

Understanding abortion

a visual resource



This guide was published in November 2020. It was developed by the Packard Abortion Stigma project team at the IPPF Central Office in London and illustrated by Public Health Illustrator Ian Kloster.

The creation process of this guide incorporated valuable feedback and insights from trained health workers, disability rights advocates and reproductive rights activists. The creators gratefully acknowledge the following organisations and individuals who provided contributions and/or reviewed the guide: IPPF Secretariat team, Change-Advonet, 2+Abortions Worldwide, IBIS, Lend A Voice Africa, Dr Gisela Berger, Sherlina Nageer and David Towell.

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Language note

This guide refers to the main character (Kofi) as 'person'. IPPF acknowledges that people who do not identify as women can also experience pregnancy and abortion, and that whilst the vast majority of abortions globally are provided to individuals who identify as women, this is a more inclusive term for the context of this guide.

Contents

- 3 About this resource
- 4 Visual resource
- 4 **Introduction** ●
- 12 **Green option: Abortion** ●
- 15 Medical abortion A: Mifepristone + Misoprostol ● ●
- 19 Medical abortion B: Misoprostol only ● ●
- 20 Medical abortion: all types ●
- 23 Surgical abortion ● ●
- 36 All abortion procedures ●
- 42 **Pink option: Continue the pregnancy** ●
- 44 **End of storylines** ●
- 45 Facilitation notes

About this resource

This resource aims to fill a gap in communication, reducing literacy and language barriers around abortion messaging. It can be used with a range of different audiences, including people with learning disabilities, to support the audience in the process of making an informed and consensual decision.

This resource offers an insight into what the process of having an abortion is like, by using images to tell the story of a Kofi, a young person* who has found that they are pregnant, and showing what their journey would be if they decided to have an abortion. The purpose of this is to support community health workers, young people, and others advocating for an increase in knowledge and information on abortion and reducing stigma surrounding these issues. We hope the story told here can support and be a resource for those who require more information and may need to access safe abortion services.

The story engages the reader in reflections about the process the young person is going through, their rights, the risks they could have taken if they did not have access or were denied the care needed and the importance of people who are willing to listen and support them.

How to use this resource

This is a visual resource, and therefore the entire story can be understood just by looking at the images in the order that they have been laid out. In order to support the delivery, a brief storyline has been included underneath each of these pictures. Additional facilitator notes for each of the pictures can be found at the end of this resource.

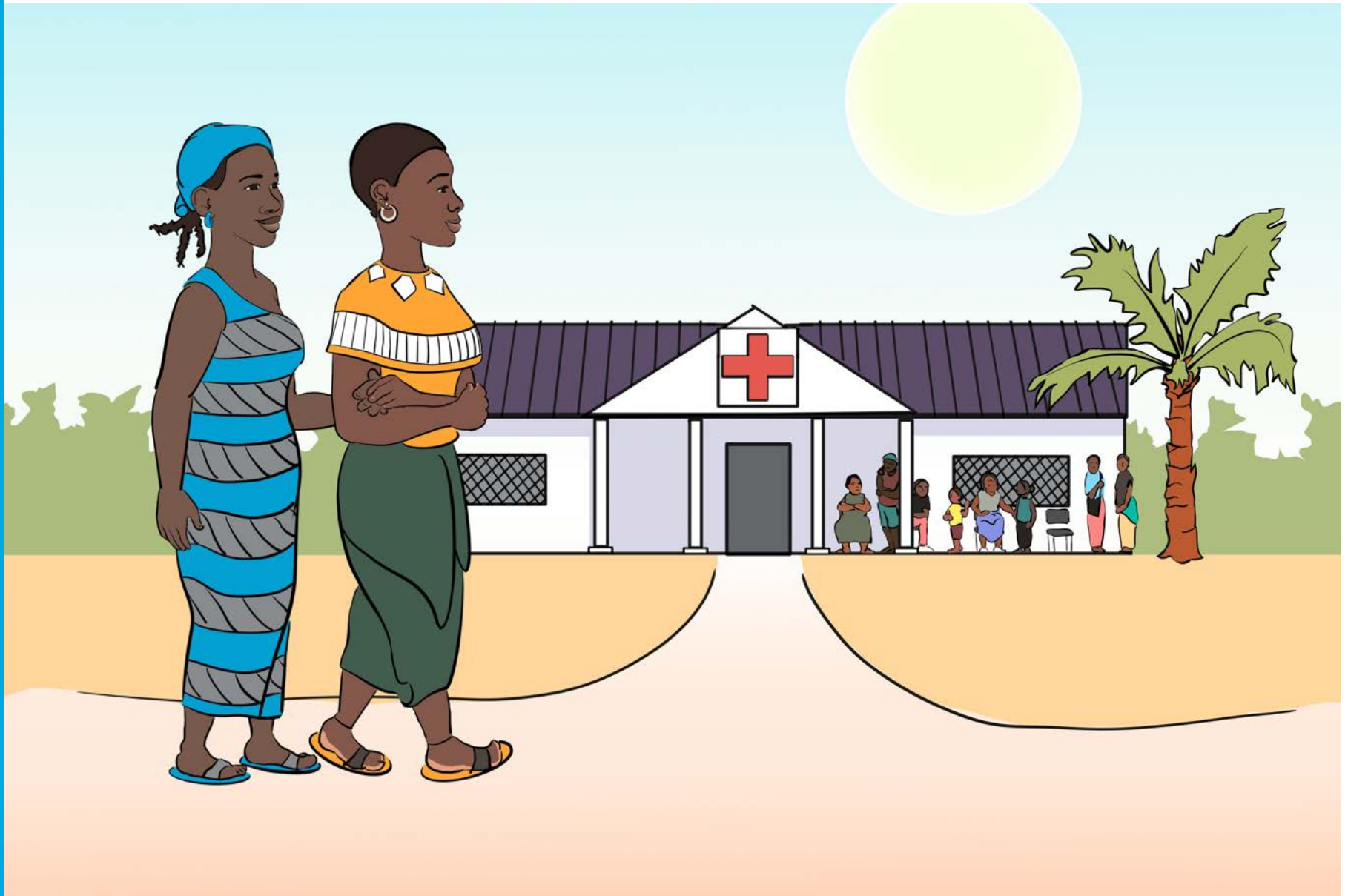
This resource can be used on its own or alongside other IPPF resources around abortion, such as the 'How to talk about abortion: a guide to rights based messaging' or 'How to educate about abortion: A guide for peer educators, teachers and trainers'. In addition, IPPF have produced videos on 'What is a surgical abortion' and 'What is a medical abortion'.

For more detailed information on an abortion with pills, safe abortion and/or contraception, you can visit [Safe2Choose](#) or [Women on Web](#), who both have useful resources and are part of the international movement to provide information on reproductive health and access to safe abortion.

