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(310) 820-8084

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(408) 240-2614



GUIDE TO MEDICATION ABORTION



Call (877) 883-7264 | 24 hour Nurse Advice

www.fpawomenshealth.com

Read this information carefully before taking Mifepristone and misoprostol. It will help you understand how the treatment works. This Medication Guide does not take the place of talking with your health care provider.

What is Mifepristone?

Mifepristone is used in a regimen with another prescription medicine called misoprostol to end an early pregnancy. Early pregnancy means it is 70 days (10 weeks) or less since your last menstrual period began. Mifepristone blocks a hormone needed for your pregnancy to continue. When you use Mifepristone on Day 1, you also need to take another medicine called misoprostol 24 to 48 hours after you take Mifepristone, to cause the pregnancy to pass from your uterus.

When the pregnancy passes from the uterus, you will have bleeding and cramping that will likely be heavier than your usual period. About 2 to 7 out of 100 women taking Mifepristone will need a surgical procedure because the pregnancy did not completely pass from the uterus or to stop bleeding.



Who should not take Mifepristone tablets?

Some women should not take Mifepristone. Do not take Mifepristone if you:

- Have a pregnancy that is more than 70 days (10 weeks). Your health care provider may do a clinical examination, an ultrasound examination, or other testing to determine how far along you are in pregnancy.
- Are using an IUD (intrauterine device or system). It must be taken out before you take Mifepristone.
- Have been told by your health care provider that you have a pregnancy outside the uterus (ectopic pregnancy).
- Have problems with your adrenal glands (chronic adrenal failure).
- Take a medicine to thin your blood.
- Have a bleeding problem.
- Have porphyria.
- Take certain steroid medicines.
- Are allergic to mifepristone, misoprostol, or medicines that contain misoprostol, such as Cytotec or Arthrotec.

Ask your health care provider if you are not sure about all your medical conditions before taking this medicine to find out if you can take Mifepristone.

What is the most important information I should know about Mifepristone?

What symptoms should I be concerned with? Although cramping and bleeding are an expected part of ending a pregnancy, rarely, serious and potentially life-threatening bleeding, infections, or other problems can occur following a miscarriage, surgical abortion, medication abortion, or childbirth. It is important to seek medical attention as soon as possible if any of these things happen. Serious infection has resulted in death in a very small number of cases. There is no information that use of Mifepristone and misoprostol caused these deaths. If you have any questions, concerns, or problems, or if you are worried about any side effects or symptoms, you should contact your health care provider.

Call (877) 883 -7264 for 24 hour Nurse Advice

Be sure to contact your healthcare provider promptly if you have any of the following:

Heavy Bleeding. Contact your healthcare provider right away if you bleed enough to soak through two thick full-size sanitary pads per hour for two hours in a row or if you are concerned about heavy bleeding. In about 1 out of 100 women, bleeding can be so heavy that it requires a surgical procedure (surgical aspiration or D&C).

Abdominal Pain or “Feeling Sick.” If you have abdominal pain or discomfort, or you are “feeling sick,” including weakness, nausea, vomiting, or diarrhea, with or without fever, more than 24 hours after taking misoprostol, you should contact your health care provider without delay. These symptoms may be a sign of a serious infection or another problem such as an ectopic pregnancy (a pregnancy outside the womb).

Fever. In the days after treatment, if you have a fever of 100.4°F or higher that lasts for more than 4 hours, you should contact your health care provider right away. Fever may be a symptom of a serious infection or another problem.

If you cannot reach your health care provider, go to the nearest hospital emergency room. Take this Guide to Medication Abortion with you.

When you visit an emergency room or a health care provider who did not give you your Mifepristone you should give them your Medication Guide so that they understand that you are having a medication abortion with Mifepristone.



What to do if you are still pregnant after Mifepristone with misoprostol treatment.

If you are still pregnant, your health care provider will talk with you about a surgical procedure to end your pregnancy. In many cases, this surgical procedure can be done in the office/clinic. Misoprostol can cause serious birth defects if a pregnancy were to continue after use of this medication.

Talk with your health care provider. Before you take Mifepristone you should read this Medication Guide and you and your health care provider should discuss the benefits and risks of using Mifepristone.



What should I tell my health care provider before taking Mifepristone?

Before you take Mifepristone tell your health care provider if you:

- Cannot follow up within approximately 7 days of your first visit.
- Are taking medicines, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
- Have an IUD.

Mifepristone and certain other medicines may affect each other if they are used together. This can cause side effects.

How should I take Mifepristone?

- Mifepristone will be given to you by a health care provider in a clinic, medical office, or hospital.
- You and your health care provider will plan the most appropriate location for you to take the misoprostol, because it may cause bleeding, cramps, nausea, diarrhea, and other symptoms that usually begin within 2 to 24 hours after taking it.

