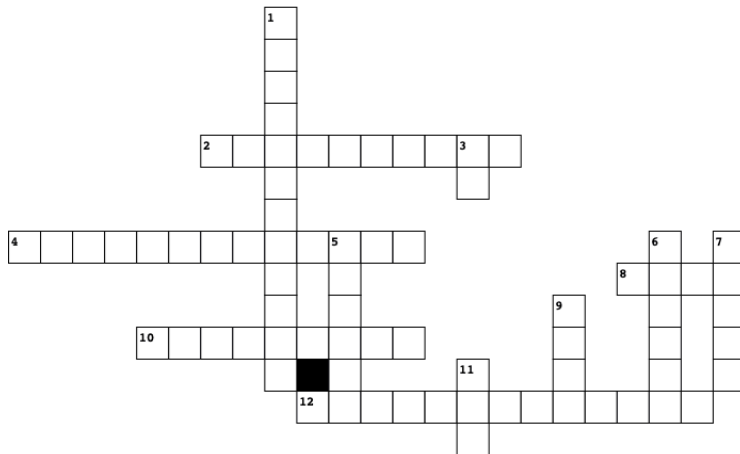




Abortion Zine

Part One: Pills

AND LASTLY, A PUZZLE...



Across

- 2. Hopes for the future and procedural abortion
- 4. Infamous 19th century lay abortionist
- 8. Amendment that prohibits the use of state Medicaid funds for abortion
- 10. Species of brown seaweed from which cervical dilators are made
- 12. Alias Jane Roe

Down

- 1. Progesterone antagonist, first medication used to complete a medication abortion
- 3. The opening of the uterine cervix
- 5. Call me by my name, from about 3 weeks until 10 weeks gestation
- 6. Call me by my name, the single-celled organism that forms when sperm and egg fuse
- 7. Call me by my name, from about 10 weeks gestation until birth
- 9. Synthetic prostaglandin, for short
- 11. Dating, for short

I hope you find this resource helpful! Free abortion, now and always. Share widely.



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HEY.

This zine is meant to provide practical information on how medication abortion works and what the experience of a medication abortion might be like. It is by no means exhaustive, and it is not meant to replace the guidance of a healthcare practitioner in the event of an emergency.

This zine was written by an anarchist, former abortion clinic worker and current (at the time of this writing) abortion-provider-in-training, with formal education in Western biomedicine. I purposefully do not include information on herbal abortion techniques because that is not my area of expertise.

I wrote this zine because I believe in ending all restrictions around abortion provision. Provider-administered medication abortion is safe and effective. Self-directed medication abortion is also safe and effective. People should have unlimited access to both. Abortion clinics and providers have become gatekeepers to a service that we claim should be freely accessible. At least that's what we tell ourselves. Why are we standing in people's way?

In the post-Roe vs Wade abortion landscape, there is increasing uncertainty around the legal status of abortion. On one hand, obtaining pills online has become easier than ever. On the other, there are very real risks to doing so — as many states are enacting total bans on abortion at any gestational age, for any reason. Many laws are being repurposed in ways we didn't anticipate. New crimes are being invented to limit our ability to exist freely in our bodies and manage our reproductive capacities. Education is one way to free ourselves of state control. Attack is another.

WHAT IS MEDICATION ABORTION?

- AKA "RU-486"
- AKA "the abortion pill"

The standard regimen for a medication abortion consists of two medicines: mifepristone (brand name Mifeprex) and misoprostol (brand name Cytotec). When used together and used correctly, they are about 97% effective at ending an early pregnancy!



THE MEDICINES

Mifepristone AKA "mife"

