Self manage your abortion (a) home



a field guide

ABOUT THIS ZINE

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In summer 2022, Plan C created a fellowship program to help communicate about and shift public perception of medication abortion and self-managed abortion. Artists selected for the fellowship received a grant to see their idea through. This zine is the result of a collaboration between six of those fellowship recipients.



A LEGAL HISTORY OF U.S. ABORT ON

It was not until the mid 1800s, that the practice of abortion became a controversial topic.

Midwifery, an alternative maternity care model that continues to be offered today, predates medical and legal structures that are exhibited in the following timeline.

Prior to the development of the American Medical Association, midwives were the main providers of support during pregnancy and postpartum. Midwives have been critical in assisting with labor, delivery, and abortion care.

> State Federal

1847 American Medical Association

1992 Planned Parenthood v. Casey

> 1984 Global Gag Rule

1989 Webster v. Repro

<mark>1990</mark> Hogsten v. Minnesota

Stenberg v. Carhart

2003

Gonzalez v. Carhart

President Bush signs anti-abortion act, prohibiting certain procedures



Abortion Is Sacred <u>A History of Abortion Across</u> <u>Time and Cultures</u>

On June 24, 2022, the Supreme Court of the United States (SCOTUS) released its decision on Dobbs v. Jackson Women's Health Organization, a decision that ruled that the Constitution of the United States did not protect the right to an abortion. This move from SCOTUS has left it up to individual states to make their own legal decisions about abortion and now at least 18 states have bans on abortion. The bans range from 20-week bans to a total ban on abortion.

However, SCOTUS's recent decision makes the US stand out on the global scale. 59 countries have expanded access to abortion since 1990. In 24 countries, abortion is fully banned.

Abortion is far from a modern invention. Abortion has existed for as long as pregnancy has existed and has been documented in cultures across the world throughout history. Sadly, restrictions on bodily autonomy have also been

Egypt

Abortion in ancient Egypt was achieved through various methods, including herbal concoctions and intravaginal methods such as suppositories and douches. The Ebers Papyrus from 1536 BC was a medical text that included a section on methods to terminate a pregnancy.

China

present.

A medical text known as the Shennong Bencao Jing outlines 5 substances that can be used for abortion.

North America

Indigenous cultures used over 100 substances to control their pregnancy outcomes, including sagewort, black elm, and stone seed.

Greece and Rome

Abortion was well-documented and was primarily done by women who were midwives. While Socrates and Aristotle spoke about abortion from a eugenicist point of view and Hippocrates refused to assist in the procedure (but for the reason that, at the time, it posed a danger to the pregnant person's life), it was still a relatively common and accepted practice. The herb silphium was used to prevent and terminate a pregnancy and was used *so* much that it went extinct. In Rome, abortion was sometimes punished, not for being seen as murder, but due to beliefs that abortion was a slight to the father and a violation of parental rights.



Mexico

It was taught that the most important role for people with uteruses was to bear children. However, Indigenous people knew and practiced abortion methods, despite the risk of the death penalty within some societies for both the person who provided the abortion and the person who received the abortion. Midwives created herbal concoctions, conducted surgical abortions, and used various methods to assist the members of their communities.

TODAY

Today, we can control our reproductive outcomes with mifepristone and misprostol. We know that self-managing an early abortion with pills is medically safe and effective. Abortion is extremely safe and common and should be readily available in all states through clinics, telemedicine, and self-managed care. Plan C has a Guide to Abortion Pill Access at www.plancpills.org/find-pills.

Abortion is an ever-present aspect of human history and should be honored and protected as a key tool, regardless of method used, for controlling our bodies and determining the paths we want our lives to take. Abortion is sacred.





Resources

Guide to Abortion Pill Access

PlanCPills.org provides up-to-date information on how people in the U.S. are accessing abortion pill options online. Many telehealth abortion providers offer flexible pricing or will help patients connect with outside financial support. The **PlanCPills.org** guide shows whether financial assistance may be available from each provider. If you're in need of financial help, ask your provider if they can help you directly or if they can refer you to an abortion fund. Local abortion funds may also have resources to help you.