INTRODUCTION



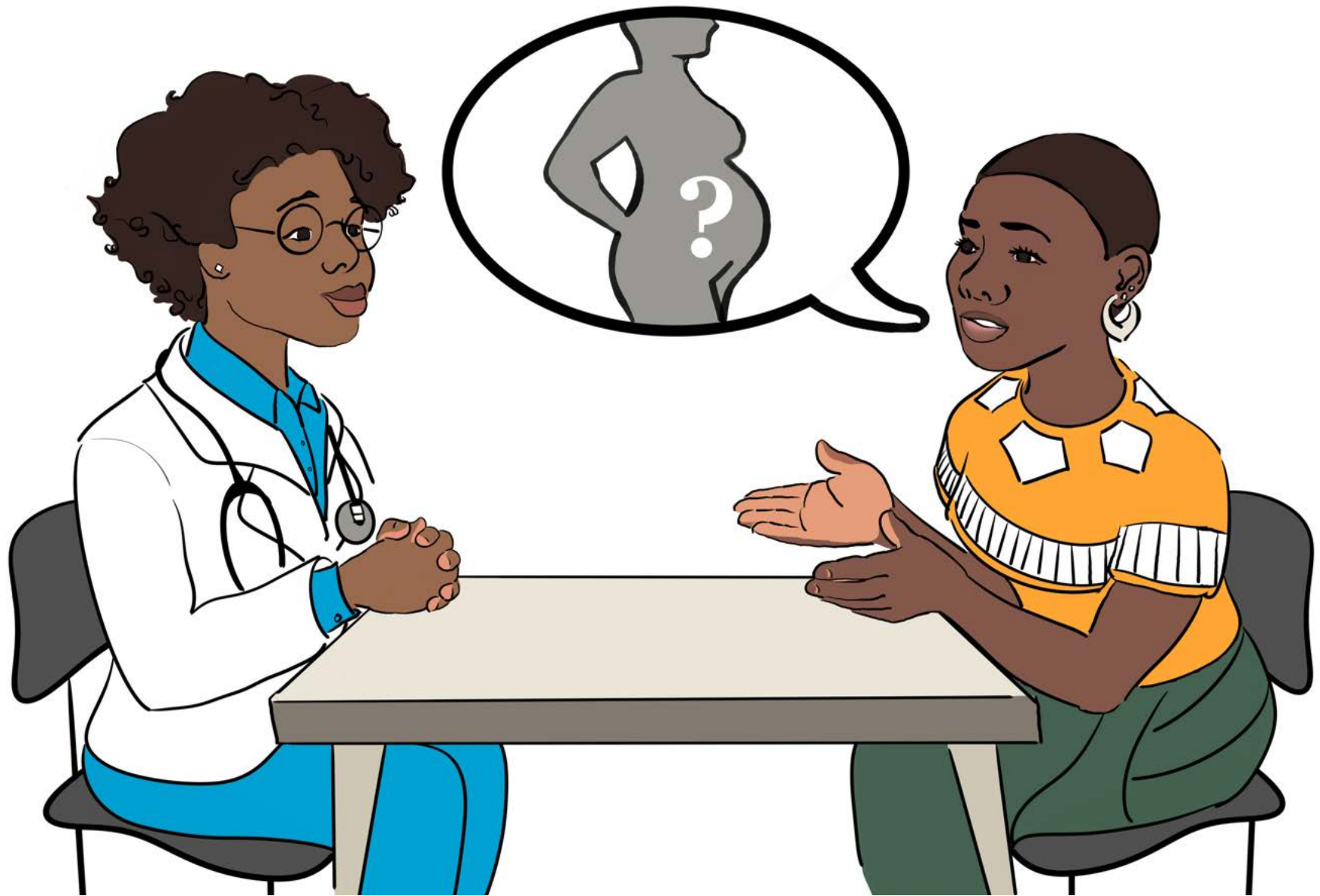
Kofi realises that their period is late, and remembers that they had sex between their last period and now.



Kofi approaches the clinic. They go with a trusted companion, like a friend, sister or partner.



The doctor invites the patient to a private space.



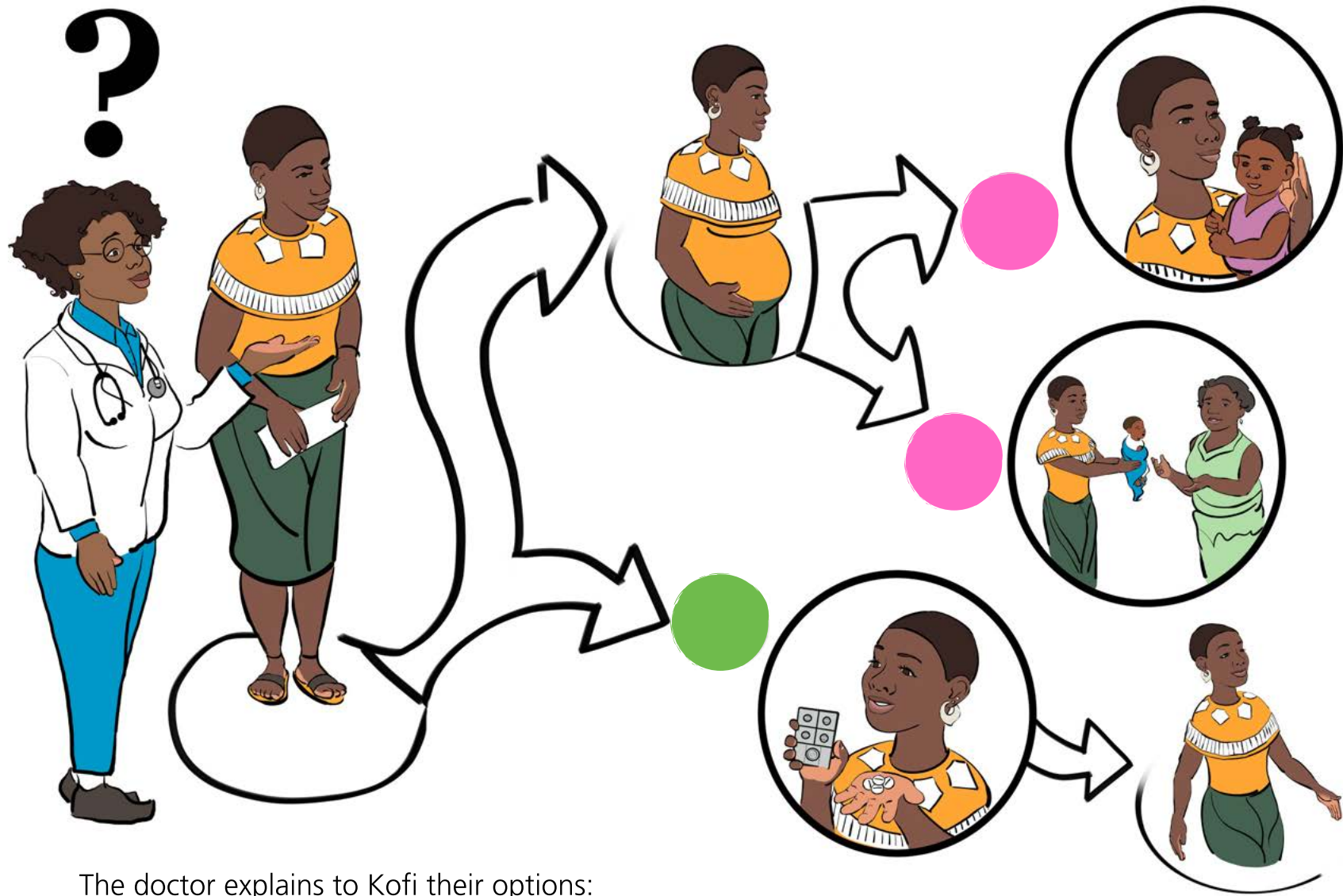
Kofi tells the doctor their period is delayed. Kofi thinks they may be pregnant.



Kofi gives a urine sample to determine if they are pregnant.

