



Patient Information:

About Your Abortion Procedure



The Joan G. Lovering Health Center is a free-standing, non profit clinic. We are dedicated to the feminist ideal of every person's right to make choices about her or his body and life; to be given accurate and complete information on health care options; and to receive quality care and counseling in a confidential, safe, and supportive environment.

559 Portsmouth Avenue, Greenland NH
603-436-7588

Facebook: www.facebook.com/LoveringHealth
Website: www.jglhc.org

The Abortion Procedure

The Joan G. Lovering Health Center employs licensed physicians to provide surgical abortion using vacuum aspiration under local anesthesia. The procedure itself takes between 5 to 8 minutes and it is normal to experience moderate to heavy cramps during this time. Most women leave the clinic with mild or no cramping 20-30 minutes following their abortion procedure.

What To Expect Following An Abortion:

BLEEDING

Vaginal bleeding after an abortion is perfectly normal. The amount of bleeding varies from woman to woman. Some women have little or no bleeding while others may bleed more heavily. **Even if there is no bleeding in the first couple of days, there may be bleeding 3-5 days following the procedure.** This can be due to changes in hormone levels. Some women also pass clots. Clots of nickel or quarter size are not unusual. This usually occurs after you have been more physically active.

CRAMPS

It is normal to experience some cramping after an abortion procedure. Normal cramping occurs on and off and generally becomes less severe with time. Occasionally a short episode of intense cramps may occur with the passage of a clot. Using a heating pad or hot water bottle, taking a warm shower, massaging the abdomen, or elevating your feet for fifteen minutes may relieve cramping. You may take Tylenol, or Ibuprofen, but NO ASPIRIN. Aspirin thins the blood and may increase bleeding.

FEVER

An elevation in temperature may be a sign that an infection is developing. This is why it is important that you take your temperature twice a day (morning and evening) for five days after your abortion. The medication that you took prior to the procedure should prevent the likelihood of infection, but we still want you to monitor for infection symptoms.

NAUSEA

Many women experience nausea during pregnancy, especially in the morning. This “morning sickness” should fade away within several days after the abortion procedure. Call us if you continue to feel nausea two weeks after your abortion procedure.

BREAST CHANGES

If you experience breast tenderness or swelling prior to your abortion you should expect these symptoms to disappear in four or five days.

DEPRESSION

It is not unusual for some women to feel mildly depressed after an abortion. This is due not only to the nature of the event, but also to the hormonal changes within the body. JGLHC will make referrals to knowledgeable therapists upon request.

*DO call us first with any problems! Remember, we are the specialists in these services. We can address problems knowledgeably and efficiently, and help you avoid expensive additional medical treatments in a setting that may be less supportive.

Emergency Calls

The Joan G. Lovering Health Center maintains a 24-hour emergency hotline. Call 603-436-7588 and ask to speak with a staff person. If you call after hours, the answering service will page a staff person and she will return your call within 20 minutes. If your problem is immediately life threatening, don't wait for the staff person to respond. Proceed to the nearest hospital emergency room. Have the physician there call us.

WHEN TO CALL

If your problem is a general question or you need to make an appointment, please call during office hours. However, call us immediately for any of the following problems:

1. **FEVER:** Temperature over 100°F, if not improved with medication.

2. SEVERE BLEEDING: Completely saturating **2 full size** maxi-pads every hour for 2 hours or passing clots larger than the size of a half dollar.

**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.

Developed by Planned Parenthood of Western Washington

3. SEVERE CRAMPS: Continuous, worsening pain, especially if unrelieved by pain medication.

IF YOU NEED TO CALL, PLEASE:

- Have this booklet in front of you.
- Know your temperature in the last hour.
- Know the number of full size maxi pads you have completely saturated in the last hour.
- Know the telephone number of a convenient OPEN drugstore, if possible, so we can call in a prescription if needed.

Microscopic Tissue Reports

You may be informed that the physician requested a microscopic analysis of the tissue obtained from your abortion procedure. Most likely, this was because the amount of tissue obtained was small and the physician was unable to confirm termination by visual eye exam of the specimen. The results of the microscopic examination are usually available three to five days after the procedure. The results will be read as either positive or negative for pregnancy.

