ABORTION AFTER-CARE INFORMATION

KEEP THIS INFORMATION SHEET and refer to it if you have questions. It will help you to determine if the symptoms you are experiencing are normal, or if a complication is developing.

Most women have no problems after their abortion. Here are general instructions about what to expect and how to take care of yourself after the procedure. We’ve also included instructions for handling an emergency if one occurs.

<table>
<thead>
<tr>
<th>THIS IS NORMAL</th>
<th>THIS IS NOT NORMAL (Call us if this occurs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bleeding:</strong></td>
<td></td>
</tr>
<tr>
<td>➢ scant, spotty, dark brown like a period</td>
<td>➢ heavy bleeding: soaking two or more maxi pads every hour for two hours</td>
</tr>
<tr>
<td>➢ lasts 1-14 days</td>
<td>➢ very large clots</td>
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<tr>
<td>➢ small clots</td>
<td></td>
</tr>
<tr>
<td>➢ heavier bleeding may occur several days after the abortion, this is caused by hormonal changes and healing</td>
<td></td>
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<tr>
<td><strong>Cramps:</strong></td>
<td></td>
</tr>
<tr>
<td>➢ occasional menstrual-like cramps for the first few days may temporarily increase if flow increases (cramps result from the uterus returning to its normal size)</td>
<td>➢ severe cramps that keep you from normal activity</td>
</tr>
<tr>
<td>➢ taking 2 Motrin or Tylenol tablets every 4 hours usually helps cramps</td>
<td>➢ cramps not relieved by Tylenol or Motrin</td>
</tr>
<tr>
<td>➢ using a heating pad may help</td>
<td>➢ constant cramping or pain</td>
</tr>
<tr>
<td>➢ massaging the uterus while sitting on the toilet may help.</td>
<td></td>
</tr>
<tr>
<td><strong>Discharge:</strong></td>
<td></td>
</tr>
<tr>
<td>➢ brown tinged or dark brown to black mucus</td>
<td>➢ itchy or painful</td>
</tr>
<tr>
<td><strong>Nausea:</strong></td>
<td>➢ foul odor</td>
</tr>
<tr>
<td>➢ nausea of pregnancy usually goes away within 48 hours</td>
<td>➢ pus-like</td>
</tr>
<tr>
<td><strong>Temperature:</strong></td>
<td>➢ if nausea persists for more than 3 days</td>
</tr>
<tr>
<td>➢ may fluctuate up to 100.4°</td>
<td>➢ fever of 100.4 ° or greater chills or shaking</td>
</tr>
</tbody>
</table>

You can call us at (714) 922-4100 for the Orange Health Center or (909) 890-5511 for the San Bernardino Health Center for questions or concerns.

**EMERGENCY NUMBER**

In case of an emergency, you can reach us at Orange 714-922-4122 or San Bernardino 909-915-2076

This form is proprietary to Planned Parenthood of Orange and San Bernardino Counties (PPOSBC). It may not be used or reproduced by any person outside of the workforce of PPOSBC.
HOW MUCH AM I BLEEDING?

Scant amount
Blood only on tissue when wiped or less than one-inch stain on maxi pad within one hour.

Light amount
Less than four-inch stain on maxi pad within one hour.

Moderate amount
Less than six-inch stain on maxi pad within one hour.

Heavy amount
Saturated maxi pad within one hour.

¿CUANTO ESTOY SANGRANDO?

Cantidad muy escasa
Solo hay sangre en el papel sanitario cuando se limpia, o tiene manchas que miden menos de una pulgada en una toalla sanitaria tamaño maxi en menos de una hora.

Poca cantidad
Manchas que miden menos de 4 pulgadas en una toalla sanitaria tamaño maxi en menos de una hora.

Cantidad moderada
Manchas que miden menos de 6 pulgadas en una toalla sanitaria tamaño maxi en menos de una hora.

Cantidad muy fuerte
Una toalla sanitaria tamaño maxi completamente saturada en una hora.
WHAT TO EXPECT AFTER IN-CLINIC ABORTION OR SUCTION PROCEDURE

When can I return to my normal activities?
Plan on relaxing for the rest of the day. Most people return to their normal activities the next day. You can exercise when you feel ready. Fill and take any prescriptions you may have been given for antibiotics, birth control, or other medicine.