- A progesterone antagonist
- Developed in France in the 1980s
- Approved by the US FDA in 2000
- * Progesterone is one of the key hormones of pregnancy (and of the menstrual cycle)
- * Progesterone is produced by the ovaries—more specifically, by the corpus luteum, a cyst that forms in the ovary as part of the normal menstrual cycle. Progesterone is also produced to a lesser extent by the adrenal glands, little bean-shaped glands that sit atop your kidneys.
- * Progesterone reduces contractility in the muscle of the uterus, promotes the thickening of the endometrial lining that either supports a pregnancy or is shed during menstruation, and probably also plays a role in suppressing the immune system during pregnancy. (This is probably beneficial in some ways — think of a fetus as a foreign body — the immune system probably needs to chill out to keep from attacking it. Progesterone-induced immunosuppression is probably also at least partially responsible for the increased risk of infections during pregnancy.)
- * If sperm and egg meet, the corpus luteum sticks around and secretes progesterone, which is necessary for the continuation of a pregnancy through the first 9 weeks or so. Once the placenta is more fully developed, it secretes progesterone on its own.
- * If a person doesn't become pregnant during a given menstrual cycle, the corpus luteum breaks down and progesterone levels drop. This drop in progesterone leads to the disintegration of the uterine lining and, voila, a period!
- * Think of it this way: no progesterone = no pregnancy !
- * Mife is the anti-progesterone; it competes for space on the receptors that progesterone binds to, essentially kicking progesterone out of the way.
- * Without progesterone, the placenta separates from the lining of the uterus and that thick uterine lining starts to disintegrate. The placenta is the essential blood supply to a developing embryo/fetus and once the placenta detaches, that blood supply is cut off, leading to pregnancy termination.
- * To complete an abortion, mifepristone needs to be paired with its counterpart, misoprostol. It's not nearly as effective on its own.

General Support

Self-Managed Abortion, Safe and Supported (SASS) - abortionpillinfo.org -

General info on how abortion pills work with tips on how to safely use them without a healthcare provider.

Reprocare - reprocare.com - Peer-based emotional support for people seeking abortion, as well as referrals information and financial assistance.

Miscarriage & Abortion Hotline - mahotline.org - Speak with a supportive, trained medical provider who will answer questions about self-managed abortion or miscarriage. Free & confidential.

Legal Support

Repro Legal Helpline - reprolegalhelpline.org - 844-868-2812 - A free legal resources for anyone with questions about the legality of abortion. Assistance available for people facing criminal charges related to abortion.

RESOURCES

Some people reading this may be looking to source medications online on their own. I have no direct experience with online pharmacies and I'm not qualified to make any recommendations. I do recommend exercising caution when searching for this kind of information online. Consider using a browser that anonymizes web traffic, like Tor. Avoid posting on social media. Be very cautious about discussing your procedure over email or text and, of course, be careful about with whom you share this information IRL.

Telehealth Abortion

Many telemedicine abortion orgs support what's called "advance provision," meaning they will dispense abortion pills to people who aren't pregnant for future use. If you're ever traveling through a state where these sites operate, you could consider ordering pills! Just make sure you have a safe mailing address.

Aid Access - [AidAccess.org](https://aidaccess.org) - Medication abortion via mail, prescribed by either US-based or European doctors. Available in all 50 states. (Although Telehealth abortion is against the law in some US states, Aid Access does provide to all states. If you live in a state where telehealth abortion is banned, your pills will be prescribed by a doctor based in Europe.)

Abortion On Demand - abortionondemand.org - Medication abortion via mail in many states. In states where they don't have a physical presence (including Pennsylvania), they offer pickup of pills at a FedEx location in a neighboring state.

There are many other sites (Choix, Hey Jane), too many to list here. While Plan C does not dispense pills directly, they have an excellent guide with info on where to get pills in each of the 50 states:

Plan C - plancpills.org - Lots of resources divided up by state.

Procedural (In-clinic) Abortion

National Abortion Federation - prochoice.org - A training and membership organization of abortion clinics across the US. A trusted source for safe and legitimate clinics. NAF also provides financial assistance to people seeking abortion.

I Need an A - ineedana.com - State-by-state resource for clinics.

- Mifepristone is much more highly regulated in the US than misoprostol.
- Despite its safety and efficacy, mife is subject to intense regulation by the FDA via a process called a Risk Evaluation and Mitigation Strategy (REMS). The REMS requires providers and pharmacists to register and complete a certification with the manufacturer and with the FDA to prescribe or dispense mifepristone, which means that not all health care providers can legally prescribe mifepristone. The REMS also requires that mifepristone only be dispensed from clinics and hospitals, as opposed to regular pharmacies. Until 2019, mife was patented and was only available from a single US manufacturer, the maker of brand name Mifeprex. (In 2019, mife went off patent and a second company was allowed to produce a generic.) At the time that I'm writing this, the number of medications in the US that are as strictly regulated as mifepristone is about 50 — of more than 20,000 drugs approved by the FDA.

