



Welcome to Hope Clinic

We are honored to have you with us today.

All of our staff work their hardest to provide you quality, compassionate care.

Our physicians are experts in the field of abortion care.

This is our patient information packet. Please review this packet as soon as you receive it, and return it to the front desk when you are done.

Before returning it, feel free to share it with anyone who came with you today.

Note: waiting times vary, please be patient.

- The order in which you are seen is based on several factors, not just your time of arrival. Different procedure types require different amounts of time. We work to give each patient the individualized care they need.
- For your safety and comfort, please do not consume food or drink after entering our facility.



The Big Question:

Medication v. Surgical Abortion

“What would you do?” or “What should I do?” - Every one of us is so different, with a completely different life story and set of circumstances. We all have very different lives, even us here at Hope! Our job is to help guide you in figuring out which procedure might be best for you, not tell you what to do or what we would do personally. This is *your decision*, and we’re here to support that.

Neither the medication nor the surgical abortion is objectively “better” than the other. Both come with advantages and disadvantages based on your preferences and circumstances. We are here to help you explore those in order to make an informed decision about which process would be best for *you*.

Here are some questions to consider before choosing a medication or surgical abortion:

- What are you looking for in your abortion experience? Are you looking to have it completed as quickly as possible or would you rather experience the process?
- How do you feel about your role in the process? Do you want to be under the care of a provider or would you prefer to manage the abortion at home while miscarrying?
- Do you have people you really value being with your during the process?
- Are you able to take multiple days to complete the process?
- If you have children, are you able to have someone else help watch your children for an extended period of time?
- Do you feel comfortable with unpredictability in bleeding/pain or do you need to have clear expectations?
- Do you have safety concerns in your home-life that may interfere with your recovery?
- Will you be able to/are you willing to be seen by a doctor for a check-up within 1-2 weeks?

No matter which one you choose, it’s important to not eat or drink after you enter the facility, before your procedure!

A Comparison of Surgical and Medication Abortion

	Surgical Abortion (in-clinic procedure)	Medication Abortion (the abortion pill)
What is it?	A surgical or in-clinic abortion is a procedure performed by a physician that involves the dilation of the cervix and removal of the pregnancy with vacuum aspiration/suction	A medication abortion is a three step process managed by the pregnant person that involves taking a series of medication over the course of two days in order to terminate the pregnancy and induce a miscarriage. This process involves passing the pregnancy tissue at home and completing a follow-up visit to determine success.
When?	→ 6 - 14 weeks	→ 6 - 10 weeks
How often does it fail?	<ul style="list-style-type: none"> → Rarely → Less than 1% chance of failure <ul style="list-style-type: none"> ◆ Failure occurs in less than 1 out of every 100 patients. 	<ul style="list-style-type: none"> → Occasionally → 2% - 7% chance of failure <ul style="list-style-type: none"> ◆ Failure occurs between 2 to 7 times out of every 100 patients. → Failure rate increases with gestational age:
How long does it take?	<ul style="list-style-type: none"> → Procedure length is typically about 5 minutes for pregnancies under 10 weeks. → 30 minute post-abortion recovery in clinic 	<ul style="list-style-type: none"> → 3 Step Process <ul style="list-style-type: none"> → Mifepristone (today) → Misoprostol/Cytotec (24-48 hours after mifepristone) (tomorrow afternoon/evening; must be at home for 24 hours) → Follow-up visit (recommended) (1 - 2 weeks after mifepristone)
Does it Hurt?	→ Most will experience mild to strong cramping during procedure	→ Most will experience mild to strong cramping during miscarriage
Pain Management	<ul style="list-style-type: none"> → Pain medication provided before and after procedure <ul style="list-style-type: none"> ◆ Pain medication will help with, but not necessarily get rid of, pain and cramping → Additional IV (intravenous) sedation available for patients w/ driver 	<ul style="list-style-type: none"> → Pain medication prescribed as needed <ul style="list-style-type: none"> ◆ Pain medication will help with, but not necessarily get rid of, pain and cramping
Bleeding	<ul style="list-style-type: none"> → During Procedure: Doctor removes contents of uterus in-clinic → After Procedure: bleeding is common for several hours up to 2-6 weeks → Menstruation likely to begin 4-8 weeks from procedure 	<ul style="list-style-type: none"> → During miscarriage, moderate to heavy bleeding, passing small and large clots at home → Afterward miscarriage: lighter bleeding for 2-6 weeks → Menstruation likely to begin 4-8 weeks from miscarriage
Complications	→ Occur in less than 1% of our patients	→ Occur in less than 1% of our patients
Follow-Up Visit	<ul style="list-style-type: none"> → Follow-up within 2 weeks → Can be completed at Hope Clinic or with your own provider 	<ul style="list-style-type: none"> → Follow-up within 1-2 weeks → Can be completed at Hope Clinic or with your own provider; no additional cost for follow-up visit at Hope Clinic

