

What to Know About Self-Managed Abortion Care with Abortion Pills and/or Herbs

Two days after President Donald Trump's inauguration, an editor from the United Kingdom approached me with an assignment—reporting on the likelihood of DIY (self-induced, “do-it-yourself”) abortion taking over the country now that the federal government was under Republican control. It didn't take me long to learn that it was a topic at the front of everyone's mind. In April 2017 Women Help Women announced the launch of an online support service called Self-Managed Abortion: Safe and Supported (SASS) to offer information and counseling to those trying to end their pregnancies through abortion-inducing medications outside a clinical setting. As SASS's US spokesperson Susan Yanow told the *Guardian*, “People are not being advised to use the pills. They're being advised if they've already decided to use the pills. What drives this project is the knowledge that women have been managing this on their own.”⁴⁶

Those who want to end a pregnancy but either can't access a clinic or prefer to manage their own abortions have been using herbs and abortion pills since long before Trump's surprise electoral win. Herbal abortions have existed for as long as there have been midwives, medicine women, and pregnancy. Today's herbal abortion attempts are often far less effective due to misleading or incorrect information on the Internet and no medically vetted, detailed directions on how

to use herbs correctly that the general public can easily access. Herbs also tend to require action as early as possible in the pregnancy and are a long-term commitment since they take time to work.

Using medication (mifepristone plus misoprostol or misoprostol alone) to effectively induce a miscarriage, however, is a much more recent (and effective) option. Mifepristone (RU-486) was approved by the FDA for use in the US in 2000 and offered as a medication-only option for terminating a pregnancy outside an abortion clinic. As part of a protocol developed first by the FDA and later streamlined by medical professionals through their own clinical use and more than a decade of research, patients were now able to obtain medicine in the clinic and take the dose of mifepristone there, then take misoprostol home to finish the termination in private. Current research shows that medication abortion can and is being used to easily and safely end pregnancies independent of a clinic and with minimal risk to a patient—at least, minimal medical risk. The biggest health risk for self-managed abortion care using abortion pills is that those who attempt to induce their own abortions may not seek out medical assistance in the rare case that there is a complication, fearing a doctor or hospital may then report them to law enforcement.

Again, to be clear, multiple studies from mainstream medical journals state that medication abortion conducted independent of a provider is a safe and effective means of ending a pregnancy—as long as the person terminating is not forced to hide their actions out of fear of legal punishment. It is the criminal code—not the medications themselves—that makes self-managed abortion care risky.

The following sections are reprints of information found on the Internet or taken from medical sources, and are simply a compilation of what information has been published regarding herbal and medication abortions in a nonclinical setting. This is not meant to encourage any decisions regarding abortion care. In many states in

the US it is illegal to purchase medications online from outside the country, and in some states it is illegal to purposely terminate a pregnancy if you are not a medical provider or if you are doing it outside a hospital or clinic. However, it is not illegal to research or to share scientific and medical information, especially when that information is about health care that may affect more than half of the population.

This is only information, and not legal or medical advice. If a person were seeking information about self-managing an abortion using medications and herbs, this is the type of information that they would find by searching the Internet.

Herbal Abortion

It isn't easy to find information online about inducing miscarriage with herbs, and googling brings up a lot of nonspecific information ("ingest a lot of Vitamin C" or "insert parsley into your vagina"). Sometimes that information conflicts with other sources and some instructions can be potentially dangerous. According to those with experience in herbal abortions, there are a lot of misconceptions on the Internet, especially when it comes to how and when herbs should be used.

In general best practices, using herbs to try to induce a miscarriage must be done as soon as a person believes they may be pregnant in order to have any potential success, and even then there is no guarantee that it will work. According to Sister Zeus, the reference point for most of the at-home herbal abortion information on the Internet (but again, not a medically vetted or endorsed site), if an abortion hasn't been successful by about six weeks (two weeks after the period should have arrived), it's unlikely it will work at all.⁴⁷

By sorting through multiple websites one does find a few commonalities, usually involving the use of parsley. One site suggests

that as soon as a person realizes their period is late, that person should insert fresh parsley into the vagina, removing and replacing it with new sprigs every twelve hours, while also taking a tincture of between two and six tablespoons of a parsley infusion every four hours (a tincture should be made by adding one ounce parsley stems to two and a half cups of boiling water, removing the water from the heat, and then allowing the mixture to steep for one to two hours). In addition, a person should also ingest five hundred milligrams of vitamin C every hour, maxing out at six thousand milligrams a day.

As you can see, even these instructions are still frustratingly imprecise, and the results are only partially guaranteed, which is why so few people manage to successfully induce miscarriages using herbs. Even more alarming is the assumption that just because something is “herbal” rather than medication based, it can’t harm you.