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Follow the instruction below on how to take Mifepristone and misoprostol: Mifepristone (1 tablet) orally + misoprostol (4 tablets) buccally

TONIGHT:

- Take 1 Mifepristone by mouth with your healthcare provider.
- Your health care provider will give you 4 misoprostol tablets to take 24 to 48 hours later.

**Take all of the antibiotic pills given to you with a large dinner. They may cause nausea or vomiting. It is ok if you throw them up. Keep them down as long as possible.*

TOMORROW: One hour before the time that you and your provider selected have a snack or light meal and take your pain medicine.

60 minutes later

- Take the misoprostol – all 4 at once, 2 tucked in to each cheek to dissolve. Do not swallow them. Do not drink, eat, or smoke.

30 minutes later

- Take a drink of water, swish in your mouth, and swallow any parts of pills remaining in your cheeks. Expect severe cramping and heavy bleeding to begin, either immediately or within the next few hours.

Your activities should be restricted for 2 weeks. Do not put anything in your vagina; no tampons or intercourse. Do not perform vigorous exercise or heavy lifting during these 2 weeks.

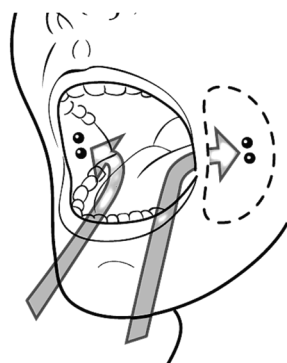


FIGURE A

2 tablets between your left cheek and gum and
2 tablets between your right cheek and gum.

- The medicines may not work as well if you take misoprostol sooner than 24 hours after Mifepristone or later than 48 hours after Mifepristone.

- Misoprostol often causes cramps, nausea, diarrhea, and other symptoms. Your health care provider may send you home with medicines for these symptoms.

Follow-up Assessment at Day 7:

- This follow-up assessment is very important. You must follow up with your health care provider about 7 days after you have taken Mifepristone to be sure you are well, that you have had bleeding, and the pregnancy has passed from your uterus.
- Your health care provider will assess whether your pregnancy has passed from your uterus. If your pregnancy continues after taking a medication abortion, there is an increased risk of birth defects. If you are still pregnant, your healthcare provider will talk with you about a surgical procedure to end your pregnancy.
- If your pregnancy has ended, but not yet completely passed from your uterus, your provider will talk with you about other choices you have, including waiting, taking another dose of misoprostol, or having a surgical procedure to empty your uterus.

When should I begin birth control?

You can become pregnant again right after your pregnancy ends. If you do not want to become pregnant again, start using birth control as soon as your pregnancy ends or before you start having sexual intercourse again.

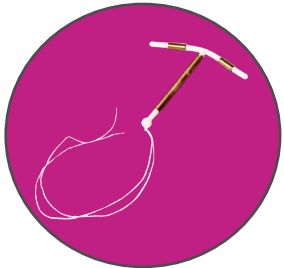
What should I avoid while taking Mifepristone and misoprostol?

Do not take any other prescription or over-the-counter medicines (including herbal medicines or supplements) at any time during the treatment period without first asking your health care provider about them because they may interfere with the treatment. Ask your health care provider about what medicines you can take for pain and other side effects.

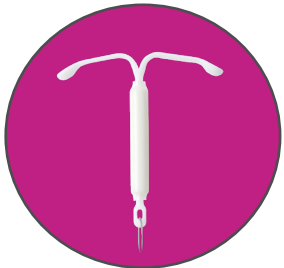
What to expect at your follow up visit:

At your follow up visit, one week after taking the Mifepristone, you will be evaluated to determine if the medication abortion was successful. You will have a transvaginal ultrasound performed and a clinician will speak to you to ensure you no longer have any symptoms of pregnancy.

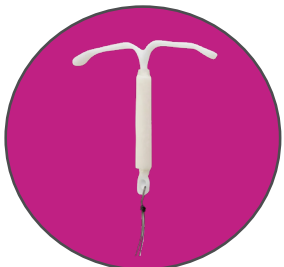
At that visit you can choose a method of birth control that is right for you!



PARAGARD - A small, *non-hormonal* T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 10 years.



MIRENA - A small, hormonal T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 6 years.



KYLEENA - A smaller hormonal T-shaped device that is inserted into the uterus to prevent pregnancy, lasting up to 5 years. It also has a very, very low hormone level.



NEXPLANON - Hormones to prevent pregnancy are delivered from a small “rod” that is inserted under the skin of the arm, lasting 3 years.



DEPO-PROVERA - A “progestin” only medication that is injected in the arm or hip every 3 months to prevent ovulation and subsequent pregnancy.



VAGINAL RING - A small, flexible ring that is placed in the vaginal canal by the patient every 4 weeks to allow hormones to be absorbed into the body.



PATCH - A patch releases hormones to be absorbed through the skin to prevent both fertilization of an egg and implantation of pregnancy.



PILLS - A combined hormone pill that is taken by mouth on a daily basis to prevent both fertilization of an egg and implantation of a pregnancy.