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How to Give Yourself an Abortion

by

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The decision to end a pregnancy is a personal one; this article does not intend to influence or encourage any person’s decision. I am neither a lawyer nor a medical professional, and this guide should not be a substitute for medical or legal advice. The information below has been compiled from a variety of source, including the World Health Organization, Women on Web, Women Help Women, Safe2Choose, the International Women’s Health Coalition, and Robin Marty’s Handbook for a Post-Roe America. Individuals who are considering self-managing abortion should refer directly to these resources for medical or legal guidance.
For as long as people have gotten pregnant, people have given themselves abortions. Historically, these methods have varied from the brutal to the toxic to the bizarre. But history hasn’t always gotten it wrong. From the Bronze Age until the 1st or 2nd century BCE, silphium, a plant native to Libya, was used as a safe and effective contraceptive and abortifacient. It’s said the plant was so popular that it was harvested to extinction. More recently, enslaved black people in the American South devised numerous herbal treatments to terminate unwanted pregnancies, some of which are still used today.

In 2020, however, the safest way to perform a self-managed abortion is with pills—usually some variation of the same ones administered at doctors’ offices. Unfortunately, safe and affordable medical care isn’t accessible everywhere or to everyone. Since the 2010 midterm elections, we’ve seen anti-choice legislation spread across the country at unprecedented speed. From mandatory waiting periods to laws regulating the width of hallways in abortion clinics, targeted restrictions on abortion providers (known as TRAP laws) have shut down hundreds of clinics. Now, conservative states are taking advantage of recent hard-right appointments to the Supreme Court by introducing laws that either ban abortion outright or restrict it to the first six to eight weeks of pregnancy—before many people even know they’re pregnant.

Everyone deserves to control their own reproduction. This guide to self-managing your abortion using misoprostol, a medication which causes uterine contractions, is intended as a community resource in the service of reproductive justice.

UNDERSTANDING THE RISKS

According to a 2018 statement from Physicians for Reproductive Health, “self-administered medication abortion is as safe, effective and acceptable to patients and providers as healthcare facility-based medication administration.” Numerous medical groups, including the World Health Organization, have endorsed self-managed abortion using misoprostol in situations where abortion care through a medical provider is unavailable. That said, self-managed abortion using misoprostol takes longer than a clinic abortion, which typically uses a combination of medications, and the side effects (including nausea, diarrhea, and abdominal pain) are usually more pronounced.

Additionally, self-managing an abortion could put a person at legal risk. Though advocates only know of 20 people in the United States who have been arrested for self-managing an abortion since 1973, and fewer than ten states explicitly ban the practice, there are laws on the books in many states that can be used to punish a person managing their own abortion, such as those criminalizing harm to a fetus, or governing the disposal of medical byproducts. And people who are
disproportionately targeted by law enforcement (people of color, trans people, homeless people, and undocumented people, for example) are at greater risk of legal punishment. For a few legal resources, check out the “More Information” section at the end of this article.

**MAKE SURE THIS METHOD IS RIGHT FOR YOU**

First, check how pregnant you are. This method is intended only for first-trimester pregnancies (up to 10 weeks from your last menstrual period). Keep in mind that contrary to popular belief, pregnancy is *not* counted from the “moment of conception,” but from the first day of your last period.

According to Women on Web and Safe2Choose, you should not use this method if:

- You have a disease called porphyria
- You have a bleeding disorder
- You are taking anticoagulants
- You know you’re allergic to misoprostol

It’s extremely rare to get pregnant if you have an IUD, but if that’s the case, you should have it removed before having an abortion.

**GET YOURSELF SOME PILLS**

When doctors perform medical abortions using pills, they use two drugs: mifepristone and misoprostol. Mifeprisotone is harder to obtain in person (although some websites now sell it as part of a combination pack of pills), so the instructions here are for misoprostol only, which still has an 85% success rate at ending a pregnancy when taken alone.