Advantages v. Disadvantages

	Surgical Abortion (in-clinic procedure)	Medication Abortion (the abortion pill)
Advantages	<ul style="list-style-type: none"> → Shorter process than medication abortion → Short, intense predictable period of cramping → Can be done later in pregnancy → Physician removal of pregnancy → Presence of medical staff → Optional IV sedation (with driver) → Can use tampons/have sex sooner after procedure (after 48 hours) 	<ul style="list-style-type: none"> → Induces a miscarriage, some people say it feels more "natural" → No shots (unless your blood type is Rh-) → Ability to be at home during abortion → Any support person can be present during miscarriage at home
Disadvantages	<ul style="list-style-type: none"> → Some people are uncomfortable with pelvic exams → Possible side-effects of anesthetics → 1 day off work/school → Cannot end a tubal pregnancy 	<ul style="list-style-type: none"> → Longer Process than surgical abortion → Heavy Bleeding → Strong Cramping → More time off required (48-72 hours from mifepristone dosage in clinic) → Higher Failure Rate than surgical → Side Effects of Misoprostol/Cytotec <ul style="list-style-type: none"> ◆ Nausea/Vomiting ◆ Diarrhea ◆ Fever → Follow-up needed to confirm completion of abortion → Cannot end a tubal pregnancy



Medication Abortion Process

“the abortion pill”

Your ultrasound must indicate a pregnancy ten weeks or less to be a candidate for the medication abortion.

Your visit today will consist of the following:

1. Check-in and paperwork
 - You've already completed this step if you're reading this packet!
2. Ultrasound & Lab
 - We will measure the length of your pregnancy
 - You'll be tested to see if you have a positive or negative blood type and we'll take your vital signs
3. Patient Education & Support
 - After reading this notebook, you will meet with one of our staff to go over information relevant to your procedure, discuss your options, and answer any questions you might have.
 - At this time, you will receive thorough instructions on the procedure, and you'll sign your consent documents.
4. Payment
 - You'll return to the lobby where we'll collect payment. You can also schedule your 1-2 week check-up at this time.
5. Preparation
 - You'll receive a dose antibiotic to help prevent infection
 - You'll also receive 4 misoprostol pills to use at home in 24-48 hours and medication to manage the cramping.
6. You'll take the abortion pill (Mifepristone) downstairs
 - After this you'll be sent home to a trusted family member or friend. Here, you'll follow the aftercare instructions listed on the next page.



Remember: We are here to answer your questions! If you have questions about the process or aftercare, don't hesitate to ask us! We want you to feel as comfortable as possible.



So, What's Next?

At-Home Aftercare, and What to Expect after taking the abortion pill

The pill you take at the clinic (mifepristone) and the four you take at home (misoprostol) work together to cause your body to miscarry the pregnancy. This will cause moderate to severe cramping over the next couple of days, which is expected. It is also possible to experience heavy bleeding, nausea, vomiting, diarrhea, fever, or chills. We will give you instructions on what to do if this occurs.