For Medical Questions

The **M+A (Miscarriage + Abortion) Hotline** is a team of compassionate clinicians who offer free expert advice on self-managing your miscarriage or abortion. They will not ask your name. Call or text **1-833-246-2632**

For Logistical and Emotional Support

Reprocare Healthline supports people having abortions with pills at home by offering free medical information and compassionate emotional support. Call or text **833-226-7821**

For Legal Questions:

The **Repro Legal Helpline** is a free, confidential resource where you can get legal information about the abortion laws in your state, including self-managed abortion. Call **844-869-2812** or visit **www.reprolegalhelpline.org**

For Activism

We've made a lot of progress in making at-home abortion available in the U.S. — but we still need your help. Not everyone knows about abortion pills or how they can be accessed online. Visit **www.plancpills.org/supportabortion** to learn how you can help us spread the word and bring online abortion pill access to the mainstream.

Mail Forwarding

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People who live in states with restrictive laws can still get pills for a safe at-home abortion by using creative options like mail forwarding services.

Visit PlanCPills.org and check our map of states to find a Telehealth abortion service in a state like CA or NY where telehealth is allowed

Set up a "virtual mailbox" using a service like PostScan-Mail. The cost is usually around \$35. You will have to provide personal information and address.

The virtual mailbox uses this information to fill out a USPS form that gives them permission to handle your mail. This form will need to be notarized, a service provided by the virtual mailbox company.

Do an online consultation with a telehealth abortion provider in the state where you set up your virtual mailbox.

List your new virtual address as you shipping address for the abortion pills.

Watch your virtual mailbox account so you know when your package arrives.

Forward it to your home address using UPS, FedEx, or USPS.

Once your package arrives cancel your virtual mailbox so you will not be charged another monthly fee.

ORDER ABORTION PILLS NOW-TO HAVE ON HAND FOR LATER.



DON'T TALK TO COPS!

THE MAJORITY OF PEOPLE WHO SELF-MANAGE ABORTIONS DO NOT INTERACT WITH POLICE OR FACE LEGAL CONSEQUENCES. HOWEVER, IT IS IMPORTANT TO UNDERSTAND THAT THIS IS A POSSIBILITY, ESPECIALLY AS CRIMINALIZATION OF ABORTION AND PREGNANCY LOSS CONTINUES ACROSS THE SO-CALLED UNITED STATES. PEOPLE DO NOT EVER NEED TO DISCLOSE A SELF-MANAGED ABORTION OR AN ATTEMPT TO END A PREGNANCY WITH A MEDICAL PROVIDER. THIS IS IMPORTANT TO REMEMBER BECAUSE MEDICAL PROVIDERS COULD REPORT THIS INFORMATION TO POLICE

THE MOST COMMON WAYS PEOPLE HAVE BEEN CRIMINALIZED? THEY DIDN'T KNOW WHAT TO DO WITH FETAL REMAINS OR TOLD A MEDICAL PROVIDER, SOCIAL WORKER, OR FRIEND WHO REPORTED THEM TO POLICE.

LISTED BELOW ARE USEFUL REMINDERS ABOUT YOUR RIGHTS DURING POLICE INTERACTIONS. HOWEVER, IT IS IMPORTANT TO NOTE THAT IT MAY BE UNSAFE TO EXERCISE YOUR RIGHTS OR COPS MAY NOT RESPECT THESE RIGHTS DISCLAIMER : THIS IS NOT LEGAL ADVICE

IF COPS QUESTION YOU IN PERSON, ASK IF YOU ARE FREE TO LEAVE

 IF THEY SAY "YES, YOU ARE FREE TO LEAVE"

• YOU HAVE THE RIGHT TO LEAVE RIGHT AWAY AND STOP TALKING TO THE POLICE OR ANSWER THEIR QUESTIONS.

IF THEY SAY "NO"

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- YOU ARE BEING DETAINED, AND YOU MAY BE PLACED UNDER ARREST. YOU DO NOT HAVE TO TALK TO THE POLICE OR ANSWER THEIR QUESTIONS. YOU DO NEED TO SAY SOMETHING LIKE "I AM EXERCISING MY RIGHT TO REMAIN SILENT" AND THEN STOP TALKING.
 YOU HAVE A RIGHT TO A LAWYER.
- EVEN IF YOU CANNOT AFFORD ONE.
 - IF YOU WANT TO TALK TO A LAWYER, YOU NEED TO SAY SOMETHING LIKE "I WANT TO TALK TO A LAWYER. I AM EXERCISING MY RIGHT TO REMAIN SILENT"