In Argentina, where an August 2018 attempt to legalize abortion in the first trimester failed to pass the senate, a woman died just days after attempting to induce her own miscarriage using herbs. According to reports, the thirty-four-year-old woman named Elizabeth already had a two-year-old and, unable to obtain an abortion in Argentina, attempted to induce labor by inserting parsley into her vagina. When an infection developed, she was afraid to go to a hospital out of fear of jail for attempting her own abortion, waiting until she developed sepsis before seeking care. Her uterus was removed, but she died anyway, another victim of the country’s abortion ban.⁴⁸

Remember—herbal doesn’t automatically mean safe, either in miscarriage induction or in any other setting. But there are midwives, herbalists, and traditional healers who have developed processes that can be effective if done early and correctly. The following slides are provided by Emily Likins-Ehlers of Revolutionary Motherhood (Twitter handle @revolutionary_motherhood), who has streamlined herbal miscarriage induction information developed

from Sage-Femme Collective's 2008 book *Natural Liberty: Re-discovering Self-Induced Abortion Methods*. These herbal methods are believed to be the safest recipes that can be made from easily available supplies, and the least likely to be fatally toxic. If a person does choose to follow these instructions as a means of self-inducing, they must pay very close attention to warning signs of infection or toxicity. Remember that these instructions are not provided by a medical doctor and should not be considered medical advice, but are only for information-sharing purposes.

HERBAL ABORTION

© @REVOLUTIONARY_MOTHERHOOD

effective in the first trimester, most
effective before your missed period

FROM: "NATURAL LIBERTY"
BY THE SAGE-FEMME COLLECTIVE

disclaimer:
i'm not a doctor.
this is ancient wisdom and nothing is guaranteed.
practice good sense.



AVOCADO

SEED
@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

grate an entire avocado seed (pit) into 1 cup of water & allow to steep overnight. strain liquid. drink 2-3 oz of liquid every three to four hours until bleeding begins.



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

AVOCADO

SEED
@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS AND CONTRADICTION TO CARE

avocado seed drink can trigger allergies to latex and banana

avocado seed toxicity can lead to lung congestion, mastitis, tissue edema, milk reduction, and death

discontinue if you have signs of toxicity specific to Avocado:

gastro-intestinal irritation, vomiting, diarrhea, respiratory distress, congestion, or fluid accumulation in feet or face.

CASTOR OIL

@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

cold-pressed castor oil can be found in many stores. It can be combined with ginger and grated papaya seeds for increased effectiveness. take 2 oz. of castor oil with 12 oz. lukewarm milk. repeat in 2 hours if bleed has not yet begun.



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

CASTOR OIL

@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS AND CONTRADICTION TO CARE

castor oil should not be used by people who have urinary tract or gastro-intestinal infections.

castor oil will cause diarrhea, and can cause vomiting, dehydration, and in rare cases, gastrointestinal bleeding.

discontinue if you have signs of toxicity specific to castor oil:

clammy skin, chills, reduced pulse, violent vomiting.

CHAMOMILE

@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

five drops chamomile essential oil in yoni steam or sitz bath. combine with ginger for more effectiveness.

DO NOT BOIL CHAMOMILE.

for more info visit steamychick.com/diy/



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

CHAMOMILE

@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS AND CONTRADICTION TO CARE

chamomile has a calming effect.

if you are allergic to ragweed, aster, or chrysanthemum--take caution

discontinue if you have signs of toxicity specific to chamomile:

nausea, vomiting, vertigo, personality changes, delirium, and hallucinations

GARLIC

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INSTRUCTIONS:

simmer a garlic bulb in water for ten minutes. it can be combined with parsley for increased effectiveness. test the temperature of the water, and then douche with the garlic water.

when cool, place the simmered garlic bulb in a cheesecloth and insert into the vagina. replace every 10 hours for up to six days.



discontinue use if discomfort or irritation occurs.

ONION

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INSTRUCTIONS:

Pessary: bake onion at 350 degrees F for one hour. cool & wrap in cheesecloth, tied with string, and inserted vaginally. replace every 8 hours and wear for up to 6 days.

OR

slice 4 onions with skins; boil for ten minutes in 1 quart of water. filter and sip throughout the day. can also be used for vaginal fumigation



discontinue use if negative side effects are experienced.

PAPAYA - LATEX

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INSTRUCTIONS:

wash one unripe papaya fruit. using a sharp knife, make shallow scratches on the thin fruit skin. the Papaya Latex will ooze and run out of the cuts. Collect the latex.

Using a clean paintbrush and speculum, brush the papaya latex onto the cervical os

or, fill the vagina with papaya latex using a children's medicine syringe.

SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

HIBISCUS

©REVOLUTIONARY.MOTHERHOOD

INSTRUCTIONS:

add 1 cup fresh flowers or 10-16 Tbs. of dried flowers to 2 pints hot water. can be prepared with papaya seeds or ginger to increase effectiveness.