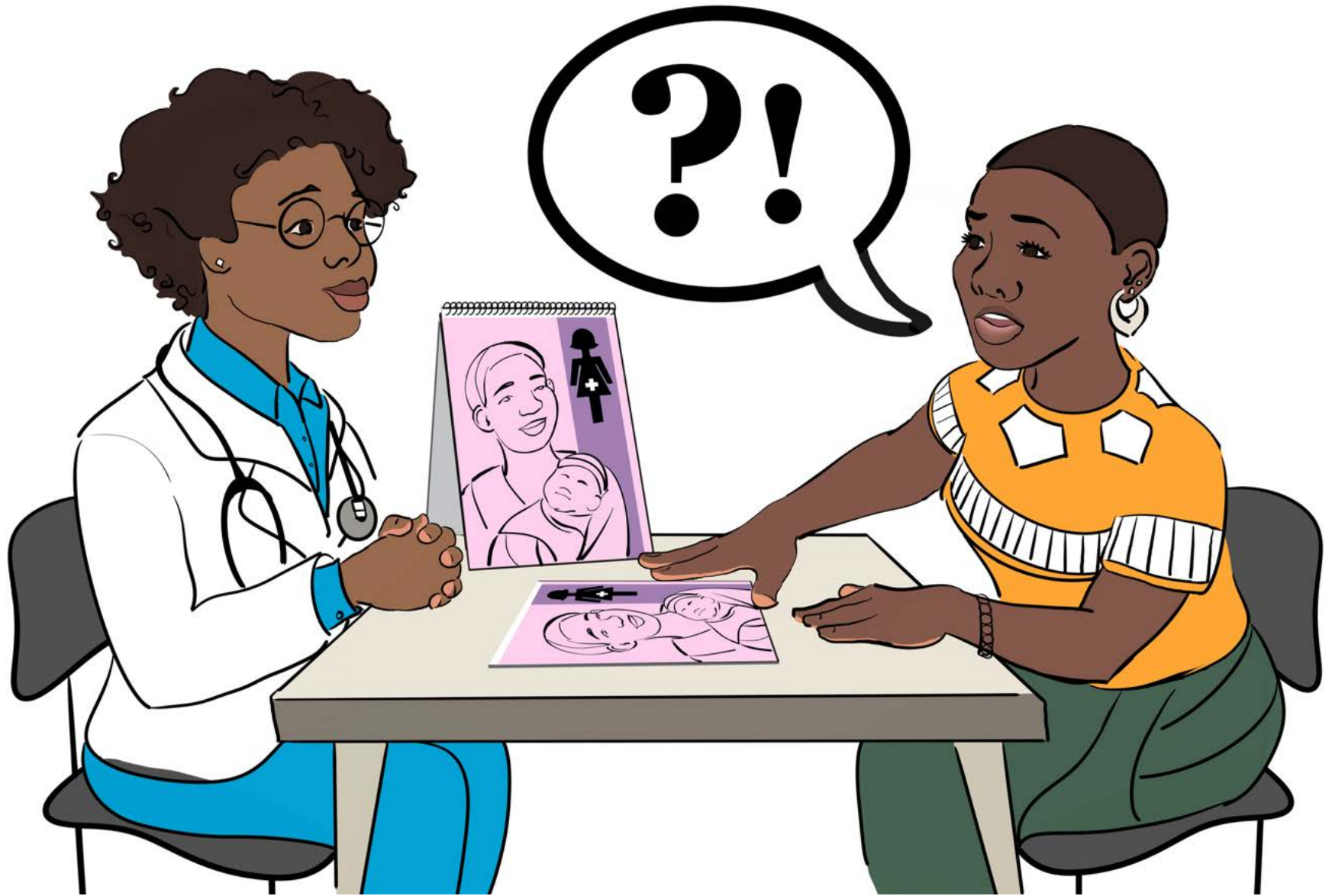


The pregnancy test shows that the result is positive, which means that they are pregnant.



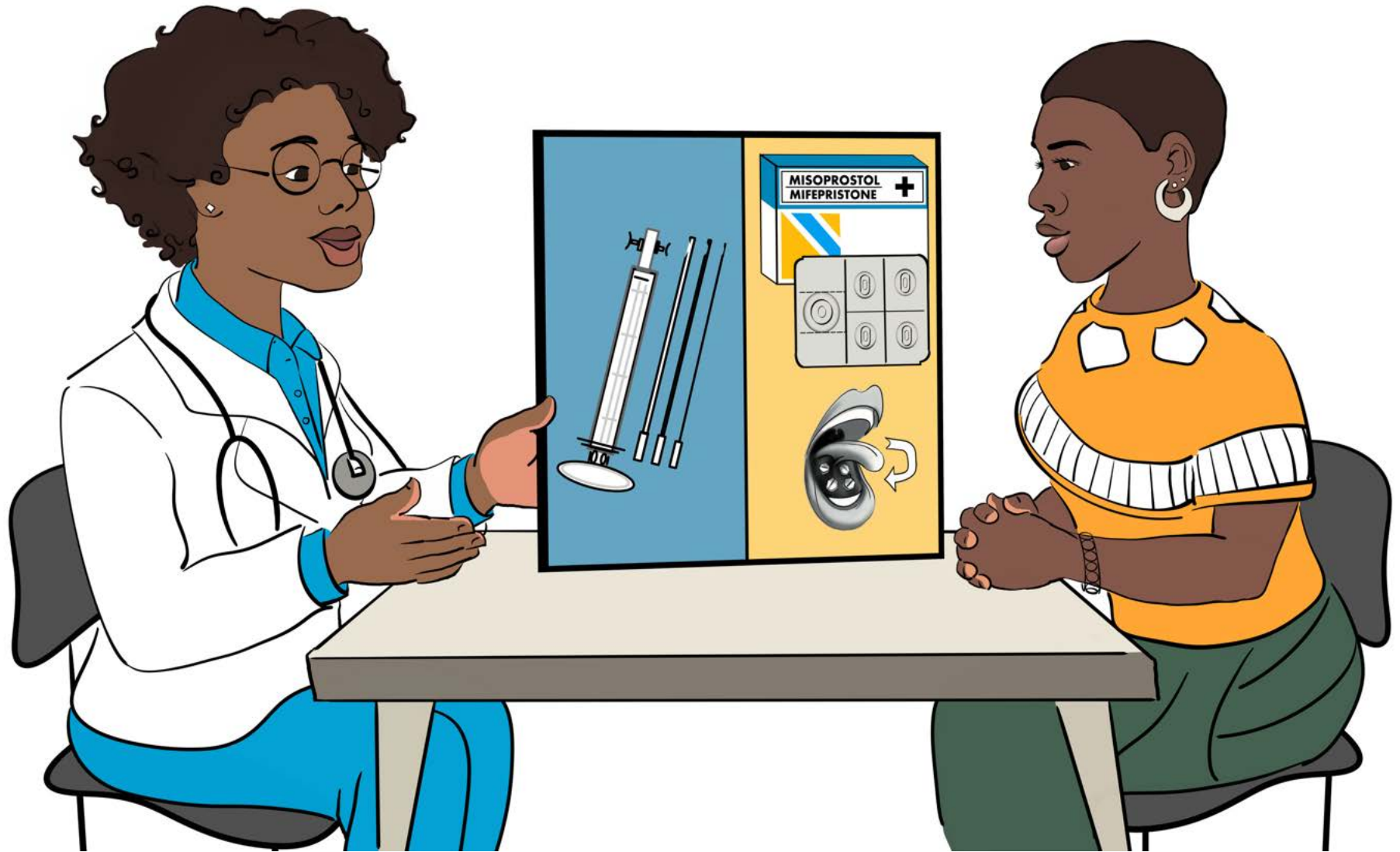
The doctor explains to Kofi their options:

