



Understanding Abortion


A Pocket Guide

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In a world littered with misinformation about abortion it can be hard to know where to get real information.

Accurate sexual health information should be easily accessible to everyone.

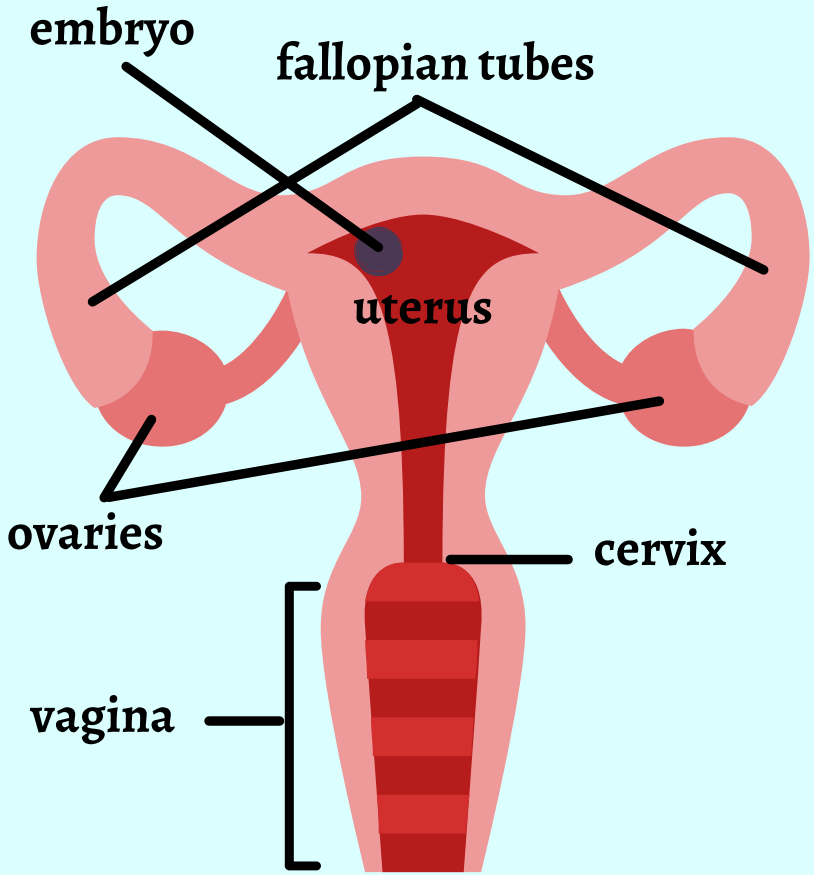
It is my hope that this can be a useful tool and can help to demystify abortion care.



This pocket guide is inspired by
and dedicated to the
patients I serve.

You inspire me everyday.

Pregnancy 101



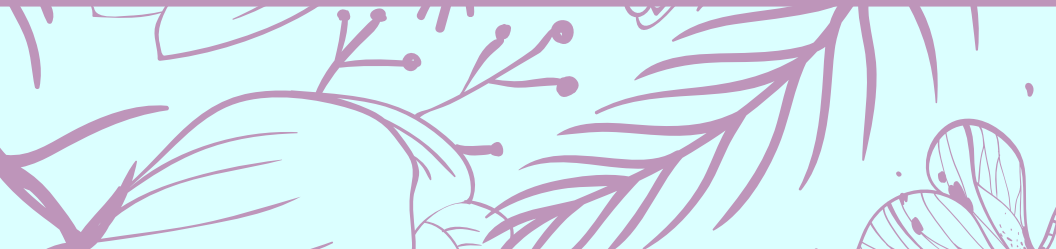
Pregnancy begins when a fertilized egg has implanted into the lining of the uterus. Until 8 weeks of pregnancy, this is called an embryo. From 8 weeks until birth, this is known as a fetus.