IF YOUR REPORT IS POSITIVE...

Your pregnancy was in the uterus (womb) and was removed during the abortion procedure. Be certain to have a two-week check-up.

IF YOUR REPORT WAS NEGATIVE...

Pregnancy was not confirmed. The possible explanations include the following:

1. Your pregnancy was missed. A second procedure needs to be done. This will be at no additional expense if done at JGLHC.
2. Your pregnancy was so small that the pathologist missed it despite the microscopic exam.
3. Your pregnancy is not in your uterus but is in the fallopian tube. Tubal/ectopic pregnancies occur rarely, but can be life-threatening.

WHAT YOU SHOULD DO

Be aware that pain and/or dizziness are symptoms of tubal/ectopic pregnancy. Severe lower abdominal pain maybe a rupturing tubal/ectopic pregnancy and requires immediate attention.

If your report is negative you will be requested to have an ultrasound and/or blood work done to determine a follow up plan. JGLHC will schedule these appointments for you and stay in contact with you until the issue is completely resolved.

The Medication Azithromycin

HOW IT WORKS

Azithromycin is a broad-spectrum, macrolide antibiotic that works by killing bacteria or preventing their growth. Joan G Lovering Health Center uses it to reduce the risk of infection after surgical abortion. It is also used to treat Chlamydia, NGU (non-gonococcal urethritis), and cervicitis.

Azithromycin is given before the procedure because recent tests have shown that pre-operative medication is more effective at preventing infections than post-operative medication. Studies have also shown that Azithromycin is less likely to upset the stomach, and fewer women will have allergic reactions. It is not known whether there are any possible effects on fetal development.

HOW IT IS GIVEN

Given by the nurse at the health center on the day of procedure 1 gram (Two 500mg tablets) orally, approximately 1 hour before the procedure.

YOU SHOULD NOT TAKE AZITHROMYCIN IF

- You have liver disease;
- You have kidney disease;
- You have a heart rhythm disorder; or
- You are allergic to azithromycin, clarithromycin (Biaxin, or in Prevpac), erythromycin (E.E.S., E-Mycin, Erythrocine), telithromycin (Ketek), any other medications, or any of the ingredients in azithromycin tablets or suspension (liquid).

SIDE EFFECTS

- Mild diarrhea
- Mild stomach pain or upset
- Dizziness
- Vaginal itching or discharge

This is not a complete list of side effects and others may occur.

ALLERGIC REACTION

Itching hives, or skin rash may indicate an allergy. If these occur, call JGLHC.

WHAT YOU SHOULD AVOID

- Antacids that contain aluminum or magnesium within 2 hours before or after you take Azithromycin. This includes Acid Gone, Aldroxicon, Alternagel, Maalox, Mintox, Pepcid Complete, Rolaids, Rulox, and others.
- Exposure to sunlight or tanning beds. Wear protective clothing and use sunscreen (SPF 30 or higher) when you are outdoors on the day of the procedure.

The Medication Ondansetron

HOW IT WORKS

Ondansetron works by blocking one of the body's natural substances (serotonin) that causes vomiting. The Joan G. Lovering Center uses it to make sure that you do not vomit the antibiotic that you are given.

HOW IT IS GIVEN

Given by the nurse at the same time that you get the Azithromycin, you will place it on the tongue and allow it to dissolve completely, then swallow it with saliva. You do not need to take this product with water.