FOR MORE INFORMATION ABOUT LEGAL RIGHTS, VISIT REPROLEGALHELPLINE.ORG

IF THE POLICE ARE PURSUING LEGAL ACTIONS OF ANY KIND AGAINST YOU OR SOMEONE YOU KNOW FOR ABORTION-RELATED REASONS, EITHER CALL IF/WHEN/HOW'S REPRO LEGAL HELPLINE AT CALL 844-868-2812 OR FILL OUT THEIR SECURE ONLINE FORM THROUGH THAT IS AVAILABLE AT REPROLEGALHELPLINE.ORG REMEMBER: WE KEEP US SAFE, NOT COPS

about self-managed abortion

Self-managing a Medication Abortion is usually done with one or two medicines: Mifepristone (Mife) ends hormones to the pregnancy, and Misoprostol (Miso) causes the uterus to cramp up and shed its contents. Depending on how far along the pregnancy is, there can be moderate to severe cramping and a moderate amount of blood and tissue passed. Nausea, diarrhea and chills are a few common effects, but with some prep, these are usually very manageable.

Through the 12th week of pregnancy, it's recommended to follow one of these regimens:

 200 mgs of Mife, followed 24-48 hours later by 800 mcgs of Miso held under the tongue or placed in the vagina.

This method is ~95% effective for terminating a pregnancy and has a complication rate of ~.4% For pregnancies of 9 or more weeks, additional miso is recommended; see instructions at MAHotline.org

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 3 doses of 800 mcgs of Miso under the tongue or in the vagina, each 3 hours apart. This method is ~84% effective for terminating a pregnancy and has a complication rate of ~.7%, though some clinical and anecdotal evidence suggests this regimen is as safe and effective as Mife.

Because it's extremely safe, the World Health Organization says that these medications can be used to self-manage an abortion through the end of the 12th week, without any need for consultation with a clinician. For more information about how to use abortion pills, visit https://aidaccess.org/en/ and https://www.mahotline.org/.

Recommendations based on Reports from the World Health Organization and Ipas. Statistics from the Guttmacher Institute and von Hertzog et Al, 2007 and come from clinic managed settings.

SMA vs. Finding In-Clinic Care

Self-managing an abortion is a good fit for a lot of folks, and may be the only option available in states that have unjustly restricted access to abortion. It can be more flexible and can help people feel more in control of their experiences. To learn more about options and access medication, visit **Plan C Pills** at https://www.plancpills.org/ or **Aid Access** at https:// aidaccess.org/ for more information. The **Miscarriage and Abortion Hotline** https:// www.mahotline.org/ provides medical and emotional support for those choosing SMA.

And! Some people prefer to have a clinician-supported abortion, and that's OK too! They may get a Medication Abortion (the Mifepristone regimen described above) via telehealth or in person at a clinic, or opt for an Aspiration Abortion (a procedure that uses suction to empty the uterus). Clinics may offer access to more sedation options for patients, can provide care for folks who are 13 weeks or further, or assist with managing any medical conditions that require more care. To find a near by clinic, visit https:// www.abortionfinder.org/ and the **National Network of Abortion Funds** has information about financial aid at https://abortionfunds.org/.

about self-managed abortion

What side effects can I expect? How do I manage them?

Typically, Mife is only associated with light spotting. Miso, however, causes moderate to severe cramping and bleeding that may last for a few days, with spotting sometimes continuing for a few weeks. These are manageable with Ibuprofen & Tylenol, a heating pad and rest (especially for the first 7 days). Miso can also cause nausea (manageable with Dramamine or Zofran), diarrhea, fever, and/or chills. There's some evidence that vaginal use decreases intensity of side effects.

How do I make sure the abortion was complete?

When there is a period of heavy bleeding within 24-48 hours of taking Miso, that calms down within a few days, that is a good sign of a complete abortion. Seeing a gestational sac also indicates a complete abortion, however a passed sac may not be large enough find among clots. However, if the bleeding doesn't start within 24 hours or if heavy bleeding lasts longer than a few days, it can signal continued pregnancy or retained tissue. Pregnancy tests should read negative around 4 weeks after a complete abortion. If the test is still positive 4-5 weeks after, that can mean ongoing pregnancy, ectopic pregnancy (where the embryo implants outside of the uterus) or a new pregnancy requiring immediate medical follow up.

What do I do with my fetal tissue?