[Update 9/1/21: Since this article was published in early 2020, it has become easier for people in the United States to find both mifepristone and misoprostol online. The website Plan C pills (plancpills.org) has information on the ways Americans have been able to obtain packs containing both pills, in order to safely and effectively manage their own abortions. Both options are safe and effective—mifepristone and misoprostol together have an efficacy rate of over 95%, while misoprostol alone works 85% of the time. Additionally, over the past year, new legal resources have been made available to people self-managing their abortion. If you have legal questions or need support, you can now contact If/When/How’s Repro Legal Help Line at 844-868-2812 or through a secure form at https://www.reprolegalhelpline.org/contact-the-helpline/.]
You will need 12 tablets of misoprostol at 200 micrograms each. There are three ways you can get them:

In person
In addition to helping people manage abortions at home, misoprostol is used to treat stomach ulcers in people with arthritis, so it’s kept behind the counter at most US pharmacies. In many Latin American countries, as well as in some border communities in the United States, you can get it over the counter under the brand name Cytotec. People who have purchased misoprostol without a prescription in the United States have used the following strategies:

» **Location is everything:** People report having an easier time buying misoprostol at a local pharmacy than at a chain like CVS or Rite Aid.

» **What a mighty good man:** People have found that pharmacists are less likely to suspect men of using pills to induce abortion, and are more likely to give them pills.

» **Excuses, excuses:** People have successfully acquired pills by telling the pharmacist their grandparent with rheumatoid arthritis is visiting and forgot their pills at home.

Through a vet
Misoprostol is also used to treat stomach ulcers in dogs. If you have a relationship with a local, friendly vet, you might be able to work it to your advantage!

Online
Though many online pharmacies require a prescription, with some searching, you might be able to find either an internet vet supply store or a Canadian pharmacy (for humans!) that sells misoprostol without a script.

If these methods don’t work, you aren’t out of luck. Many people have safely and successfully purchased abortion pills online at dedicated websites. A 2017 study of abortion pills bought on the internet found that the pills from all 18 sites studied contained the labeled active ingredients at more or less the written dose. The website Plan C (plancpills.org) has the results of the study, as well as a report card for each site based on price, shipping time, and product quality.

PREPARE YOURSELF
Having a medical abortion can be very physically unpleasant (think: bad flu), so plan on being out of commission for a full day. You can eat and drink normally, but alcohol or drugs are a no no—you want to be able to pay full attention to your body. The chances of something going wrong are extremely low, but just in case, it’s good to be within an hour of a hospital (make that half an hour if you have anemia).
Just like building IKEA furniture, managing your abortion is easier and safer with a friend. Make sure this friend is someone you trust to be discreet, to help protect you from legal risk.

**TAKE THE PILLS CORRECTLY**

Many reputable websites, including Women on Web, Women on Waves, Women Help Women, and the International Women’s Health Coalition, provide instructions based on World Health Organization protocols on how to use misoprostol for safe abortion before 10 weeks of pregnancy. This is a summary of those instructions:

Put the first four tablets under your tongue and let them dissolve for 30 minutes. You can swallow your saliva, but don’t swallow the tablets until at least 30 minutes have passed. At that point, you can swallow what remains of the tablets.

After three hours, repeat with the next four tablets, making sure to dissolve them for 30 minutes under your tongue instead of swallowing. Three hours after that, repeat with the final four tablets.

(In the unlikely case that you purchased a pill with the brand name Arthrotec or Oxaprost, the misoprostol will be coating a painkiller. If that’s the case, spit out the pills after 30 minutes.)

**DON’T** swallow all the pills together. Nausea is a common side effect, and you don’t want to puke them up.

**DON’T** put the pills in your vagina. If taken under the tongue as directed, a doctor won’t be able to tell if you’ve induced an abortion or had a “natural” miscarriage. If you put the pills in your vagina, a doctor can find the residue.