Sip throughout the day, for up to 10 days

hibiscus rosa-sinensis
hibiscus phoenicia
hibiscus esculentus



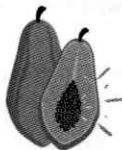
discontinue use if negative side effects are experienced.

PAPAYA - SEEDS

©REVOLUTIONARY.MOTHERHOOD

INSTRUCTIONS:

eat 1-2 tbs. fresh papaya seeds taken two or three times a day for up to six days



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

PAPAYA

©REVOLUTIONARY.MOTHERHOOD

PLEASE READ:

WARNINGS & CONTRADICTIONS TO CARE

Papaya latex is an irritant and some people are allergic to it. people with a known latex allergy should not use papaya.

Papaya fruit is green when unripe when orange when ripe. shopkeepers sometimes do not display unripe papaya, but will have them in storage.

Papaya seeds can cause gastro-intestinal distress. **Seek medical attention if symptoms become unmanageable.**

PARSLEY

@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

Clean and chop one bunch of fresh curled, Italian or flat leaf parsley. Boil one quart of water and pour over herb - steep 30 minutes. Drink throughout the day for up to seven days.

Insert a few fresh parsley sprigs vaginally and replace every 12 hours.



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

PARSLEY

@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS & CONTRADICTIONS TO CARE

Parsley should not be used by individuals with inflammatory kidney disorders

Parsley oil and tincture should be used with caution, as too much can cause hallucinations, paralysis, and liver and kidney degeneration.

Discontinue use if you have signs of toxicity specific to parsley:

Nausea, hallucinations, vomiting, vertigo, hives, photosensitivity, painful urination, dark-colored urine, or tremors.

PINEAPPLE

@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

Upon waking, eat one whole pineapple. Unripe pineapple is most effective, and can be eaten with honey to make it more palatable. Unripe pineapple is green inside.



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

PINEAPPLE

@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS & CONTRADICTIONS TO CARE

Do not use pineapple medicinally if you have a known allergy to pineapple.

Unripe pineapple is considered mostly inedible, and it can irritate the mouth and throat.

Pineapple in large amounts is likely to cause diarrhea - take care to stay hydrated

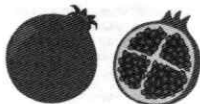
Discontinue use if you experience an increased heart rate or signs of an allergic reaction such as swelling, hives, or tightness in your chest or throat.

POMEGRANATE

@REVOLUTIONARY_MOTHERHOOD

INSTRUCTIONS:

Grind the inside of fresh pomegranate peel and seeds into water and apply to the cervix by inserting vaginally. A tied cheesecloth, a menstrual cup, or douching with the material may be effective methods.



SWIPE FOR WARNINGS & CONTRADICTIONS TO CARE

POMEGRANATE

@REVOLUTIONARY_MOTHERHOOD

PLEASE READ:

WARNINGS & CONTRADICTIONS TO CARE

Wash your hands before and after inserting anything into the vagina, and any tools that are inserted into the vagina should be washed with soap and water or can be boiled to disinfect.

Discontinue use if vision becomes blurred or you experience prolonged dilation of pupils.

during COVID-19, or any other time, emergency medical care for miscarriage should only be sought if you are extremely ill, or if your symptoms become un-manageable.

you may use one full maxi pad quickly, or it may take hours. gushing is normal.

seek medical attention if:

- your gushing is prolonged.
- discharge is foul-smelling.
- your skin becomes pale and clammy.
- you develop a fever or core body temperature below 94 degrees F

Shepherd's purse (*Capsella bursa-pastoris*) tincture is often kept on-hand during home birth to help stop postpartum bleeding.

yoga, progressive relaxation, meditation, movement, & heating pads can help with discomfort.

utilize over-the-counter pain medication that you are familiar with.

don't hesitate to reach out to Emily @Revolutionary_Motherhood for support.

Medication Abortion

Unlike herbal abortion methods, which can be unreliable, long, labor intensive, and potentially ineffective or dangerous, medication abortion has been extensively studied through traditional medical channels. Misoprostol alone is effective in ending a pregnancy before twelve weeks 80 to 85 percent of the time. Mifepristone plus misoprostol is effective in ending a pregnancy before ten weeks 95 to 98 percent of the time.

Medication abortion as it is conducted in a clinic is actually a combination of the two medications—two hundred milligrams of mifepristone and eight hundred micrograms of misoprostol. Mifepristone will reduce the progesterone in a person's body by blocking progesterone receptors, ending the pregnancy. Misoprostol causes contractions, expelling from the womb the products of conception. Misoprostol is taken after the mifepristone, with the time interval depending on whether people place the tablets vaginally or buccally (between the cheek and gums).