- continue the pregnancy and becoming a parent
- continue the pregnancy and giving the child for adoption.
- interrupting the pregnancy with an abortion

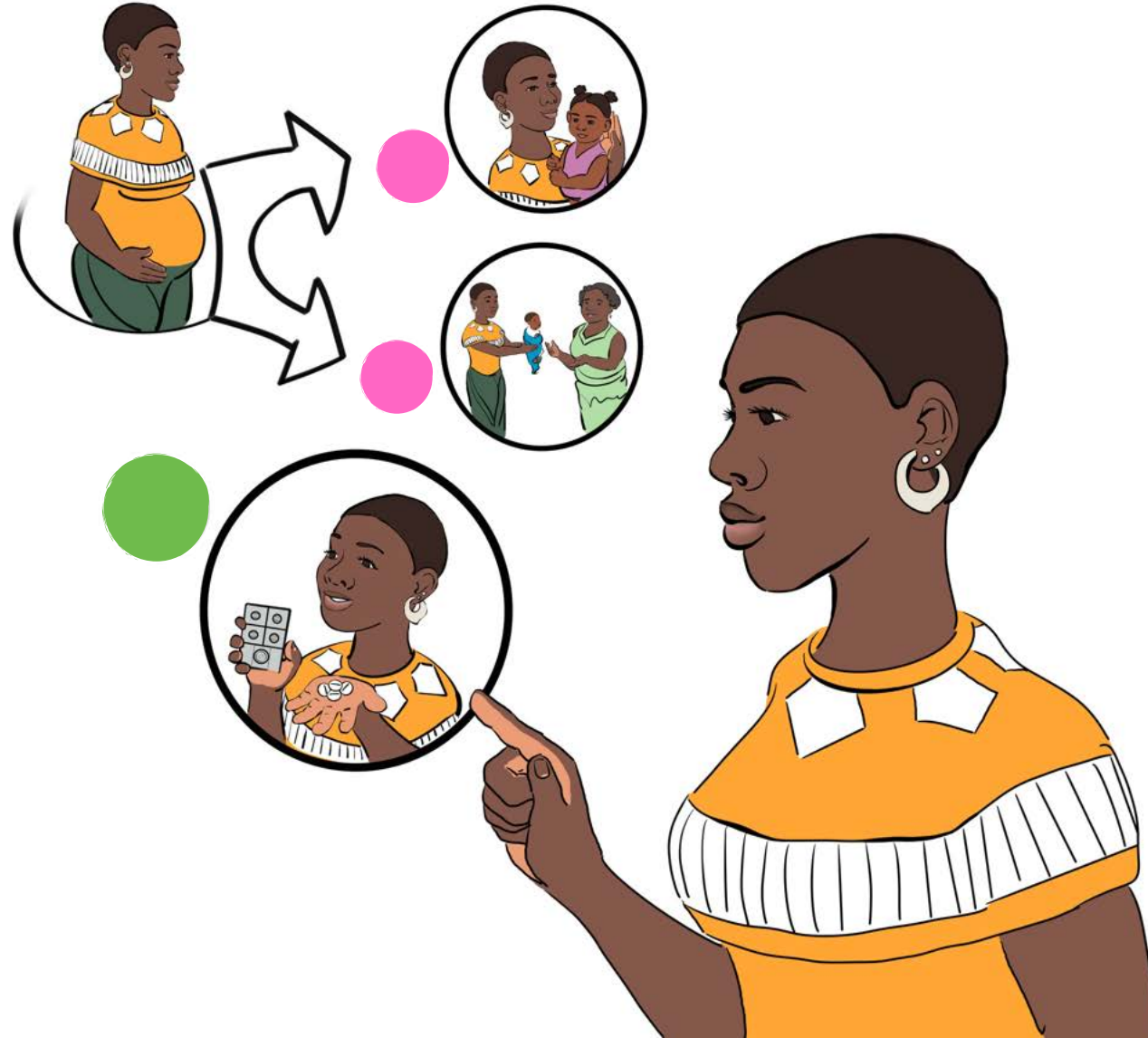


Kofi asks many questions, as they want to make an informed decision.

GREEN OPTION: ABORTION



The doctor explains that there are two ways of having a safe abortion: medical abortion (with pills) or surgical abortion (by suction).



Kofi decides that abortion is their choice.

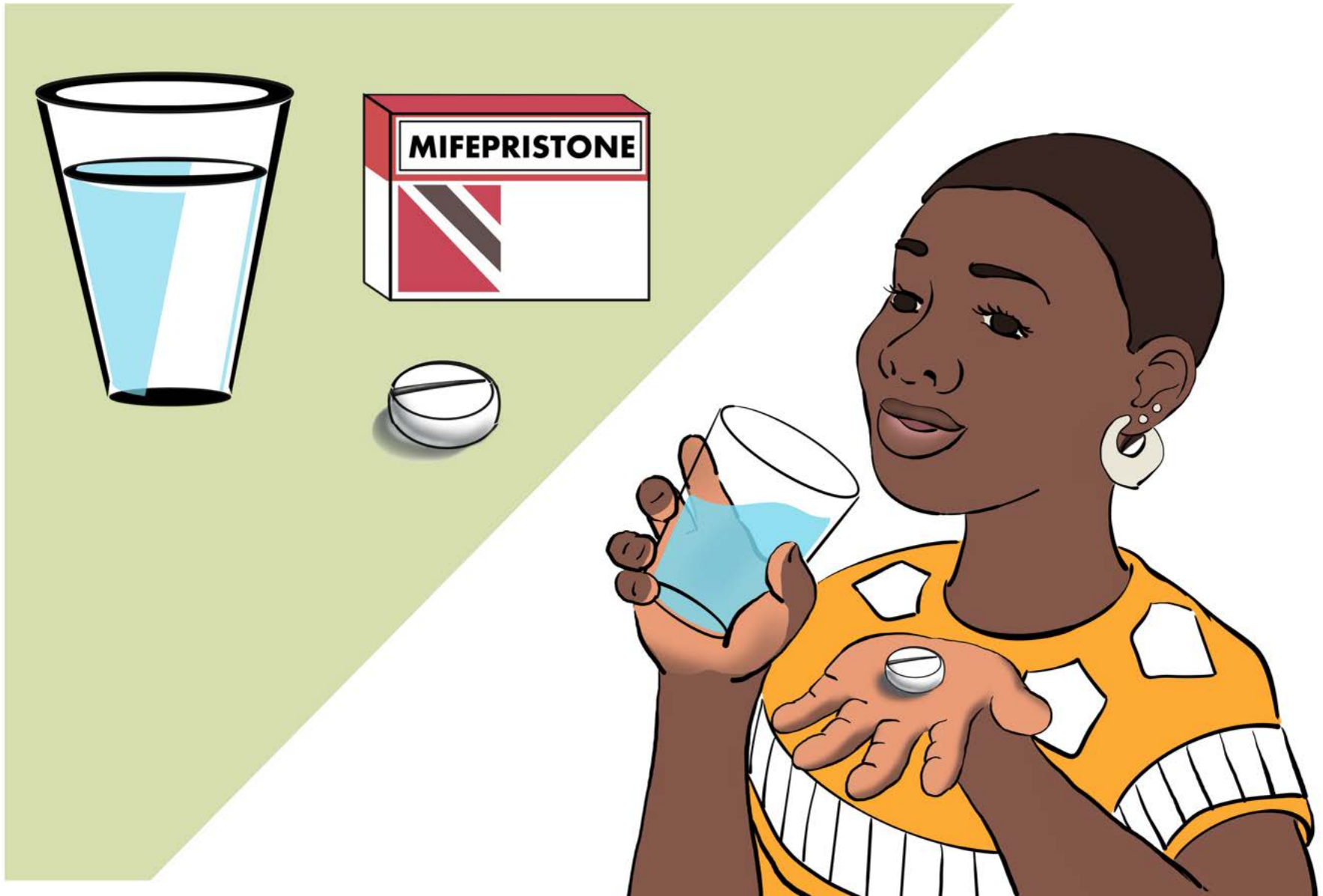


Kofi confirms that their decision is to have an abortion, and they sign a consent form.

