

Safe Self-Managed Abortion

without
Roe v. Wade



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WE PROTECT EACH
OTHER



Safe Self-Managed Abortion without *Roe v. Wade*



Created in partnership with Ibis Reproductive Health
and Meg Sasse Stern
2022 - 2024



Learn & take action

Find abortion options -

ineedana.com

Legal help & info -

reprolegalhelpline.org

How abortion pills work,
including World Health
Organization guidelines -

abortionpillinfo.org

Research on safety &
effectiveness of self-managed
abortion with pills -

thesafestudy.net

Abortion access resources
for any zip code:

linktr.ee/a.bortion

National Network of
Abortion Funds
abortionfunds.org

Reproaction
reproaction.org/take-action

Abortion Care
Network

keepourclinics.org

COMMUNITIES NEED
CLINICS, TOO!



Ibis Reproductive Health
ibisreproductivehealth.org

Hoosier Abortion Access Study
hoosierabortionaccessstudy.org

WE ARE HERE NOW

Criminalization of health outcomes, specifically those that target pregnant people, disproportionately impact folks who already live with restricted freedoms every day.

Among those most impacted are poor people, Black women, young people, people of color, undocumented folks, Indigenous people, trans & nonbinary folks, disabled people, and those who do not speak English.

Given historical and ongoing harm inflicted on individuals, families, communities, and generations by the state and formal healthcare systems, it is important for everyone to know that **self-management of pregnancy outcomes is a medically safe and valid option.**



Unlike other types of healthcare, abortion (similar to gender-affirming care) exists in an extremely harsh landscape, where it has been **systematically restricted** as a way to limit the freedoms of pregnant people.



Reducing or eliminating someone's ability to control their own reproduction allows people in power to exploit communities for their own gain.

LET'S
BE
EXPLICIT:



Restrictions on access to contraception and abortion are white supremacist and patriarchal tools that harm all communities, some more violently than others.

Every pregnant person deserves to know what options, risks, and **supports** are available when making decisions about their pregnancies, as with any other health-related matter.

Reproductive justice requires autonomy for pregnant people regarding if, when, how, and where their pregnancies end.

THAT
means:

Each individual is the decision-maker when it comes to continuing or ending their pregnancy.



Many communities worldwide self-manage pregnancy outcomes—including births, miscarriages, and abortions—and these practices are common and safe.

Often using an accompaniment model, this self-managed care can involve a midwife, doula, herbalist, or other community care provider supporting a pregnant person to lead their own process.



Community healers such as birth workers might use herbs, medicines, and hand held suction devices to support people ending a pregnancy.

Misoprostol (aka Miso) is the most accessible abortion medication used today, both in clinical and non-clinical settings.



Like homebirth, home abortions are not a last resort. Abortion is safe. Managing one's own abortion can be preferable to clinical care for many reasons.


Miso has several uses in human and animal medicine. It is the same medication used everyday in abortion clinics for medication abortion, for miscarriage management, and in labor and delivery wards to induce labor and prevent postpartum hemorrhage.

It wasn't until Miso became available in pharmacies as an ulcer drug that communities in Brazil discovered an opportunity in the medication warning label: that taking these pills could induce miscarriage.

TWO protocols for ABORTION with PILLS

Pregnant people can use these World Health Organization protocols without clinical supervision, and it's recommended they know how to reach a clinic in the rare case of pill failure or complications..

MISO only




4 x 200 mcg 4 x 200 mcg 4 x 200 mcg

3 hours between pill sets

or...


MIFE + MISO



1 Mife x 200 mg (swallowed)
4 Miso x 200 mcg

24-48 hours between pill types

Miso can be taken buccally - dissolved between gum & cheek for 30 min then swallowed



If Miso is taken buccally there is **no visible way for anyone to know** it was used.

Health care providers could still see that someone was pregnant through tests, but the abortion will look no different than a miscarriage.

Note: misoprostol will cause uterine contractions **throughout pregnancy**. Statements published here refer to abortions before 12 weeks LMP.