People have also learned that miscarriage can be induced by using Misoprostol alone, although that is a bit less effective than the combination of the two medications. Those who research abortion-inducing medications often find that accessing misoprostol is easier than locating mifepristone and using the two medications together.

Where People Find Medications

Obviously, the most reliable place to find medication abortion is at an abortion clinic. Most clinics are able to provide mifepristone and misoprostol to their patients, and in some states patients are now able to obtain these medicines without even needing to go to the

clinic. If you are seeking an abortion and live in Colorado, Georgia, Hawaii, Illinois, Iowa, Maine, Maryland, Minnesota, Montana, New Mexico, New York, Oregon, Washington, DC, or Washington State, you can visit www.telabortion.net and see if you qualify to receive medication by mail, and whether you will need a pre-screening ultrasound. In some cases, you may be able to get medications without leaving your home at all—especially if there are extenuating health care factors, such as the COVID-19 pandemic.

How Federal Agencies Have Blocked Abortion Access

Although medication abortion is quite safe medically, one of its medications—mifepristone—is still considered “high risk” by the FDA. When the drug was introduced on the market in the United States in 2000, the agency put it under Risk Evaluation and Mitigation Strategy (REMS) restrictions, and despite two decades of studies that have repeatedly shown a very low likelihood of adverse side effects, politics has kept REMS in place. That makes it impossible for individual doctors to prescribe it unless they are willing to provide extensive additional support. Most pharmacies are forbidden from stocking it, and until recently it was unable to be delivered through the mail. Some states removed these barriers on their own, but until recently, the majority still follow the federal guidelines, especially conservative states that do not want to allow any abortion at all.

But in a rare instance of abortion access expansion, a federal judge ruled in July 2020 that in order to limit possible exposure to COVID-19 the REMS protocol could be suspended,⁴⁹ and clinics and doctors would be able to mail medication directly to patients rather than only in face to face meetings. The Trump appointed FDA sued to block the suspension, but the Supreme Court allowed

it to stay in place. That change opened up most states in the nation—as long as they did not have other restrictions such as telemedicine bans in place—to finally provide abortion pills by mail, making them more accessible physically (if not financially) for many pregnant people. At least for now.

However, many people are unable to access a clinic because of financial, logistical, or health issues, and those pregnant people are likely to look online in order to find websites where they can either purchase misoprostol or mifepristone plus misoprostol in a “com-bipack,” or find information on where to purchase those medicines. PlanCPills.org is a website that provides information on medication abortion options for those unable to access an abortion clinic. If a person were to click on “Information about abortion pills” and then the question “How can I find abortion pills?” they would learn the following:

- That abortion in the first twelve weeks of pregnancy can be done safely using misoprostol alone (80 to 85 percent effective) or mifepristone plus misoprostol (95 to 98 percent effective). Abortion pills cause a miscarriage if used correctly.
- Misoprostol is available in pharmacies, with a prescription. Misoprostol is used to prevent ulcers in people with conditions like arthritis that require them to take nonsteroidal anti-inflammatory (NSAID) medication long-term.
- Misoprostol is available from some Internet veterinary supply stores and veterinarians, as it is used to treat ulcers and arthritis in dogs.
- Misoprostol is available over the counter in many Latin American countries.
- Online pharmacies in Canada sell misoprostol inexpensively,

and it has been reported that some may not require a prescription.

- Combination packs of mifepristone and misoprostol together are also available on the Internet.

Prior to 2020, Plan C also offered a selection of websites through which a person could purchase medications, scored based on reliability, cost, and delivery time. Unfortunately, this information became less reliable as the Trump administration and the FDA began pursuing out-of-country retailers importing drugs into the US. Beginning in 2019, the FDA started a targeted effort to block online retailers that provided medication abortion pills, sending out warning letters to Rablon, an online pharmacy that provided medication through more than eighty different websites, as well as AidAccess.org, an online medication abortion site operated by Dutch activist Rebecca Gomperts.⁵⁰ Rablon ceased operating their sites, and while other pharmacies have stepped in periodically with pills for purchase and import, they are no longer as reliable, and the medications often are held up in customs long enough that they become useless to pregnant people wanting to terminate.

Despite FDA pressure, however, AidAccess.org continues to offer medications in a variety of forms to those seeking them. What medications can be provided depends primarily on where a pregnant person lives and the state laws surrounding the dispensing of mifepristone in that area.

What Is Aid Access?

Aid Access is run by Rebecca Gomperts of Women on Waves/Women on Web. Gomperts is a reproductive rights activist who is

already supplying medications in countries where abortion is completely illegal. She believes her actions remain legal because the FDA allows medication to be imported for personal use. Still there are some concerns beyond just the legality, such as the possibility that the medication will not get to a user in a timely manner and before the person is too far along gestationally to use it properly, or that the private information being gathered will somehow be leaked, hacked, or otherwise confiscated and turned over to law enforcement, published online, or in any other way used nefariously. It also must be stressed that in some states, using these medications outside a clinic setting continues to be against the law, even if the importing of the drugs is not.