**HAVE AN ABORTION!**

This part probably won’t be fun! You’ll know your abortion has begun when you start to cramp and bleed, which can happen anywhere from 30 minutes to several hours after you take the first pills. To avoid infection, use pads for the bleeding, and not tampons or a cup. Some unpleasant side effects of misoprostol can include dizziness, nausea, vomiting, diarrhea, and headaches, as well as fever and chills. You can take ibuprofen and anti-nausea medications as needed—they won’t interact poorly with misoprostol. Try to hydrate, and eat if you’re up for it.

⚠ **WHAT TO DO IF SOMETHING GOES WRONG** ⚠

Fewer than 3% of people self-managing an abortion with pills require medical attention. Women on Waves, Safe2Choose, and Women Help Women recommend
immediately seeking medical care if a person has any of the following symptoms:

» Bleeding through two or more maxi pads per hour for more than two hours (this means that the pads are completely soaked through, front to back and side to side). This occurs in less than 1% of cases.

» A fever above 100°F for more than 24 hours, or a fever above 102°F for any amount of time. This could be a sign of infection, and it’s usually treated with antibiotics.

» Intense abdominal pain that lasts for more than a few hours.

The good news is, if you’ve followed the instructions, there’s no medical way for a doctor to tell whether you’ve taken pills to induce abortion or if you’re having a miscarriage. The only way a doctor will know is if you or your friend share the information, which you absolutely do not have to do. The symptoms, complications, and treatment will be exactly the same as if you were miscarrying.

AFTER YOUR ABORTION

Don’t put anything in your vagina for five days after your abortion—that means no tampons, sex toys, fingers, or penises. You should also avoid intense physical activity. You can expect to bleed as though you’re having your period for anywhere between a few days to a few weeks after you take the pills. After four weeks, take a pregnancy test to make sure the abortion was complete (earlier than four weeks, and you may get a false positive).

If it comes back positive: There are a couple of things that could be happening here. For one, you could still be pregnant (this is more likely if you didn’t experience cramping or significant bleeding when you took the pills).

It’s also possible there is remaining tissue in your uterus, or that your pregnancy implanted outside of the uterus (this is known as an ectopic pregnancy). Doctors have safe and established protocols for dealing with these issues (remember: you don’t have to tell them you self-induced abortion), but both can cause serious complications if left alone.

If it comes back negative: Congratulations! You have given yourself an abortion. You might not be in the mood to get busy right away, but if you are, use condoms or another form of birth control—you can get pregnant immediately after an abortion.

RESOURCES AND MORE INFORMATION

Legal: If you have questions about your legal rights in your state, or if you’re arrested or questioned by the police, you can message If/When/How’s legal helpline on Signal at 707-827-9528, or contact them via phone, email, or online form. You can
also contact National Advocates for Pregnant Women, which provides free legal representation to people charged with crimes in relationship to their pregnancies.

**Speaking with a doctor or counselor:** If you live in the United States, you can email with a doctor while you are self-managing an abortion at Aid Access, or you can chat with a trained counselor and advocate by emailing info@safe2choose.org. You can also read more, or get in touch with counselors, via Women Help Women. If abortion is illegal where you live, you can speak with a counselor at Women on Web, who will help you access pills and answer questions about your abortion. Each of these websites also includes instructions and Q&A for self-administering an abortion with pills.

**Advocacy:** If you want to get involved in the campaign to destigmatize and spread awareness of self-managed abortion in the United States, you can connect with Reproaction, a reproductive justice direct action group.
For the latest version of this article scan the QR code or go to: https://jewishcurrents.org/how-to-give-yourself-an-abortion/
The decision to end a pregnancy is a personal one; this article does not intend to influence or encourage any person's decision. I am neither a lawyer nor a medical professional, and this guide should not be a substitute for medical or legal advice. The information below has been compiled from a variety of source, including the World Health Organization, Women on Web, Women Help Women, Safe2Choose, the International Women's Health Coalition, and Robin Marty’s Handbook for a Post-Roe America. Individuals who are considering self-managing abortion should refer directly to these resources for medical or legal guidance.