You can have sex as soon as you feel ready. You can get pregnant again within 2 weeks of the in-clinic abortion or suction procedure, so you should start your birth control as you were told by the clinic staff. We can help you if you haven’t chosen a method yet.

Should I use tampons or maxi pads?
Using maxi pads makes it easier to tell how much you are bleeding. You can use tampons when the heavy bleeding lets up.

What else do I need to know?

**Bleeding** — Some vaginal bleeding is normal after an in-clinic abortion or suction procedure. It may be different from your period. It is normal to have no bleeding, spotting that lasts up to 6 weeks, heavy bleeding for a few days, or bleeding that stops and starts again.

**Cramping** — You may have cramps. Use a heating pad or hot water bottle, take pain medicine, and rest.

**Breast Changes** — Tenderness should go away in a few days. You may leak a milky discharge. Wear a snug-fitting bra if you do. This should stop in 1 or 2 days.

**Your next period** — When your next period will come depends on the birth control method you use. If you are not using birth control, you should have a period within 8 weeks of the abortion or suction procedure. If you are not using birth control and you do not get a period within 8 weeks, call the clinic.

Call us right away at Orange 714-922-4122 or San Bernardino 909-915-2076 if you
- Have a fever of 100.4° F or higher
- Have belly pain or cramps that don’t get better with pain medicine
- Soak 2 maxi pads an hour for more than 2 hours

Make an appointment to see us as soon as possible, or call the clinic if you
- Have a bad smelling vaginal discharge
- Still feel pregnant
When can I return to my normal activities?

**Plan on relaxing for the rest of the day.** After sedation it can take up to 24 hours for the medicines to wear off completely. You may feel sleepy when you leave the clinic. This is normal.

**Eating and Drinking**
- Drink small amounts of clear liquids such as water, soda or apple juice.
- Avoid foods that are sweet, spicy, rich, or hard to digest for the first few hours.
- Eat more foods as your body can tolerate.
- If you feel nauseated, don’t eat or drink anything for 1 hour, then try drinking a clear liquid.
- Do not drink alcohol for 24 hours after you leave the clinic or while you are taking a prescription pain medicine.

**Activity** - the sedation may affect your judgment, coordination and reaction time. For at least 24 hours after sedation, we recommend you
- Do not drive, operate heavy machinery or make any important decisions
- Make sure a responsible adult is with you

**Call us right away at Orange 714-922-4122 or San Bernardino 909-890-5511 if**
- You have nausea and vomiting that doesn’t get better within 24 hours
- Your IV site becomes hot, red or swollen
Information for Informed Consent

IN CLINIC ABORTION

What is an in-clinic abortion?
The way an abortion is done depends on how long a person has been pregnant. This is figured out by counting from the first day of the last period or by ultrasound. There are 2 kinds of in-clinic abortion.

- **In-clinic suction abortion:** suction is used to take the pregnancy out of the uterus.
- **In-clinic D&E abortion:** both suction and surgical tools are used to take the pregnancy out of the uterus.

At Planned Parenthood OSBC, we offer both kinds of in-clinic abortion.

Before having an in-clinic abortion, you need to know the most common benefits, risks, side effects, and other choices you have. We are happy to answer any questions you have.

What are the benefits of in-clinic abortion?

- It is a safe and effective way to end a pregnancy.

How well does in-clinic abortion work?

- It almost always works – over 99% of the time.

What are the risks of in-clinic abortion?

Abortion is very safe. But, there are risks with any medical procedure. Your risk may be higher if you have had a C-section or other surgery on your uterus.