According to Plan C as of July 2020, “Aid Access is a doctor-supported telemedicine service for self-managed abortion with abortion pills.” Aid Access supports people who are not able to access local services. They serve patients who are healthy and less than nine weeks pregnant or have symptoms of a miscarriage.

Depending on where you live, they can offer you different service options.

- In New York and Washington State, Aid Access doctors can provide abortions with the FDA-approved medicines mifepristone and misoprostol, which will arrive within a few days.
- In some US states, Aid Access doctors can provide a prescription for the medicines mifepristone and misoprostol that you can have filled through a trustworthy pharmacy in India. Because of COVID-19, shipments from the pharmacy in India can take up to three weeks to arrive.
- In some other US states, Aid Access doctors can provide medical support for miscarriage management with misoprostol, which is approximately 94 percent effective. You can fill these prescriptions at a US-based online or local pharmacy.

Aid Access's helpdesk and doctor are available to answer any questions before, during, and after the process. Unlike clinic-based medication abortions, Aid Access often charges less than a hundred dollars for the medications.

Why Aren't There More Vendors?

Prior to 2019, one of the most reliable sites for quickly and cheaply obtaining medication abortion was called Macrobiotic Stoner. New Yorker Ursula Wing sold the combo kits online for nearly two years to people who came to her blog—most often through searches on the web. After receiving an order, Wing would place pills inside a piece of hand-made jewelry or some other item from her site, getting them back to the purchaser far more quickly than many options.

However, one person who bought from her was a Wisconsin man who then allegedly used the drugs to try to induce his girlfriend's abortion without her consent. He turned in Wing as his source, and as a result her supplies were seized and Wing was indicted on one count of "conspiracy to defraud various US governmental agencies," fined ten thousand dollars, and put on two years of probation. She also had more than sixty thousand dollars' worth of sales seized by the government.

"Prescription drugs that are obtained illegally from online sources and then sold online to consumers can cause serious harm," said Special Agent in Charge Lynda M. Burdelik, FDA Office of Criminal Investigations, Chicago Field Office, in a July 2020 press release announcing the indictment. "We will continue to investigate and bring justice to those who place the public's health at risk."⁵¹

How Are Mifepristone and Misoprostol Used to End a Pregnancy?

These instructions are replicated from the Women Help Women website, an open-sourced information-sharing site about World Health Organization protocols (<https://consult.womenhelp.org/en/page/401/how-should-i-take-the-pills>). Because they are replicated verbatim they contain gendered language.

These instructions are for a pregnancy that is up to ten weeks (seventy days). The evidence suggests that mifepristone plus misoprostol is very safe and effective to ten weeks. After twelve weeks, there is a higher chance of a complication and the medicines are used differently.

1. Mifepristone should be swallowed with a glass of water.
2. Twenty-four hours later the woman should put four pills of misoprostol buccally (between the gum and the cheek).

She should put two tablets into her mouth, between her gum and cheek, on the left side and two more tablets between the gum and cheek, on the right side.

All four pills should be left in the mouth for approximately thirty minutes to dissolve. Women shouldn't eat or drink anything while the pills are dissolving. Anything left in the mouth after thirty minutes should be swallowed. Before and after using the misoprostol she can eat and drink normally, but should not use drugs or alcohol; she needs to pay attention to her body.

How Is Misoprostol Alone Used to End a Pregnancy?

Again, according to Women Help Women (<https://consult.womenhelp.org/en/page/434/how-should-i-take-the-misoprostol-pills>):

These instructions are for a pregnancy that is up to twelve weeks (eighty-four days). These instructions are based on the recommendations of the World Health Organization. After twelve weeks, there is a higher chance of a complication and the medicines are used differently.

A woman will need a total of twelve pills of two hundred micrograms each.

1. A woman should put four pills of two hundred micrograms (in total eight hundred micrograms) misoprostol under the tongue. Do not swallow the pills for at least thirty minutes until the tablets are dissolved! (She can swallow her saliva, but NOT the pills. After thirty minutes it is okay to swallow what remains of the pills.)

2. After three hours she should put another four pills of misoprostol under the tongue. Do not swallow the pills for at least thirty minutes, until the tablets are dissolved.

3. After three hours she should put another four pills of misoprostol under the tongue again for a third time. Do not swallow the pills for at least thirty minutes, until the tablets are dissolved.

In between the doses of misoprostol, a woman can eat and drink normally.

The success rate is approximately 84 percent.

This means that eight to nine women of every ten women who use misoprostol correctly will have a safe abortion after this procedure.

What If There Isn't Much Bleeding?