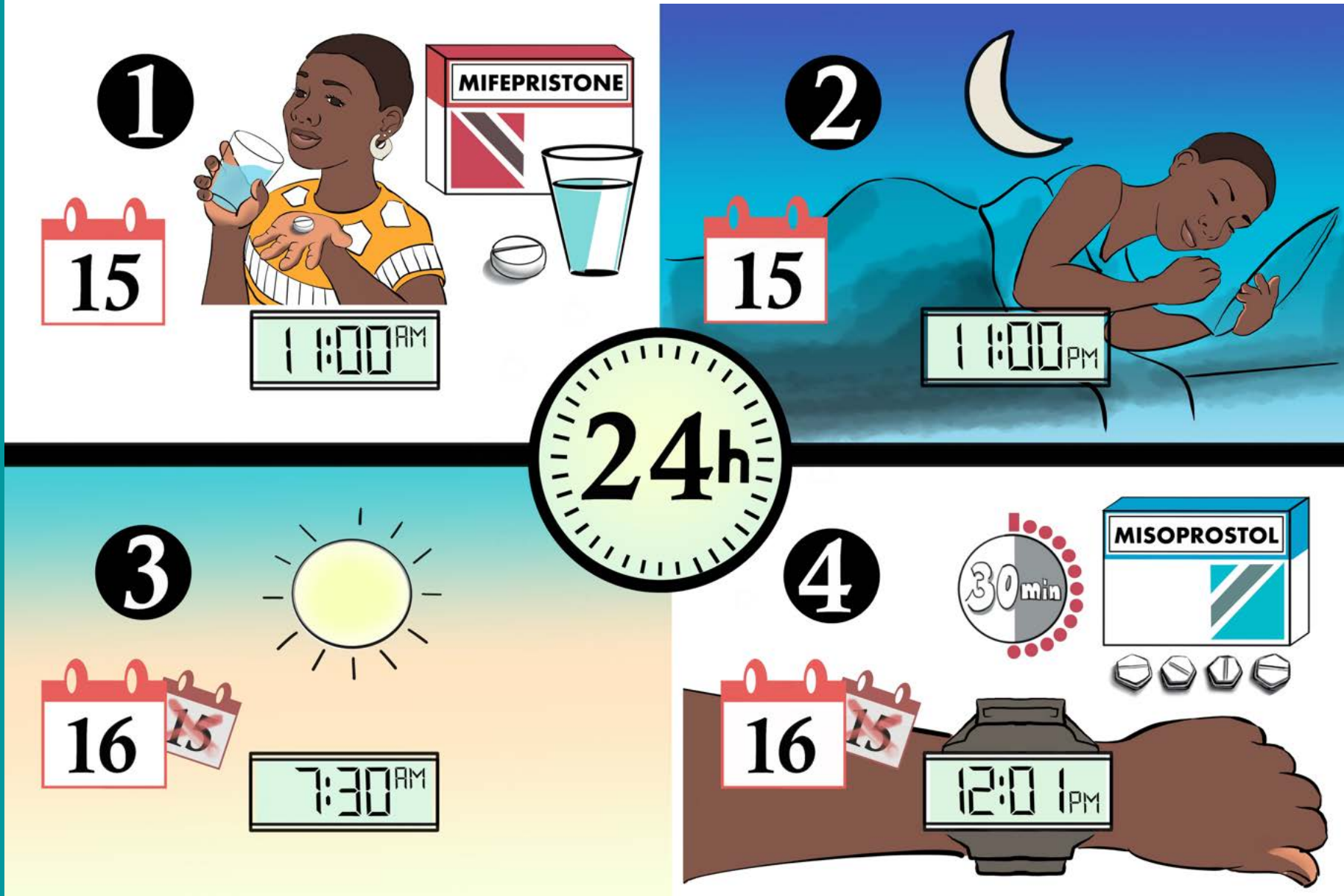
Medical abortion A: Mifepristone + Misoprostol



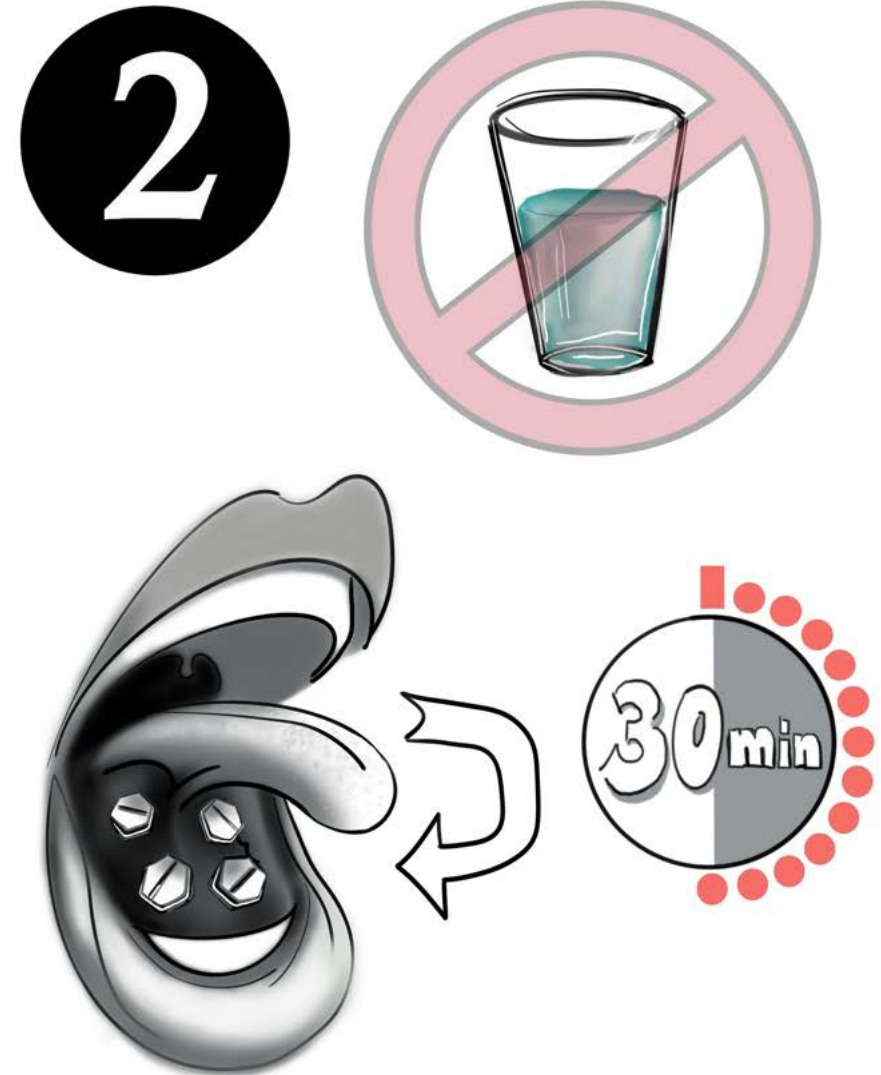
For an abortion with pills, the most effective method is with two types of pills: Mifepristone and Misoprostol. This is called a “medical abortion”.