Ending a Pregnancy

When someone is having an abortion, the pregnancy must be removed or expelled from the body. This can be accomplished at home with medication or with an in-clinic procedure, depending on your length of pregnancy, health history, and preferences.

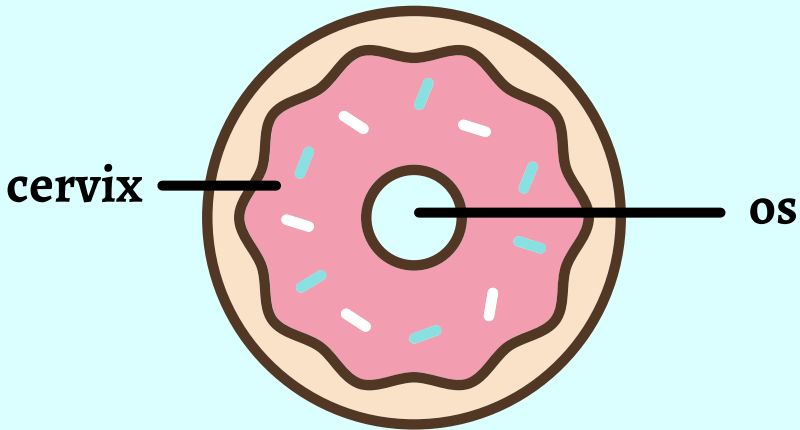
People choose to end pregnancies for a variety of reasons and in different ways.

But what actually happens during an abortion?



The Cervix

Anatomy



Think of the cervix as a donut.

The cervix is the narrow passage that forms the end of the uterus.

The cervix has an opening that connects the vagina and uterus.

This small opening is called the cervical os. The os allows for menstrual fluid to exit the uterus, and for sperm to go into the uterus.

Cervical Dilation

A Visual Representation

The os must dilate (stretch open) to accommodate for miscarriage, childbirth, abortion, etc.



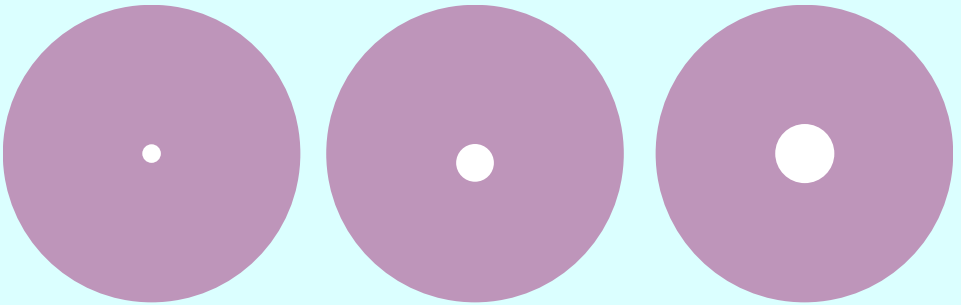
This stretching/opening is called cervical dilation.

The cervix dilates to 10cm (the entire size of a bagel) for vaginal birth! Fortunately, it has to dilate *much* less for an abortion.

Cervical Dilation

A Visual Representation, continued.

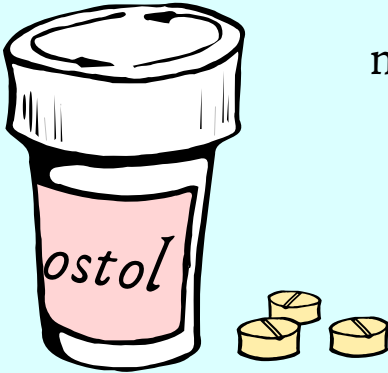
For an in-clinic abortion, your healthcare provider will slowly open your cervix with a smooth metal rod, slightly larger than the size of your os.



Depending on your length of pregnancy and your body, your provider may also use a combination of medications and/or osmotic dilators (dilator sticks) to assist with this process.