Things to keep in mind:

- If you are under 18, you need to have a responsible adult (that you live with) with you today to hear these aftercare instructions and be with you at the time of the miscarriage.
- You must be at home or in the home of a trusted family member or friend at the time of the miscarriage, for at least 24 hours.
- It is important not to be alone when this happens, and you should be within an hour of a hospital in case anything goes wrong.
- If you have small children, arrange for someone to babysit during the time of the miscarriage. This is a time to focus on *you* and *your health*.
- We recommend that you have a support person who can drive and has access to a car with you during the miscarriage or on call.
- Make sure you are able to return to the clinic within the next few weeks for the follow-up appointment. This is vital to make sure the abortion effectively ended the pregnancy. If you can't return here, you must make an appointment with a different provider to do the post-abortion exam, and have them send us the results.

Can my medical abortion fail?

There is a 2-7% failure rate with this type of abortion. If it fails, it's important to continue with the abortion process, as the pills can cause major birth defects if you progress with the pregnancy. You must return to the Hope Clinic for a vaginal ultrasound in two weeks so that we can confirm that your abortion was successful. If it was not, we will provide a surgical abortion for no additional cost as long as you don't wait more than a month for your follow-up appointment. If you fail to return, we will call to check on you and schedule your appointment.

Remember: Like any procedure, complications are possible, but not probable. The Hope Clinic's goal is to help you make the best decision for *your life*. Trust yourself and your decisions, because you are the only one who can truly decide what's best for *you and your family*. We are not here to shame you or persuade you to do anything, only support the path you decide to take.



Surgical “in clinic” Abortion Preparation Process

Your visit today will consist of the following:

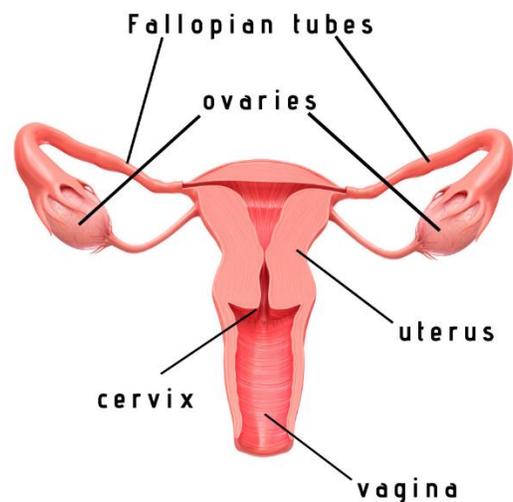
1. Check-in and paperwork
2. Ultrasound & Lab
 - We will measure the length of your pregnancy
 - You’ll be tested to see if you have a positive or negative blood type and we’ll take your vital signs
3. Patient Education and Support
 - After reading this notebook, you will meet with one of our staff to go over information relevant to your procedure, discuss your options, and answer any questions you might have.
 - At this time, you will receive thorough instructions on the procedure, and you’ll sign your consent documents.
4. Payment
 - You’ll return to the lobby, and a staff member will call your name. We’ll then collect payment. You can also schedule your 1-2 week check-up at this time.
5. Procedure Preparation
 - When you’re called, you’ll go downstairs for the procedure.
 - Before your procedure a nurse give you a prescription-strength ibuprofen, and an antibiotic to help prevent infection. If you have a driver, the nurse will give you a Benadryl as well.
 - For the safety and privacy of our patients, Hope Clinic policy does not allow anyone other than staff and patients in the procedure or recovery room.
6. The procedure is outlined on the next page, and your patient support staff member will also go over it with you during your session.



Remember: We are here to answer your questions! If you have questions about the process or aftercare, don’t hesitate to ask us! We want you to feel as comfortable as possible.

