cups

This makes it easier to keep track of how much you're bleeding and notice when you're passing blood clots or tissue. It may also reduce risk of infection afterwards because tampons and menstrual cups aren't sterile. If you prefer to stay clean, having baby wipes on hand can be helpful, just don't use them internally.

how much blood is too much?

Keep an eye out for soaking 2 pads in an hour for 2 hours straight, or passing really big blood clots, the size of a golf ball or lemon. If this happens, don't panic, but it is a good time to call the M+A Hotline (mahotline.org) or a trusted doctor.

It can be a good idea to keep an eye out for passing of the gestational sac or any fetal tissue. This can help you make sure the abortion was