This evidence-based guide was developed by the International Women’s Health Coalition (IWHC) and informed by the latest guidance from the World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO). It explains how pregnant people can end a pregnancy with misoprostol, because everyone has the right to safe abortion care.

BEFORE SMA
Pregnant people with an intrauterine contraceptive device (IUD) should have it taken out or take it out themselves before using misoprostol.

MATERIALS AND SUPPORT
1. 12 200-mcg tablets of misoprostol
2. Non-steroidal anti-inflammatory (NSAID) pain medications like ibuprofen to take before and during the process
3. Sanitary pads
4. Water
5. Some pregnant people report that it is helpful to have somebody accompany them during a self-managed abortion, especially for abortions after 12 weeks

GUIDE FOR PREGNANCIES UP TO 12 WEEKS
You will likely have bleeding that is heavier than a period. That is normal. Have a supply of thick sanitary pads ready to use. Bleeding and uterine cramping may begin as quickly as 30 minutes following this first step or might take longer. NSAID, such as ibuprofen, can be taken before and during the process. If bleeding and cramping do not start within three hours, go to Step 2.

Bleeding on its own does not mean that an abortion has occurred, but many pregnant people can tell when the abortion is successful. Signs of pregnancy (nausea, tender breasts, need to urinate, etc.) are gone and/or they see the embryo come out. For further confirmation, a pregnancy test can be taken two weeks after the abortion.

Most pregnancies up to 12 weeks are ended within hours of taking misoprostol. More than three-quarters of pregnant people have an abortion in the first 24 hours. The entire process may be repeated if it did not work the first time.

GUIDE FOR PREGNANCIES OF 13-24 WEEKS

STEP 1
Insert only two 200-mcg tablets (400-mcg total) under the tongue or in the cheek. Hold tablets in the mouth for 30 minutes to allow them to dissolve. Swallow any remaining bits with water after 30 minutes.

STEP 2
Place four more 200-mcg tablets (800-mcg in total) under the tongue or in the cheek. Hold tablets in the mouth for 30 minutes to allow them to dissolve. After 30 minutes, swallow any remaining bits with water.

STEP 3
If the pregnancy has not come out three hours after using the second set of pills, take four more 200-mcg tablets of misoprostol as directed above.

REPEAT DOSES
Insert two more 200-mcg tablets (400-mcg total) under the tongue or in the cheek every three hours until the fetus and placenta come out. One more dose (two 200-mcg tablets) can be taken if the placenta does not come out within 30 minutes of the fetus.

SIGNS OF PROBLEMS ARE
• Very heavy bleeding (soaking more than two large-sized thick sanitary pads each hour for more than two hours back to back);
• Steady bleeding for days with dizziness or light-headedness;
• The onset of very, very heavy bleeding two weeks or more after use of misoprostol;
• Chills and fever more than 24 hours after the last dose of misoprostol—this could be an infection;
• Strong belly pain more than 24 hours after the last dose of misoprostol.

IMPORTANT
Medical providers cannot tell the difference between abortion with misoprostol and miscarriage. Misoprostol cannot be found in blood samples. Hospital personnel may lie to you about this, and may report abortions, including miscarriages, to legal authorities. Self-managed abortion is still a crime in many countries, so be careful what you say!