If a person is using misoprostol alone and does not see any bleeding after their third dose of medication, they may take a fourth dose of

four pills under the tongue, following the same procedure as before. This will complete the termination for a majority of those who have not begun to miscarry yet.

How to Know If It Was Successful

A person who successfully managed an induced miscarriage at home would no longer have any signs of pregnancy tissue in an ultrasound five to seven days after the abortion. They should also no longer have a positive pregnancy test four weeks after an abortion. If the abortion was not complete, the person would need to obtain either a vacuum aspiration or more medication depending upon the advancement of the pregnancy at that point.

Medical Risks

According to an article published in the *BMJ* in a study of one thousand women in Ireland who accessed medication abortion via Women on Web (www.womenonweb.org/en/i-need-an-abortion) because abortion was illegal in their country, nearly 95 percent of them were successful in ending their pregnancies without surgical intervention. Less than 10 percent of the patients reported symptoms that were alarming enough to suggest they should seek out medical advice, and there were no deaths.⁵²

Public information about potential medical risks and symptoms of a possible complication can be found at the Women Help Women site at <https://consult.womenhelp.org/en/page/417/what-to-do-in-case-of-emergency>.

The information on the page reads as follows:

Complications after medical abortion are rare, and include

severe bleeding and infection. You should go to the doctor or hospital if you have any of the signs of complication below:

- Severe bleeding (more than two or three pads used every hour for more than two or three hours)
- Severe abdominal pain that isn't relieved with painkillers or continues for two to three days after taking the pills
- Fever over 39° or 38° for more than twenty-four hours (over 101° F)
- Abnormal vaginal discharge

The risk of a complication is low (two to five women in every one hundred), and the need for emergency care (that might be needed in case the woman suffers from heavy bleeding) is extremely low (one in every two thousand women). However, to make the process as safe as possible, it is important to be near medical care in case of an emergency or a complication throughout the process of abortion. If a woman lives far from medical care, she should use the medicines where she can access medical care, preferably within one or two hours. She should also plan how she would get to medical care (by car, taxi, or in case of emergency by ambulance).

If possible, the woman should choose a hospital or doctor where she knows that women having miscarriages are treated respectfully.

If a woman seeks medical attention, she does not have to say she used medicines. She can say she is having a miscarriage. The symptoms and treatment of a complication of miscarriage are exactly the same as those of abortion.

Misoprostol cannot be detected in the blood or any bodily fluids within a few hours after use. Even if a hospital claims that they can check to see if a woman took medicines to cause the miscarriage, it is not true.

How Can Medical Risks Be Minimized?

If a person has begun a self-managed abortion outside a clinical setting and has questions but doesn't want to seek out medical help at this point, there are other options available to them. If they are in the US and need assistance, they can contact:

WOMEN HELP WOMEN

<https://abortionpillinfo.org>

MISCARRIAGE AND ABORTION (M+A) HOTLINE

<https://www.mahotline.org>

833-246-2632 (phone or text)

Both sources are completely confidential.

What Should I Expect in a Medication Abortion?

Regardless of whether a person is using mifepristone and misoprostol together, or misoprostol alone, and regardless of whether the medications were purchased from a clinic or another source, the experience will be the same. Medication abortion is an induced miscarriage and as such will involve the same symptoms as a miscarriage: bleeding, pain, and nausea. Just like a miscarriage (and like giving birth, too), there can be a very wide range of physical symptom severity.

While many people are told that a medication abortion will feel much like a “really heavy period,” the fact remains that the body is in fact going into labor to expel the pregnancy, and that can be a process that is short or long, mildly painful or excruciating, a period-like amount of blood or a large gush of fluids. Depending on the gestation, the process can be more involved and take more time. A person may see tissue or even the embryo or fetus and its sac, or they may see nothing at all. Vomiting, diarrhea, and gastric issues are a normal part of the experience and nothing to be alarmed about—they are common during miscarriage and birth too. Bleeding heavily is normal, and as long as a person is filling less than two menstrual pads every hour for more than two hours, it is completely fine, unless they are experiencing other symptoms, like a fever, as well.

Can I Do Anything to Make It Easier?

Again, having a medication abortion at home has much in common with having a homebirth, or a miscarriage in your house. But unlike with a homebirth, a person who is managing their own abortion can take Tylenol or another painkiller (just not aspirin, which increases bleeding) an hour before starting misoprostol in order to assist with pain. They are also encouraged to eat and drink lots of fluids, and to be in a place where they are safe and can get as much rest as possible.⁵³

Also like a home labor, there are a number of coping techniques. Breathing exercises, yoga stretches, using heating pads, or finding some music, television, or books to pass the time can all help with relaxation and take your mind off discomfort. Having a trusted person with you while you are going through the abortion is always advisable if possible, to provide comfort and support, as

well as act as a monitor in the very rare case that there is a medical issue.

What About an Abortion Doula?