YOU SHOULD NOT TAKE ONDANSETRON IF

- You are allergic to ondansetron or to similar medicines such as dolasetron (Anzemet), granisetron (Kytril), or palonosetron (Aloxi).
- You are also using apomorphine (Apokyn)

SIDE EFFECTS

- Headache
- Lightheadedness/Dizziness
- Drowsiness/Tiredness
- Constipation may occur

ALLERGIC REACTION

Symptoms of a serious allergic reaction include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

Do's And Don'ts Following The Procedure

- **DO** call us first with any problems or concerns! Remember, we are the specialist in these services. We can address problems knowledgeably and efficiently, and help you avoid expensive additional medical treatments in a setting that may be less supportive.
- **DO** take your temperature twice a day for five days
- **DON'T** have sexual intercourse for at least 7 days, and up to 10 days, depending on the amount of bleeding you are having.
- **DON'T** put ANYTHING in your vagina for at least 7-10 days. This includes tampons, douching or medication.
- **DON'T** take a home pregnancy test. You will have a positive result due to remaining hormones in your blood and urine.
- **DO** call us 2-3 days after your procedure to schedule your checkup for 2-3 weeks after your abortion procedure, no matter how good you feel at the time. This visit includes an ultrasound at no further cost if provided by JGLHC. This visit also offers the opportunity to pick up more birth control or discuss any birth control questions or concerns you may have.

The Safety Of Abortion

Abortion is one of the most commonly performed and one of the safest surgical procedures provided in the United States, and we carefully screen each woman's medical history to ensure her safety. Prior to its legalization, abortion had a very high complication rate and many women suffered injury as a result. Today, because abortion is legal, competent medical professionals do it safely in medical settings. However, any and all surgical procedures involve some degree of risk. The following is a list of potential problems one can face as a result of an abortion. Statistically, the likelihood that you would suffer a complication is less than 2% based on national statistics.

INFECTION

An infection may be caused by germs from the vagina getting into the uterus. The antibiotic you are given will help to prevent an infection. That is why it is very important to monitor your temperature.

RETAINED TISSUE

Retained products of conception, a condition in which decidua (endometrial lining) and/or fetal tissue remain in the uterus, can occur occasionally. If all of the pregnancy tissue is not removed at the time of the abortion your body may pass it naturally or you may need to repeat the procedure. This will be at no additional cost if done at the JGLHC.

HEMORRHAGE

Bleeding from the uterus heavy enough to require treatment occurs rarely. In most cases, treatment consists of repeating the procedure and/or taking medications that contract the uterus. Blood transfusions are necessary in less than 1 patient per 1000.

UTERINE INJURY

Uterine injury can occur from the instruments that are used during the abortion procedure. Cervical tears and uterine perforation occur rarely and can heal naturally. The doctor will assess whether or not medical intervention or hospitalization is necessary.

FAILED ABORTION

A failure to remove your pregnancy may be a result of uterine anomalies, very early pregnancy gestation, multiple intrauterine pregnancies or ectopic pregnancy. Following the abortion procedure, a gross tissue examination is performed. If we are unable to detect any pregnancy tissue it will be sent to the lab for microscopic evaluation and a follow up plan will be determined. For this reason, it is very important that you are seen for a follow up exam 2-3 weeks after your abortion.

ALLERGIC REACTION TO A MEDICATION GIVEN

When any medication is given, there is always the possibility of an allergic reaction or drug interaction. It is important for us to be aware of any drug allergies and all medications you are currently using to minimize this problem.

FERTILITY

It is very rare that a woman would suffer infertility as a result of an abortion. Fertility problems may result from complications that go untreated. You can become pregnant again within

10 days of your procedure. Finding a form of birth control that is right for you is important to protect you against future unintended pregnancies. JGLHC can help you find the right method for you.

DEATH

Although first trimester abortion is considered one of the safest surgical procedures performed in the United States, any and all surgeries present some level of risk of death. For this reason, JGLHC screens each woman's medical history carefully to ensure her safety in an outpatient setting like ours. The risk of death from an abortion procedure is less than 5 per 100,000 cases. This compares favorably with the risk of death from pregnancy in general (17 per 100,000) and automobile travel (20 per 100,000).