Typical symptoms include heavy bleeding and cramping, plus possible vomiting and diarrhea. Medical attention is usually not required **UNLESS** someone has a lasting fever, extensive bleeding, or sharp pain in the side. The website mahotline.org has more info about warning signs.

If abortion pills fail to work, they can be taken again as soon as 48 hours later, or miscarriage care can be requested at a clinic or hospital (AKA procedural abortion). Abortion pills will not terminate an ectopic pregnancy, which is life-threatening and requires immediate medical intervention.

At the beginning of the COVID-19 pandemic, the expansion of telemedicine created new opportunities for providers to offer medication abortion to patients without meeting in person.



In places where the law prohibits telemedicine abortions, people can order the pills online.

At the same time, anti-abortion efforts restrict access for communities impacted by systems of oppression. Depending on a person's location and personal risk profile, they may face criminalization for seeking abortion care or supporting someone else with an abortion.

Since June 24, 2022, when the US Supreme Court overruled the federal right to abortion by overturning *Roe v. Wade*, legal risks for healthcare providers, pregnant people, and their support networks have increased greatly. States with anti-abortion policymakers have increasingly enacted bans, limiting people's options if they cannot travel for care.

reprolegalhelpline.org

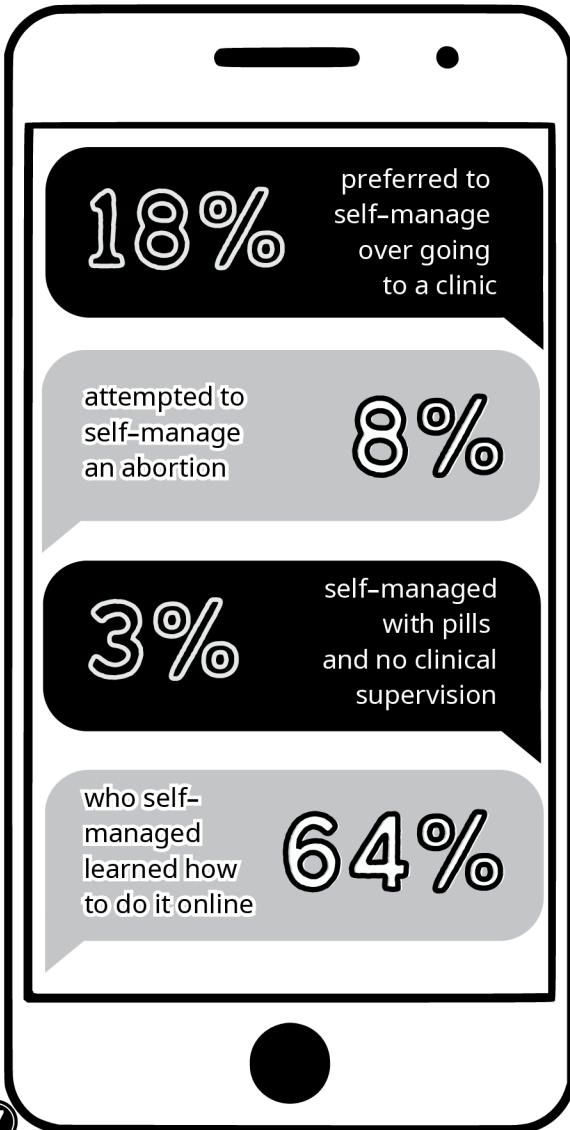
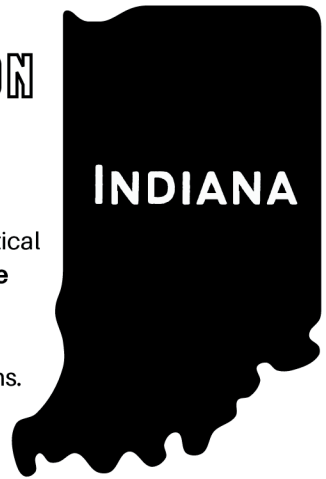
Despite legal risks, pregnant people in every community still need and have abortions.