Cervical Dilation

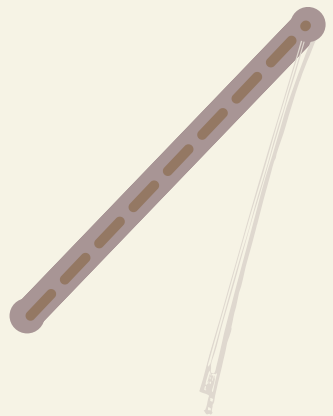
Dilation Methods



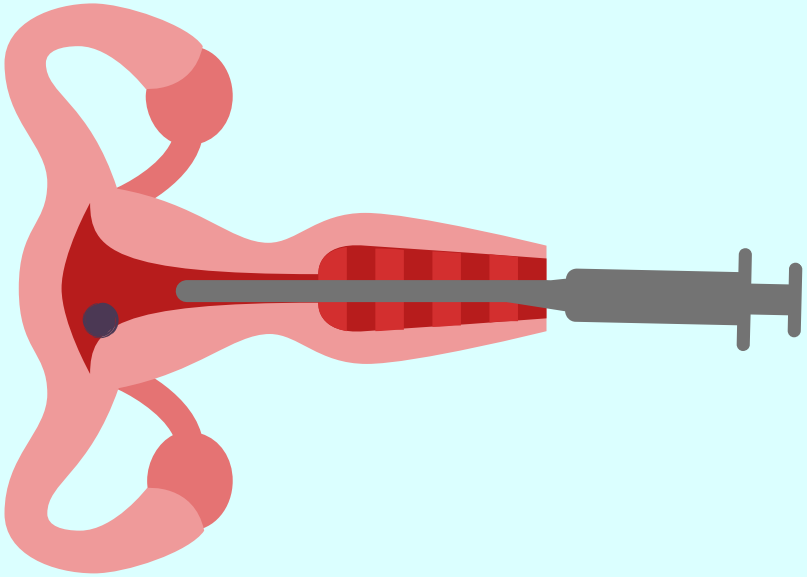
Medication called misoprostol can be used to induce an early abortion.

It can also be used to assist with cervical dilation prior to an abortion procedure.

Osmotic dilators are small, match-size rods that are used to dilate the cervix. These work by absorbing moisture from your cervix, causing the dilators to expand (think of a sponge), dilating the cervix. These can stay in place between 6 and 24 hours to allow for adequate dilation.



In-Clinic Abortion



Once the cervix has dilated, your provider will remove the pregnancy. A small tube connected to a suction device is inserted into your uterus, and a suction is applied to remove the contents. This is called vacuum aspiration.

Medication Abortion

Medication Abortion involves taking two medications to induce what would happen if you were to have a miscarriage.

Depending on your personal preferences, health history, and your length of pregnancy, medication abortion may be available to you.

1 Mifepristone

This pill blocks the hormone that allows the pregnancy to grow.

2 Misoprostol

Tablets that are dissolved, either in the cheeks or vagina, that cause the cervix to dilate, and the uterus to contract, expelling the pregnancy.

Pain Management

The pain associated with cervical dilation and abortion feels like cramping, and can vary in intensity.

A variety of pain management techniques can be used to assist with the discomfort.



Oral medication, cervical numbing injections (lidocaine), intravenous (IV) sedation, deep breathing, and other relaxation exercises can be used to reduce pain/cramping that occurs during and after an abortion. Your healthcare provider will talk to you about the pain management options available to you.

Rest & Recovery

After an Abortion



Heating pads, showers, plain hot-water baths, massage, and a variety of other techniques used for period cramps can be used to help reduce discomfort after an abortion.

Remember to rest and listen to your body and your healthcare provider's instructions. If something feels off to you or if you have any concerns, follow-up with a healthcare provider you trust.

Risks

Please keep in mind that these risks are unlikely to occur. These risks occur in less than 1% of people having abortions before 14 weeks, and in less than 2% of people having abortions after 14 weeks.