Birth Control

Following your procedure, you can become pregnant again even before your next period, so be sure to use a method of birth control once it is safe for you to begin having intercourse (at least 7-10 days after procedure). Your counselor may have discussed birth control options with you and we would be happy to answer any questions you might have when you come back for your follow up visit. The following information may help you select a form of birth control. Remember it is important to protect yourself against sexually transmitted infections as well as unintended pregnancy. **All methods except sterilization are available at JGLHC.**

BIRTH CONTROL PILLS

Birth control pills are 99.5-99.9% effective when used perfectly. Among typical users, the pill is about 95% effective. Oral contraceptives prevent pregnancy by suppressing ovulation, making the cervical mucus thicker during ovulation so that sperm cannot penetrate and by altering the endometrial lining so that implantation is hampered in the event that conception does take place. **You can start your pills right away, or the Sunday after your procedure.** JGLHC will provide your first cycle of pills for \$10. You can get a prescription for two more months of pills at your abortion follow up appointment or you

can purchase your pills here at the Health Center. You should be seen for an appointment after using your pills for three months to be sure they are the right ones for you.

INTRAUTERINE DEVICES (IUD)

The Intrauterine Device is inserted into the uterus by a health provider. Among women who use the IUD perfectly (checking strings regularly, following menses, to detect expulsion), the IUD is the most effective and cost-effective reversible contraceptive on the market today, provided it is used for at least 2 years.

There are two types:

- No Hormones - a small non-hormonal copper device such as the **Paraguard IUD**. Once inserted in the uterus, it can be left in place for up to 10 years.
- Hormonal - a levonorgestrel-releasing device, estrogen-free such as the **Liletta, Skyla, or Mirena**. Once inserted in the uterus, it can be left in place for up to 5 years, depending on the brand.

DEPO PROVERA

Depo Provera is an injectable form of contraception that protects against pregnancy for up to 3 months. It is 99.7% effective and recommended for women who are seeking a long lasting form of birth control. It works by suppressing ovulation and is effective within 24 hours.

NUVARING

The NuvaRing is a method that delivers a steady low-dose combination of progestin and estrogen into your bloodstream through a flexible, transparent ring that is inserted into the vagina. Each month, the vaginal ring is inserted into the vagina and left in place for 3 weeks. During week 4, the ring is not used. Used correctly, the ring is 98-99% effective.

TUBAL LIGATION

Female sterilization is 99.5% effective and appropriate for women who have completed child bearing. Sterilization is one of the safest, most effective, and most cost-effective contraceptive methods. Reversal of the sterilization procedure is expensive, not readily available, requires major surgery, and the results are not guaranteed.

DIAPHRAGM

This dome shaped, non-hormonal silicone cup used with a contraceptive gel is inserted into the vagina up against the cervix before intercourse and must be left in place for at least 6 hours after intercourse. It is 94% effective when used perfectly, but 80% effective among typical users. Wearing it for longer than 24 hours is not recommended because of the possible risk of toxic shock syndrome. You can get further information and instruction from the nurse practitioner at your follow-up appointment.

CONTRACEPTIVE PATCH

The Contraceptive Patch is a method that delivers progestin and estrogen through the skin into the bloodstream. The patch is applied once a week for 3 weeks. During Week 4, no patch is worn. Used correctly the patch is 99% effective. The patch can be worn discreetly. The patch stays on even with humidity, exercise, and swimming.

NEXPLANON

Nexplanon, a progestin implant, about the size of a paper matchstick, is inserted in your upper arm. It works by releasing progestin, a hormone that causes cervical mucus to thicken, thus preventing fertilization. It is over 99 % effective and lasts up to 3 years, but can be removed at any time you wish to become pregnant. You can use the implant while breast feeding.

EMERGENCY CONTRACEPTION

Methods women can use (up to 72 hours) after intercourse to prevent pregnancy. Call JGLHC for more information.

Remember only condoms can protect you from STDs, including HIV.

HEALTH CENTER SERVICES

- Basic Gynecological care • Birth control
- Emergency Contraception (Morning after pill)
- Abortion Services (Aspiration or Medication) • Menopause counseling
- Health education • Pregnancy testing and options counseling
- Sexually-transmitted disease clinics for women and men
- HIV/AIDS testing and counseling for women and men

FOR YOUR INFORMATION

We are providers for CIGNA, Blue Cross/Blue Shield, Harvard Pilgrim, Anthem and other insurances. We are eligible for Medicaid reimbursement for some services and accept all NH Medicaid managed care insurances. We accept all major credit cards except for American Express.