During an early abortion, the blood, clots, and fetal tissue might look like a normal period, or may be thicker and more gelatinous. Most folks simply flush it down the toilet. But, sometimes there may be more tissue than you expect. Some people have been reported to the police because of the way they disposed of their fetal tissue. If you have questions about what to do, it is best to contact **If/When/How** who can help you understand local regulations

What if something drastic does happen?

If someone is bleeding too much (soaking through 2 pads an hour for 2 consecutive hours or passing golf ball sized blood clots), cramping too much (doubled over in pain and can't walk) or reading a fever of 100.4 degrees for an hour, it may be time to reach out for help. The Miscarriage and Abortion Hotline provides free and confidential medical and emotional support at 1-833-246-2632 or online at https://www.mahotline.org/. They may have the person monitor their symptoms and/or recommend they seek care at an emergency facility near them. If/when/how also provides legal support for abortion related legal situations, and they can be reached online at https://www.reprolegalhelpline.org/ or 1-844-868-2812. Remember that you never need to say anything to the cops, except your name, and you can always say "I'm going to remain silent, and I'd like to speak with my lawyer."

GET THE FACTS TO FIGHT ABORTION PILL MYTHS!

Unfortunately, there's a lot of false information out there about abortion pills. Many of these myths were created by anti-abortion organizations to stigmatize abortion — but they have become so common that sometimes even the most abortion-positive people can get tripped up by them. It's important to know the facts, so you can share accurate information about abortion pills:

ABORTION PILLS AREN'T THE SAME THING AS PLAN B PILLS.

Plan B and other emergency contraception pills can prevent pregnancy before an egg is released and fertilized, but they won't end a pregnancy. Abortion pills are a different type of medication.



ABORTION PILLS ARE VERY SAFE.

Fewer than 1% of people who use abortion pills experience a serious complication. This means that they're even safer than some of the common medications you probably have in your medicine cabinet, like Tylenol! They can even be safely used at home without a clinician.

ABORTION PILLS DON'T CAUSE ANY LONGTERM HEALTH PROBLEMS.

Scientists have done a lot of research and haven't found any connections between abortion pills and dangerous health conditions like breast cancer or clinical depression.



ABORTION PILLS DON'T AFFECT FERTILITY.

Abortion pills don't have any impact on a person's ability to get pregnant in the future. In fact, people can get pregnant again within a week of using abortion pills.

ABORTION PILLS CAN'T BE "REVERSED."

There's no way to "undo" an abortion pill once it has been taken. The unethical experimentation peddled by antiabortion activists is unproven, unauthorized, and can cause severe bleeding. It's important that people follow the full instructions when using abortion pills to prevent complications.

Artists

Alix Deane they/she • Asheville, NC

Alix Deane is a visual artist, educator, and researcher. Her practice explores the human condition via questioning the ways in which environmental health and public health affect one another. She received an MFA from the University of Wisconsin-Madison and is originally from Western North Carolina.

GUMSLIDE Raleigh NC

GUMSLIDE is a community oriented, anticapitalist artist who focuses on reusing materials as much as possible to make unique and uncensored statements.

🞯 gumslide

Hayley McMahon she/her • Atlanta, GA

Hayley McMahon, MSPH, CPH is a researcher, health educator, and advocate whose work focuses on equitable access to safe abortion care in the U.S. Southeast. She is a proud Appalachian and a PhD student at the Emory Rollins School of Public Health.

Ø McMisoprostol ♥ McMisoprostol ▶ hayleyvmcmahon.com

Layout and art direction by **Becca Gurney & Design Choice** (a) designchoicestudio designchoice.studio

Kenyatta Thomas they/them • Las Vegas, NV

Kenyatta Thomas is a communications strategist, educator, and activist. They focus on the liberation of information as it relates to reproductive and sexual health, abortion, and sex education. They love their home state of Mississippi and is currently a student at Arizona State University studying Digital Audiences and Justice Studies.

☑ KenyattaThomas_ Y KenTheEnby

Olive

they/them • stolen Yuchi and Cherokee land (now known as knoxville, tennessee)

I have grown up and lived in East Tennessee all of my life. there is a movement of resistance in East TN against the white supremacist, settler colonial past and present we are known for. this fight includes ensuring everyone has access to the abortion care they want and need.

Poppy

they/them \cdot Cleveland, OH

Poppy is an organizer, educator, doula and clinic worker based in the Rust Belt.

Zine and stickers printed by **Busy Beaver Button Co**Image: Description of the strength of