Misoprostol AKA "miso"

- * A synthetic prostaglandin (a type of hormone)
- * Developed in 1973
- * FDA-approved to treat and prevent stomach ulcers (although rarely used for this purpose, now that we have other treatments that are equally effective with fewer side effects)
- * Has many other "off-label" uses (meaning not officially approved by the FDA for these purposes but commonly used by medical providers)
 - For example, misoprostol is commonly used in pregnancy to induce labor (by softening the cervix and allowing it to dilate more easily). It's also used after delivery to treat postpartum hemorrhage.
 - Misoprostol causes the cervix to become softer and easier to dilate and causes the uterus to contract (commonly experienced as cramping). During an abortion, these contractions push out the pregnancy tissue.
- * Miso is much less heavily regulated than mife and is easily available without a prescription in many places outside the US. Here, it can be prescribed and dispensed by any licensed provider, but it is not available over the counter. It doesn't have much use outside of pregnancy so it is unlikely that a doctor would prescribe it to you for any other purpose.
- * The most common side effect of misoprostol is diarrhea. It can also cause nausea, vomiting, and low-grade fever.
- * Misoprostol can be swallowed, dissolved in the space between the cheek and gums (this is called "buccal" administration), or inserted vaginally or rectally. In my experience, for a medication abortion, it is most commonly

dissolved buccally. This reduces the risk of diarrhea/nausea compared to swallowing the pills as well as the risk of infection from inserting the pills vaginally.

THE METHODS

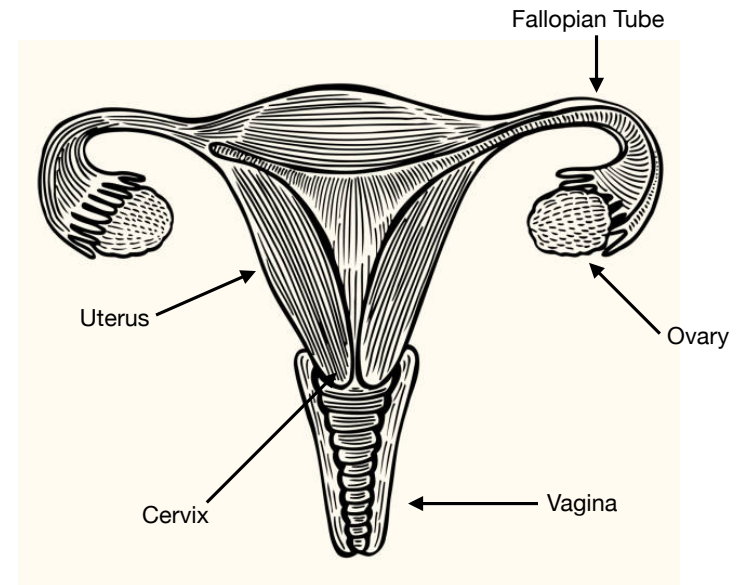
- * The standard FDA-approved regimen for a medication abortion in the US includes a combination of mifepristone and misoprostol, used together to stop the pregnancy from developing and expel pregnancy tissue from the body.
- * This two-drug combo is FDA-approved for use up to 70 days gestation, which is 10 weeks from the last menstrual period. (Flip to the end for info on pregnancy dating, which is a little funky.) However, good data shows that mife/miso are acceptably safe and effective at least up to 77 days/11 weeks of pregnancy. It's not that mife/miso stop working after that point, but their efficacy does decline. You will find different clinics/providers have different practices, some offering mife/miso up to 10 weeks, others up to 11.
- * Misoprostol can be used alone for medication abortion, although it is somewhat less effective. This approach has been endorsed by the World Health Organization and other medical governing bodies, particularly in parts of the world where access to mifepristone is limited.

SOME DATA

- * In May 2020, Dzuba et al. published the findings of a non-inferiority study that compared the efficacy of mife/miso at 64-70 days gestation (9-10 weeks) compared to at 71-77 days gestation (10-11 weeks). Their study essentially found that mife/miso at the later gestational age was non-inferior (meaning that it worked comparably well). It is worth noting, though, that they did find an increased rate of unsuccessful or incomplete abortion in the later gestation age group (an increase of about 5% compared to the earlier gestation age group). This isn't to say that mife/miso is not appropriate for use at 10-11 weeks but instead, I think, is a reminder that mife/miso is just one amazing tool that we have for ending pregnancy! It won't be the appropriate tool for everyone and we still need to fight for and protect access to surgical abortion throughout pregnancy.