Are you ready for the research to back it up?

WHAT WE KNOW ABOUT SELF-MANAGED ABORTION IN A STATE WITH RESTRICTED ACCESS

The Hoosier Abortion Access Study is a partnership of researchers, abortion providers, abortion funds, and practical support groups who led a study to **better understand the experiences of Indiana residents (Hoosiers) seeking abortion**. Between June 2021 and May 2022, over 400 Hoosiers filled out surveys while trying to access abortions.



Most study participants wanted to self-manage because they could not afford clinical care. Others wanted privacy during their abortion process.

After the study, Indiana lawmakers passed an abortion ban with limited exceptions. It is now nearly impossible for most Hoosiers to get in-state clinical abortion care.

While self-managing an abortion with pills is **MEDICALLY** safe, it may involve legal risk.

RESEARCHERS INTERVIEWED HOOSIERS TO LEARN ABOUT THEIR EXPERIENCES IN THEIR OWN WORDS

Medication abortion pills (Miso, with or without Mife) are the same pills used at abortion clinics, and there are decades of evidence confirming their safety and effectiveness. However, many Hoosiers did not know this about abortion pills.

Hoosiers said they needed support to navigate websites offering abortions pills, and guidance for how to self-manage an abortion.



Out of 40 interviewed, 10 people shared that they looked into self-managing. Two people used the online abortion pill directory, Plan C, to find a safe source of pills.



"I didn't know how safe it was going to be... But then I started researching it and... it was safer than Tylenol."

Ultimately, only one Hoosier interviewed self-managed because the closest clinic was three hours away and they said that option wasn't practical with their two young kids. When asked whether they would consider self-managing an abortion the same way in the future, they said:

"100% I would go with the medication one again, because I did it once, I already know how it [is]... There's no anxiety about it."

SCAN TO LEARN
MORE ABOUT THE
STUDY

linktr.ee/in.abortion



One more thing to cover:

SAFETY & SECURITY



**Have a
safety and
security
plan before
it's needed.**

Some ways to practice community care are to plan ahead, and utilize security tools to create safer situations for anyone at risk of criminalization for being pregnant, or for any health-related outcomes.

It may help to separate and define:

- **SECURITY** - measures that support a state (or sense) of being secure or free from fear or threat.
- **SAFETY** - being safe from undergoing or causing harm.
- **CARE** - providing what is necessary for the health, welfare, maintenance, and protection of someone; to look after and provide for the needs of someone.

we need
security to
have safety

and we need
safety to have
care



LET'S START WITH PERSONAL SAFETY

All pregnant people and those who love them
deserve safe and supportive care.

For abortion seekers with little to no support, groups such as abortion funds and abortion doulas can help. But it's important to avoid bad actors when searching for direct support, especially financial support.

Be on the lookout for
those who might
interfere with access
to care!

- Coercive/crisis pregnancy centers or fake clinics
- Anti-abortion extremists
- Controlling family members
- Other con artists



Vetted up-to-date groups can be found at abortionfunds.org

It is legal to travel out of
state for an abortion.

Still, whether
someone is traveling for
clinical care, or
self-managing at
home, everyone needs a
safety plan.

Up next:
5 steps for
making a
SAFETY PLAN



STEP ONE: Identify safe people who can be trusted to keep sensitive information private. The more support someone has, the more likely they are to have good abortion outcomes. Support people can help with things like internet searches, transportation, overnight company or comfort while taking the pills, childcare, meals, and more.

STEP TWO: Identify legal risk factors such as living in a state that has banned abortions, or being a minor in a place with parental involvement laws. Weigh legal risks and discuss ideas with trusted support people. Legal services for anyone facing criminalization for abortion and pregnancy, including young people, is available here: reprolegalhelpline.org

STEP THREE: Consider personal vulnerabilities that put you at risk of surveillance or carceral violence (such as being trans or having an existing criminal case) when deciding about activities that might carry legal risks.