As we discussed back in chapter 5, full-spectrum doulas are available to help a person during an abortion—either in a clinic or outside one. For people who are having a medication abortion in private, an abortion doula can offer any type of assistance at any level a pregnant person wants.

Abortion doulas can come to a person's home, or they can provide distance support—which is especially helpful when a person is either not sharing the fact that they are having an abortion with others, or because of quarantine, such as during the COVID-19 pandemic. A remote doula may be able to check in periodically via text or call, asking about pain levels or checking on symptoms like bleeding or nausea. A doula can provide comfort, advice, and support either in person or remotely depending on the need of the pregnant person, and can be on alert to answer questions as they arise during the process. Like any other medical provider, a verified, full-spectrum doula would not breach patient confidentiality if medications being used did not come from an abortion clinic or authorized dispenser.

If you are considering managing your own medication abortion at home and want personal support during the process—regardless of how you obtain pills—consider using the list of full-spectrum doula resources earlier in the book.

Legal Risks

There are multiple legal risks that can come with self-inducing an abortion, and not just for the person who is terminating the pregnancy.

Even with *Roe* in place, nearly two dozen people have been jailed for various crimes associated with allegedly inducing abortions, ranging from murder, homicide, and feticide to failure to report a death or properly dispose of remains, child endangerment or negligence, and being in possession of a drug without a prescription.

Unsurprisingly, it is people of color who tend to get the most severe punishments. Because prosecutors and other law enforcement officials typically pursue the “crime” of self-induced abortion at their discretion, racial bias becomes a large factor in deciding who should be investigated and to what extent they should be charged.

“Whether they are choosing to end a pregnancy or continue one, low-income women and women of color are more likely to be the target of investigations and prosecutions, as they are less likely to be able to access private medical care and more likely to regularly encounter police and other government officials in their day-to-day lives. In the post-*Roe* world, women themselves, and low-income women and women of color in particular, are at more risk of criminal prosecution for abortion and other pregnancy outcomes than at any other point in history,” explains the National Institute for Reproductive Health in their report, *When Self-Abortion is a Crime: Laws That Put Women at Risk*.⁵⁴

Those who may be seen as “assisting” in a self-induced abortion could face charges as well. One Pennsylvania mother was jailed for providing abortion-inducing medications to her daughter because there was no nearby clinic.⁵⁵ Other potential charges could include “unlawful termination of pregnancy” for someone who may live at the same address or whose computer or phone was used to purchase medicines, or “accessory” charges if they are found to have helped cover up an illegal abortion during an investigation.

According to the Self-Induced Abortion (SIA) Legal Team report *Roe’s Unfinished Promise*, “There are seven states with laws

directly criminalizing self-induced abortions, ten states with laws criminalizing harm to fetuses that lack adequate exemptions for the pregnant person, and fifteen states with criminal abortion laws that have been and could be misapplied to people who self-induce. There are also a number of laws deployed when no other legal authorization to punish can be found (obscure laws like disposal of human remains or concealing a birth), which have led to at least twenty arrests for [self-induced abortion] and criminal investigations in twenty states for alleged self-induced abortions since 1973.⁵⁶

There is little doubt that as abortion becomes more illegal and inaccessible, more people will go to jail if they are discovered conducting or assisting in a self-managed abortion. If you need legal help or wish to support those who will assist in legal defense for these cases, consider reaching out to the Self-Induced Abortion (SIA) Legal Team, a part of If/When/How's Lawyering Project:

REPRO LEGAL HELPLINE

844-868-2812 (legal help line)

<https://www.reprolegalhelpline.org/contact-the-helpline/#secure-form>

What People Self-Managing Their Abortion Need to Know

While the laws differ from state to state and will get even more extreme as *Roe* is dismantled and potentially overturned, none of this will change the fact that being able to determine your own medical care—including if and when you want to carry a pregnancy to term—is a human right. That also includes a person's right to health care for whatever that person's circumstances warrant. No person should ever feel the need to avoid follow-up care because of fear of an arrest. According to a video on the SIA website:

- A person has the right to talk to a health care provider before, during, and after a self-managed abortion—but they also have the right to provide as much or as little detail as they choose.
- That includes hospital staff, emergency room doctors, and anyone else who may ask questions about recent medical actions.
- Doctors state that there is no difference between how they treat complications from a miscarriage and how they treat complications from an abortion, meaning there is no need for a person to clarify which may be occurring.
- Doctors admit there is no actual test that can show if a person has ingested medications meant to induce a miscarriage.
- There are no laws that require hospitals to report suspected abortions to law enforcement.
- Some states even impose penalties on health care providers who violate a person's privacy by releasing personal health information without patient consent.
- However, because not all medical professionals are clear on the laws, or on the importance of maintaining doctor/patient confidentiality, a patient should always only provide the information they feel comfortable with sharing.