Surgical “in clinic” Abortion Procedure Process

1. If you've chosen to get the comfort shot (or measure at 14 weeks or greater), a nurse will insert a small IV port into the vein of your arm or hand, and it will be taped comfortably in place.
2. You'll be brought to the dressing room to change, where you can read the journal left by other patients and write a note or tell your own story.
3. After you change, a nurse will bring you to the procedure room, where she'll help you onto the table and drape a sheet over you from the waist down. She will remain by your side for comfort and support throughout the procedure. *You are not alone.*
4. If you decided to take the comfort shot, it will be administered before your procedure. You will feel relaxed, but it won't put you to sleep. Regardless of whether you decided to get the comfort shot, it's important to remain calm and practice slow breathing throughout the procedure. Most procedures only take about 5 minutes.
5. The doctor will insert the speculum -- the same instrument used during a pap smear -- into the vagina, so they can view the cervix. The cervix is then numbed with a local anesthetic.
6. The doctor will dilate your cervix. This causes cramping. Focus on your breathing.
7. After the cervix is dilated, a small plastic tube (vacurette) is inserted into the cervix. This causes cramping, so start practicing slow breathing to mitigate any pain or discomfort.
8. The vacurette is attached to plastic tubing, which is attached to the vacuum aspirator. The vacuum aspirator applies a gentle suction to your uterus, removing the contents. When you hear the low-pitched hum of the machine, you'll know the procedure is almost over.
9. When the procedure is completed, the doctor will insert a sterile tampon into the vagina.
10. You will be taken to the recovery room, where you'll relax and be monitored in a comfortable recliner for the next 30 minutes. For the first several minutes, you may experience cramping as your uterus contracts to its normal size. You will be given a snack and may ask for a heating pad if you'd like.





So, What's Next?

at-home aftercare, and what to expect after having a surgical abortion

Hope Clinic suggests a follow-up visit after your surgical abortion. This visit is just to verify completion of the abortion and address any concerns you might have, post surgical abortion. Many people like to get this visit just for peace-of-mind. You can complete this visit with us for a \$25 charge, or with another provider.

Normal Bleeding and Cramping:

- Normal bleeding varies from person to person, but can include bleeding that lasts 1-5 days, no bleeding at all, bleeding off and on for up to 4 weeks, and/or passing dark blood clots. Your next period will start in about 4-6 weeks from today.
- You may experience cramping for a few days after the procedure, or even no cramping at all. Like bleeding, normal cramping varies from person to person. You can take over-the-counter medication like ibuprofen or Tylenol for cramps. Don't use anything with aspirin, since aspirin is a blood thinner and may cause heavier bleeding.

Signs of Infection and How to Prevent it:

- To prevent infection we will have given you an antibiotic, and that dose is all that's needed. Use pads rather than tampons and don't have sexual intercourse for 48 hours after the procedure. Don't douche or go swimming until your follow-up appointment.
- Running a temperature of 100.4 degrees or higher, a bad-smelling vaginal discharge, and/or severe pain can be a sign of infection. If you experience any of these symptoms, call Hope Clinic immediately. An untreated infection can impact your ability to have children in the future.

Possible Complications:

- Incomplete abortion: This means tissue from the pregnancy is still inside the uterus after an abortion. Signs include heavy bleeding (soaking 2 or more pads an hour) or severe cramps that are not relieved by pain pills.
- Perforation (tear) in the cervix, uterus, bowel, or bladder: This happens in less than 1% of patients, but it causes hemorrhage and, in rare cases, can require corrective surgery. You can help keep this complication rare by lying still during your procedure, which most people are able to do.

Remember: Like any procedure, complications are possible, but not probable. The Hope Clinic's goal is to help you make the best decision for *your life*. Trust yourself and your decisions, because you are the only one who can truly decide what's best for *you and your family*. We are not here to shame you or persuade you to do anything, only support the path you decide to take.