The first step is to drink one pill of Mifepristone.



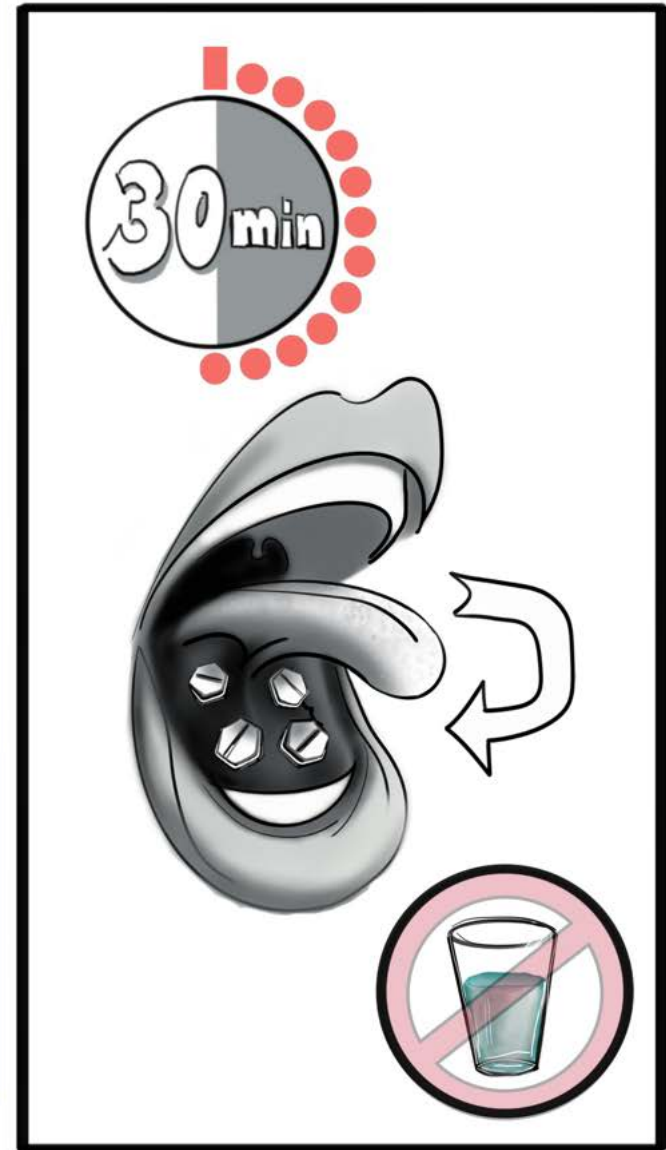
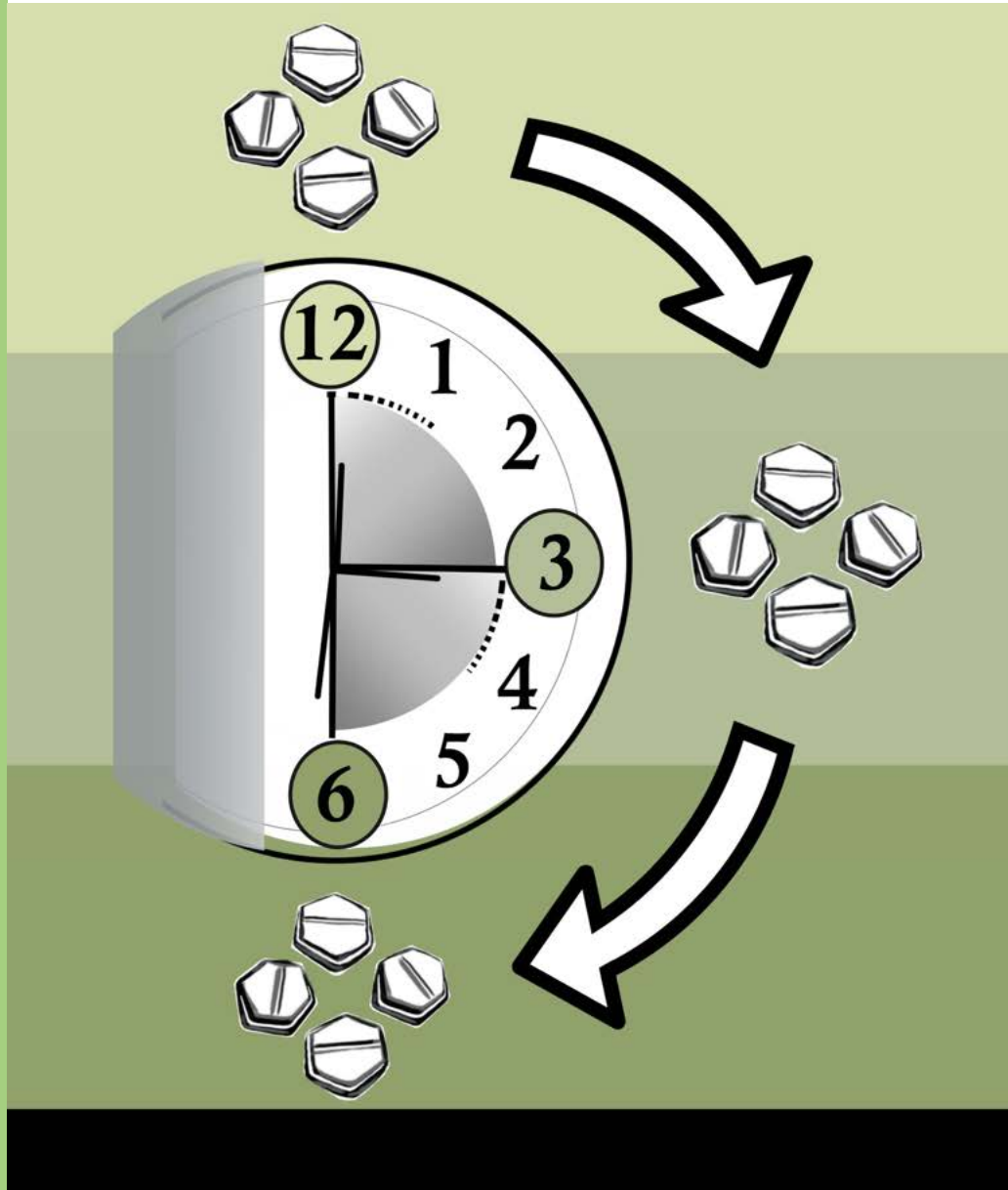
After taking the Mifepristone, wait at least 24h (24-48h) to take the next pills, called Misoprostol.



First, drink some water. After, put 4 misoprostol pills under your tongue and let them dissolve for 30 minutes. If the abortion is not complete after 4 hours, repeat this step.