We will discuss how to minimize other potential legal risks in greater detail in chapter 10.

Can People Share Information About Using Abortion Pills?

While conducting an abortion outside a clinic setting may not be

legal in all circumstances, sharing open-sourced information is always legal. Please be aware that this is publicly available information based on the World Health Organization (WHO) protocol, and is not meant to encourage a person to induce a termination of pregnancy.

ReproAction has been leading the charge to make sure Self-Managed Abortion (SMA) information is shared as publicly and clearly as possible. Their campaign to demystify and destigmatize medication abortion outside a clinic setting includes providing easily accessible and understandable graphics explaining the procedure, its minimal risks, and why it should be widely available. The following has been reprinted with permission. You can download your own copies at <https://reproaction.org/wp-content/uploads/2017/05/About-SMA-with-pills-Factsheet.pdf> and distribute them personally with no fear of prosecution.

Chapter 8 Worksheet

Preparing for an At-Home Abortion

Regardless of whether you are using medications from a clinic, a telemedicine prescription, or another source, a home abortion is a process you want to prepare for ahead of time. Here's how to get ready.

1) *Pick a day.*

You will want to be sure to choose a day when you won't be interrupted. The process could take as long as twenty-four hours from the time you start the procedure. Make sure you won't have to deal with obligations like work, school, or child/eldercare if at all possible.

Facts about Misoprostol for SELF-MANAGED ABORTION

Everyone has the right to information about how misoprostol is used to safely and effectively end a pregnancy. Consciousness-raising is the first step in making medications like misoprostol available to any pregnant person legally, affordably, and conveniently.



No method of self-managed abortion should be shamed, and certainly not criminalized.

Misoprostol is typically used within the first 12 weeks of pregnancy and is about 85 percent effective.

Normal side effects of misoprostol include: cramps, bleeding, nausea, vomiting, diarrhea, and chills. Though very rare, signs of potential complications that should be treated at a hospital include: heavy bleeding that lasts for more than two hours, high fever, and severe pain.



Abortion with pills taken orally presents like a miscarriage. There is no need to disclose use of pills to medical staff because it may be legally risky. At least 20 women have been arrested for ending their pregnancies.

The World Health Organization recommends that people who want to manage their abortion via misoprostol take a total of 12 tablets (200 mcg each). These tablets are administered four at a time, under the tongue, and allowed to dissolve for 30 minutes, every three hours.

Self-managed abortion may be a first choice for some and a last resort for others. Either way, pregnant people should be able to have an abortion on their own terms – whether that is at a clinic or in the privacy of their own home.

Get involved with
Reproaction
www.reproaction.org

For information on self-managed abortion using mifepristone and misoprostol or more on the WHO protocols for misoprostol alone, see our other fact sheets available on our website.

2) *Prepare your space.*

Pull together anything you might want for comfort. Make sure you have enough food, plenty to drink (but not alcohol), plenty of pads (no tampons or cups), pain killers (no aspirin), anti-nausea medicine, and a heating pad. Pull together any distractions you might want, like music, candles, calming scents, movies, books, or magazines.

3) *Find a helper.*

You probably don't want to be alone during this process. If you have someone you can trust—a friend, a partner, a family member—invite them to stay with you, even if you don't want

them in the room with you. At the very least have someone who will periodically check in with you to anchor you and follow your progress. If you don't have someone you trust, consider reaching out to an abortion doula.

4) *Pick out some clothes, blankets, and towels.*

You want to be comfortable. You should also recognize that whatever you wear may end up unusable by the end of the day. Make sure you protect any furniture or other items ahead of time with blankets or towels. It's always better to be safe than sorry.

5) *Prepare some DIY labor tools.*

A tennis ball is great for squeezing when you have a cramp. A sock filled with rice that has been heated in the microwave for two minutes is a fabulous makeshift heating pad. A miscarriage is a mini-labor, so feel free to treat it like one and use every tool you can.

6) *Buy some extra pregnancy tests.*

If you aren't intending to follow up with a medical provider, be sure to have some pregnancy tests on hand to determine if the abortion was successful. You should no longer test positive four weeks after your abortion, although in rare cases some people still show a positive for another two to four weeks. If you are still having positive tests and experiencing pregnancy symptoms, be sure to see a doctor for testing.

7) *Have a plan for an emergency.*

It is very, very unlikely that you will have a medical issue, but it's always good to have a plan just in case. Should you have a fever over 102 degrees, bleed so much that you are soaking more than two pads an hour for more than two hours, or have severe pain that doesn't respond to pain medication, you may need to visit a hospital. If you do and your abortion drugs were not from

a legal provider, remember that all you need to say to a doctor is “I’m pregnant. I think I’m having a miscarriage,” and “I’m scared.” Medication will not show up in your bloodstream or in any urine tests, and your miscarriage looks no different from one that occurred naturally.