Dzuba I et al. A Non-Inferiority Study of Outpatient Mifepristone-Misoprostol Medical Abortion at 64-70 Days and 71-77 Days of Gestation. *Contraception*. 2020 101(5):302-308.

ANATOMY



PREGNANCY DATING

Just a word about how pregnancies are dated in a medical setting. To “date” a pregnancy is to determine how far along in pregnancy a person is. It is convention that pregnancies are dated from the first day of the last menstrual period (LMP), unless or until a person has an ultrasound, which is the most accurate method for dating a pregnancy. LMP dating isn't perfect. It assumes, first of all, that a person can recall the date of their first menstrual period with accuracy. But it also assumes a 28-day menstrual cycle, during which a person is assumed to ovulate on day 14. I won't get into all the nitty gritty but suffice it to say, that assumption is inaccurate for many people! Still, LMP dating gives us quick information to determine next steps when deciding how to safely end a pregnancy. Ultrasound is not technically medically necessary prior to a medication abortion but the tense legal framework of abortion in the US has essentially made it the standard approach, which further limits access.

WTF...

The latest invention of the anti-abortion crowd is the concept of “medication abortion reversal.” Crisis pregnancy centers in many parts of the country advertise this service. Medication abortion is irreversible and any claims that suggest otherwise are usually a tactic to lure a pregnant person into a hostile and potentially unsafe situation. Do not take mifepristone or misoprostol unless you are certain that you want to end a pregnancy.

KNOW BEFORE YOU GO

It is impossible to distinguish a medication abortion from a miscarriage (sometimes called a “spontaneous abortion,” in medical terms). If you need to seek emergency care, you do not need to disclose that you have taken medicines to end a pregnancy. No one will be able to tell unless you tell them! There is no blood test that can tell whether you’ve taken mifepristone or misoprostol. If you want to share this information, that’s okay, too. But it’s worth keeping in mind that, while relatively uncommon, there have been situations where people have faced criminal charges for attempting to induce their own abortion. Helping someone else end a pregnancy with pills has also, rarely, been criminalized. (For example, it is illegal in many states to “practice medicine” without a medical license.) In the post-Roe landscape, abortion laws are changing quickly. If you are traveling from an abortion ban state, it may make sense to think twice about who you share this information with. Seek help when you need it to keep yourself safe. Just know that the treatment of complications from an early medication abortion and an early miscarriage are the same. You can use this knowledge to your advantage!



HOW DOES IT WORK EXACTLY?

If you seek care from a medical provider, the details below may vary. If you are doing a medication abortion procedure on your own, here are some general guidelines based on the protocol I have used in my training.

- * Mifepristone (one 200mg pill) is taken by mouth. Many people have no symptoms after taking this, but some people may start bleeding or cramping within 4 hours of taking it.
- * 24-48 hours after taking mifepristone, dissolve four 200mcg tablets (note that mg is milligram and mcg is microgram! 1mg = 1000mcg) of misoprostol between the cheek and gum by placing two pills on either side of the mouth. Leave the pills in place for 30 minutes. After 30 minutes, any remaining pill fragments can be swallowed. Bleeding and cramping often start within ~4 hours, but this can be variable.
- * Misoprostol causes cervical dilation, which creates the opportunity for bacteria to travel from the vagina up into the uterus. Infection is rare. But to avoid infection, menstrual pads are recommended, not tampons or cups. In general, it is safest to avoid inserting anything into the vagina for about 7 days after the procedure. This includes body parts and toys.
- * It is typical to have bleeding that lasts anywhere from 1-2 weeks. The bleeding is typically heaviest in the first 1-2 days and should become lighter thereafter.
- * If you don’t experience ANY bleeding at all, you should seek care from a medical provider. This likely means that the abortion isn’t complete. In some cases, it may mean that the pregnancy is ectopic (growing outside of the uterus). An ectopic pregnancy is not compatible with fetal life and can be life-threatening for the pregnant person. (In most ectopic pregnancies, the fertilized egg implants in the fallopian tube instead of in the uterus. The fallopian tubes are tiny and cannot support a growing embryo, which can lead to the tube rupturing, causing severe pain and internal bleeding.) While an ultrasound is not always necessary prior to medication abortion, it can rule out an ectopic pregnancy.
- * To make sure the abortion is complete, you can take a pregnancy test! Pregnancy hormone levels drop gradually after an abortion procedure. Some clinics will perform a blood pregnancy test (quantitative hCG) at the time of an abortion and repeat a second blood test 2 weeks later, to ensure that the pregnancy hormone level drops appropriately. If you’d like to confirm on your own, you could take a store-bought urine pregnancy test 3-4 weeks after the procedure. (It is normal for a urine pregnancy test to be positive in the first few weeks after an abortion, even after a complete procedure!)