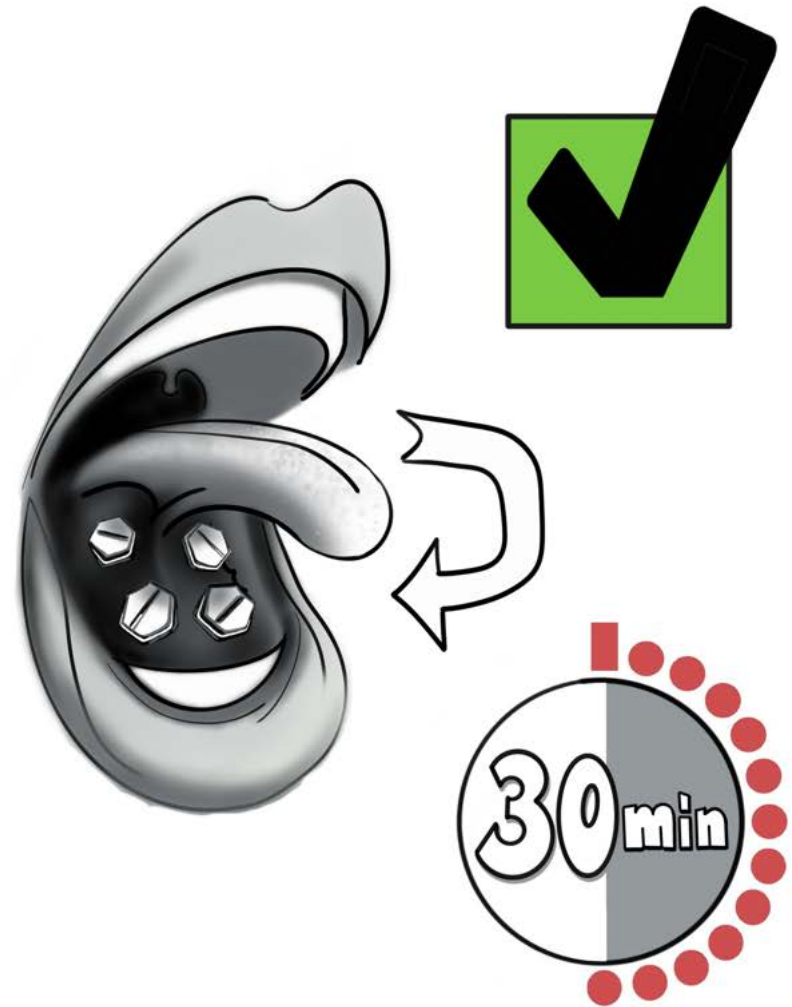
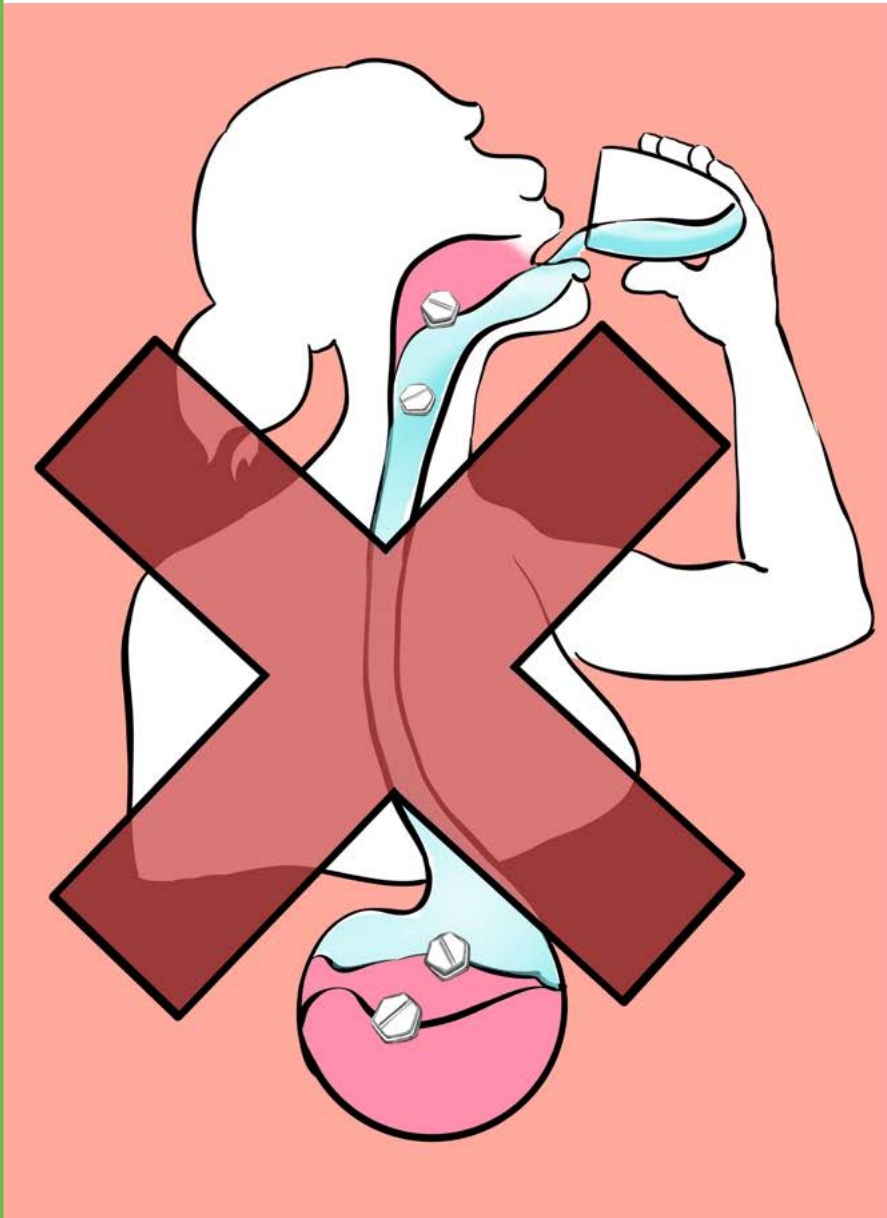
Medical abortion B:

Misoprostol only

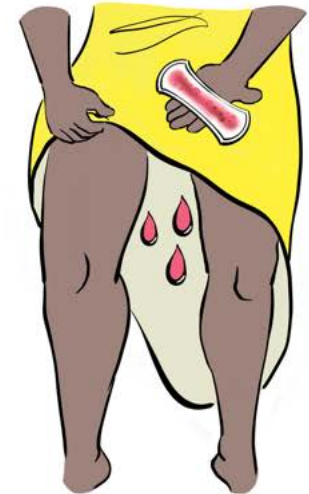


For an abortion with Misoprostol only, take 4 pills every 3 hours, in a 12 hours period. Put the pills under your tongue and let them dissolve.