Infection - Infection can occur anytime bacteria gets in the uterus. This can be very serious, especially if left untreated. Symptoms of infection include (but are not limited to) fever, bad smelling vaginal discharge, or nausea/vomiting/diarrhea, extreme fatigue, & weakness.

Too Much Bleeding - Hemorrhage, or too much bleeding, can occur during or after miscarriage, abortion, or childbirth. Carefully follow your provider's aftercare instructions on what is too much bleeding, and when to seek medical attention.

Perforation/Laceration - A tear or puncture in the uterus or cervix can occur during abortion procedures and can be serious. It is important to remain still during an abortion procedure. In rare cases removal of the uterus may be necessary.

Incomplete or Failed Abortion - Incomplete abortion happens if any pregnancy tissue remains in the uterus after the abortion. The risk after a medication abortion (6-10 weeks) is between 3-7%. Treatment can include medication or a vacuum aspiration procedure.



The decision to end or continue a pregnancy is yours. You deserve to be loved, respected, and supported.

Resources

If you need help accessing care, or don't know where to find a clinic, need financial assistance, or just need someone to talk to, check out the following resources!

Find an Abortion Provider

inedana.com

NAF Referral Hotline: 1-877-257-0012

Financial Assistance is Available

abortionfunds.org

NAF Funding Hotline: 1-800-772-9100

Counseling & Support

all-options.org

All-Options: 1-888-493-0092

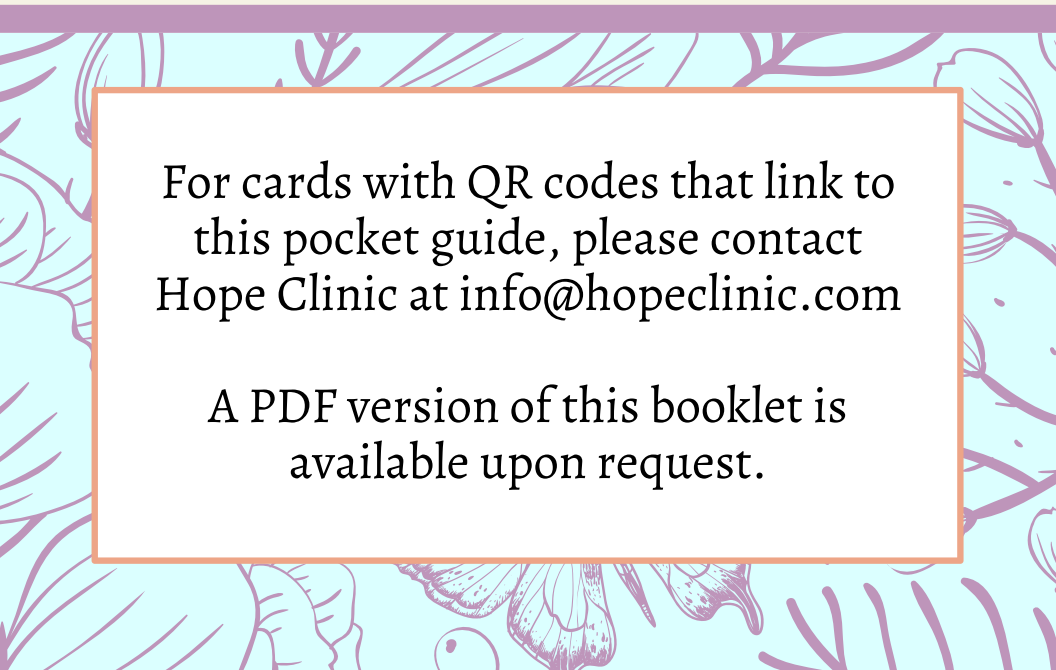
Even more detailed information & resources available at hopeclinic.com.



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For cards with QR codes that link to
this pocket guide, please contact
Hope Clinic at info@hopeclinic.com

A PDF version of this booklet is
available upon request.