**Risks of an in-clinic abortion are**

- The pregnancy doesn’t end — Sometimes the in-clinic abortion does not end the pregnancy. If the pregnancy is still in the uterus, you may need a suction procedure.
- Incomplete abortion — This means some of the pregnancy may be left inside the uterus. This may lead to heavy bleeding, infection, or both. If this happens, you may need a suction procedure, other tests or treatments.
- Blood clots in the uterus — Clots may cause cramping and belly pain. If this happens, you may need a suction procedure.
- Heavy bleeding — This may require treatment with medicine, a suction procedure, blood transfusion, and/or surgery — including possible hysterectomy (removal of the uterus).
- Infection of the uterus — Most infections can be treated with medicines. But, there is a small chance that you may need a suction procedure. You may have to go to the hospital, or even have other surgery to treat the infection.
- Injury to the cervix (opening to the uterus) — This may be treated with medicine or rarely with stitches.
- Injury to the uterus or other organs — A surgical tool may go through the wall of the uterus, which could damage organs inside the body like the intestines, bladder, or blood vessels. Treatment may mean just watching and waiting for a while or surgery on your belly. There is a small chance that hysterectomy (removal of the uterus)}
may be needed. Afterwards, scars may develop inside the uterus, which may need to be treated.

- Allergic reaction — Some people may be allergic to the medicines that are used.
- Death — Death from an in-clinic abortion is very rare. The risk of death from an abortion goes up the longer you are pregnant. When an abortion is done at less than 20 weeks of pregnancy (about 4 ½ months), the risk of death from childbirth is higher than the risk of abortion. After 20 weeks of pregnancy, the risks are about the same.

**What are the side effects of in-clinic abortion?**
Side effects don’t usually last long and don’t need to be treated.

- Light or medium bleeding
- Cramping

**Besides an in-clinic abortion, what other choices do I have?**
If you are pregnant, you have 3 options to think about — abortion, adoption, and parenting.

If you choose abortion and are early enough in the pregnancy, you may be able to use the abortion pill.

We can talk about any of these options with you, and help you with whatever you decide to do.

**What will be done to get me ready for the in-clinic abortion?**
You will have some lab tests, an ultrasound to help tell how long you’ve been pregnant, and a brief physical exam.

Pain Medicine — We will tell you about pain medicines that can be used.

Opening your cervix — Your cervix may need to be opened before your abortion. If so, you will be given separate information about the medicine and/or steps that will be taken to open your cervix.

**What will happen to me during the in-clinic abortion?**
You will be given medicine to make you more comfortable. You may get medicine to numb your cervix.

After the pain medicine begins to work, your doctor or nurse will decide if your cervix is open enough. If your cervix needs to be opened more, your doctor or nurse will stretch it.

When your cervix is open enough, your uterus will be emptied with suction. A small plastic tube will be put into your uterus and connected to a hand-held or electric suction machine. Surgical tools may be put into the uterus through the cervix. The way it is done will depend on how long you’ve been pregnant.
You may feel cramping during and after the in-clinic abortion, as your uterus gets smaller. What has been removed will be looked at to help make sure the in-clinic abortion is finished.

**What will happen to me after the in-clinic abortion?**
You will spend time in a recovery area to rest. We will also watch to see if you are OK. You will be given instructions on what to expect, how to care for yourself and reasons to contact us. We will talk about birth control plans with you, unless this was already done.

Most people are ready to leave in about 15 to 45 minutes.

**What else do I need to know?**
Some people have questions about what happens to the pregnancy tissue after the abortion and some people don’t. Let us know if you have questions about this.

Having a wide range of feelings is normal. Most people feel relieved and do not regret their decision. Others may feel sadness, guilt, or regret after an abortion, just as they may after having a baby. If your mood keeps you from doing the things you usually do each day, call us. We can help or send you to someone who can.

No promise can be made about the outcome of your in-clinic abortion. In the unlikely event that you need emergency medical care that cannot be provided at Planned Parenthood, you will be responsible for paying for it. This is the case even if Planned Parenthood sends you to a hospital because of a problem.

**Your health is important to us.** If you have any questions or concerns, please call us. We are happy to help you.

- I am having an in-clinic suction abortion
- I am having an in-clinic D&E abortion

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Signature of Patient (and person authorized to sign for patient when required) ____________________________ Date ________________

Relationship to Patient: □ self   □ parent   □ legal guardian   □ other ____________________________

I witness that the patient received this information, said it was read and understood, and there was an opportunity to ask questions.

__________________________ Date ________________

Signature of Witness