STEP FOUR: Don't be afraid or ashamed to seek out support! The stigma connected to abortion is tied directly to oppressive systems. If someone cannot safely get support from their loved ones, abortion funds are there to help.

STEP FIVE:

learn the differences between typical abortion symptoms, and a medical emergency which requires a trip to the hospital.



THE DIFFERENCES BETWEEN TYPICAL ABORTION SYMPTOMS AND A MEDICAL EMERGENCY

Medication abortion (Miso + Mife) symptoms typically include heavy bleeding & cramps (often heavier & more intense than a period), plus possible vomiting and diarrhea. The pain is usually manageable with Ibuprofen or Tylenol and a heating pad.

Medical attention is required if someone experiences a fever for more than 24 hours, hemorrhaging (bleeding through more than two heavy pads per hour for over two hours), or has a very sharp pain that cannot be managed.

Abortion pills will not terminate an ectopic pregnancy. Ectopic pregnancies grow outside of the uterus. Although they are rare, ectopic pregnancies endanger the life of the pregnant person and must be terminated as soon as possible through a clinical or hospital procedure.

At the time of publishing this zine, some hospitals in states with abortion bans are uncertain about what they can or cannot do, which may cause delays in care. If hospital staff is delaying or withholding care in an emergency, the patient can contact **844-868-2812** for help.

When abortion pills are dissolved in the cheeks then swallowed, there is no way to tell if a patient is having symptoms or complications from abortion pills, or a spontaneous miscarriage. The treatment is the same for both. People don't have to share information with their doctors that they don't want to share.

Confidential support from medical professionals for self-managed miscarriage & abortion
ma hotline.org | 1-833-246-2632

DON'T FORGET DIGITAL SECURITY

Information stored online, such as search histories, purchase receipts, private messages, and locations have been used by both abusers and the carceral state to punish people for suspected abortion related activities.

The best way to minimize digital risk is to have conversations in person with only trusted support people who will not gossip or otherwise share confidential information.

When conversations happen digitally, it's even more important to be very selective about who to discuss risky activities with, and on what platforms.

Messaging platforms with end-to-end encryption and features like disappearing messages, such as Signal, can minimize digital trails. However, even on these platforms, people can take screenshots or copy messages, so it's important to only have discussions with trusted support people who will not share confidential information.



Learn more!

digitaldefensefund.org/learn



If someone is hiding an abortion from certain individuals, and those individuals have access to an abortion seeker's devices or accounts, or use digital tools to track or surveil the abortion seeker, the abortion seeker will need a digital safety plan. Learn more! ssd.eff.org

If someone is concerned they might be at legal risk based on how they want to manage their abortion process, a proactive digital security plan can minimize digital evidence.

Remember! Legal services for anyone facing criminalization for abortion, including young people, is available here:

In past cases, digital evidence such as search histories, private messages, and emailed receipts have been used to prove someone's intent to have an abortion in a criminal case after a pregnancy loss.



reprolegalhelpline.org



SHARING INFORMATION SAFELY AND RESPONSIBLY

In the United States, our right to share information about how abortion pills work, and how people get them is protected by the First Amendment of the Constitution as free and truthful speech.

The information in this zine is widely and publicly available, and is not legal or medical advice.



Giving medical advice requires a specialized license, and while some medical professionals can provide abortion care remotely, there are strict regulations for almost all abortion provision.

Professionals face their own set of risks depending on location and activities.

People sharing information about the medical safety and availability of abortion pills have a responsibility to inform their audience about the potential legal risks and safety measures mentioned here.

THIS ZINE IS ANTI-COPYRIGHT. ABORTION PILLS AND INFORMATION ABOUT HOW THEY WORK BELONGS IN THE HANDS OF PEOPLE WHO NEED THEM. PLEASE SHARE THIS WIDELY!

linktr.ee/a.bortion