* Rarely, the mife/miso combination will fail. This may mean that a person didn't experience any bleeding at all. More likely, it means that not all the pregnancy tissue passed out of the uterus. (Sometimes called "retained products of conception.") Sometimes this tissue will pass on its own with more time or a second dose of misoprostol. But if it doesn't, it can lead to a serious infection in the uterus! Sometimes an aspiration abortion ("surgical" abortion performed in a clinic) will be needed to remove any remaining tissue.

DID YOU KNOW?

Self-sourced medication abortion (using pills that are purchased from a source other than a licensed healthcare provider) is likely to become increasingly common in a post-Roe landscape. In a 2018 study, Murtagh et al. purchased mifepristone and misoprostol from 18 online pharmacies and used lab testing to analyze the amount and type of medication in each pill. The authors found that most pills purchased contained what they claimed to contain and were not counterfeit. In this study, misoprostol tablets purchased from the brand Pregnot and manufactured by Akums Pharmaceuticals were an outlier—they consistently contained lower doses of misoprostol than advertised. In addition, these pills did not arrive in properly sealed packages. As always, use your best judgement when seeking pills from an internet pharmacy.

Murtagh C, et al. Exploring the feasibility of obtaining mifepristone and misoprostol from the internet. *Contraception*. 2018 Apr;97(4):287-291.

WHAT IS "NORMAL" AND WHEN TO SEEK HELP

It's important to know what's normal and what isn't so that you can know when to seek help! The medication abortion experience varies widely based on the individual and their unique body and situation. Pain and discomfort are subjective experiences that are highly influenced by circumstance and emotional state. Differences in gestational age can definitely affect the experience as well. All this is to say that your medication abortion is not your friend's medication abortion! Below, I will outline what is "typical"—by this, I mean symptoms that would not be considered abnormal, even though they may not be experienced by everyone to the same extent.

- It is typical to experience bleeding and cramping that may be heavier and more painful than a period, whatever that means for you. Cramping may be centered in the lower abdomen or may be felt more in the low back or upper thighs.
- It is typical to pass blood clots, which may be as large as a small lemon.
- It is typical to experience nausea, upset stomach, mild fever, or loose bowel movements.
- It is typical for bleeding to last anywhere from a few days to up to 2 weeks (and possibly longer).
- It can take anywhere from 1-2 months for a regular period to resume and it's not unusual for the first cycle to come at an irregular time.
- It is possible to get pregnant again right away after an abortion.

You should consider seeking medical attention, if...

- You experience bleeding heavy enough that you *soak through* more than 1 super/heavy duty maxi pad in an hour for more than two consecutive hours.
- You notice foul-smelling drainage from the vagina or drainage that looks like pus.
- You have persistent fevers (greater than 100.4F), chills, or severe pain that isn't relieved with over-the-counter pain medications.
- You have a history of any blood-clotting or bleeding disorder. (Medication abortion without medical supervision may be riskier for you!)
- You're concerned about anything that's going on with your body!

Things that can help...

Anti-inflammatory pain medicines (like ibuprofen or naproxen), acetaminophen (which can be taken with ibuprofen or naproxen), a heating pad, a hot cup of tea, a warm shower, a nice long sit on the toilet, a person you trust to provide support. Pain medication can be taken at the same time as the first dose of misoprostol to get ahead of any cramping. Eating a light meal can help reduce nausea.