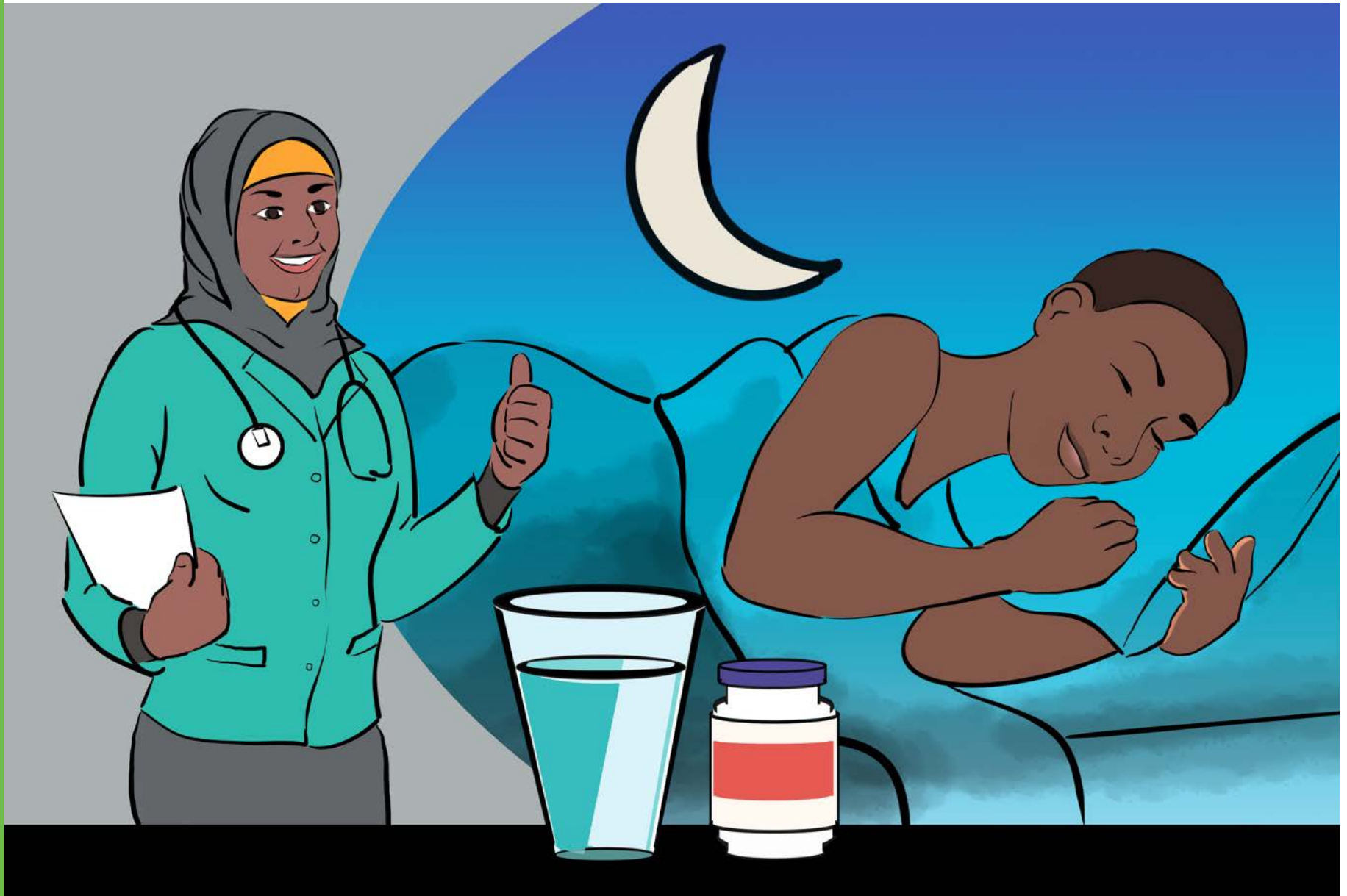
Medical abortion: all types



Do not swallow the misoprostol pills with water. Put the pills under your tongue and let them dissolve for 30 minutes.

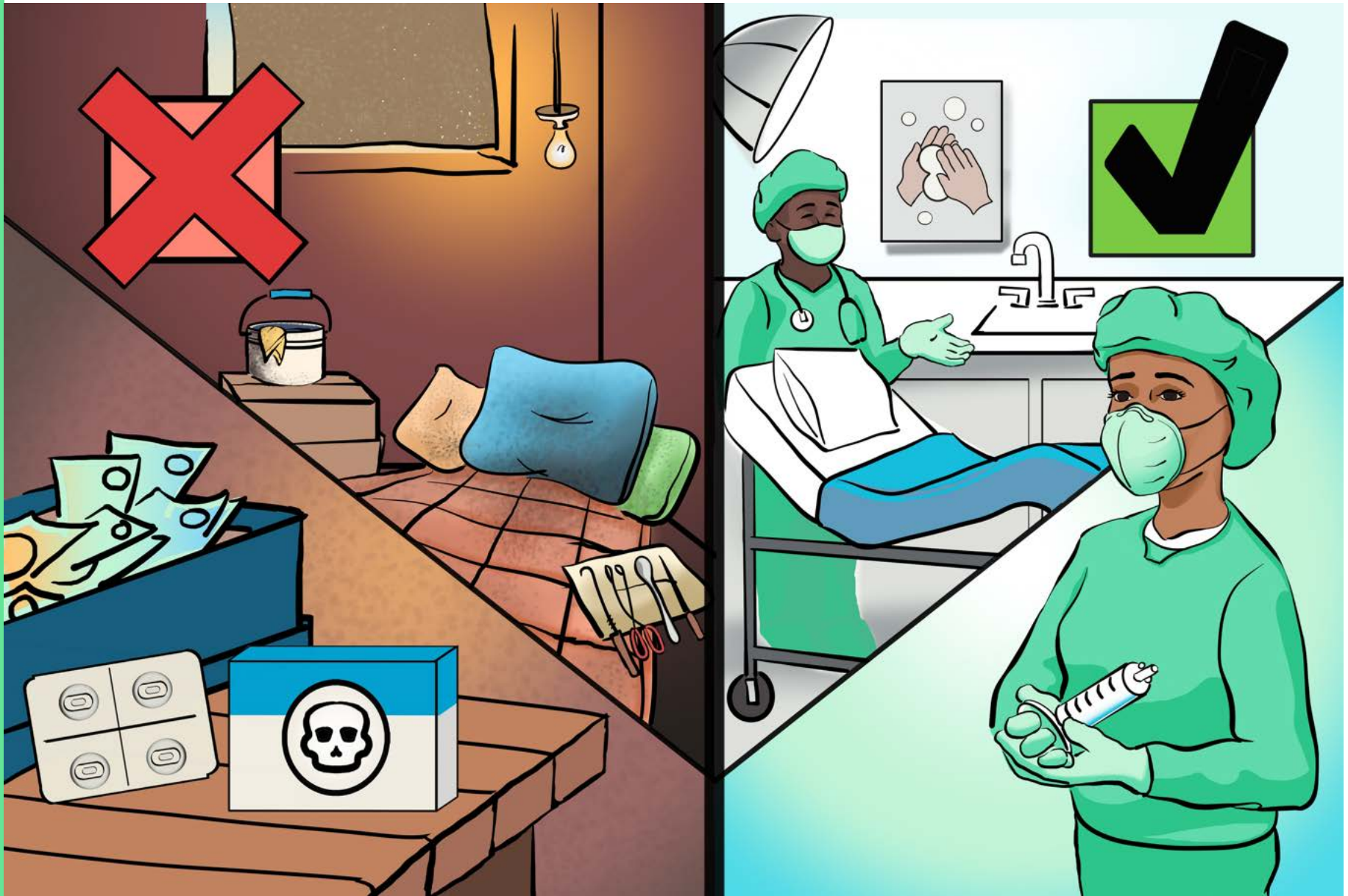


You could experience some side effects after an abortion with pills. This is common. You may also not experience any side effects.



Resting is important, so you can feel better soon. Pain killers may help with moderate pain, take them if needed.

Surgical abortion



Avoid unsafe abortions. When having a surgical abortion, this should be provided by qualified medical professionals, in sanitary conditions.



Before a surgical abortion (by suction), the doctor gives painkillers to the patient. Do not eat from 6 hours before the surgery, and do not drink liquids from 2 hours before the surgery.



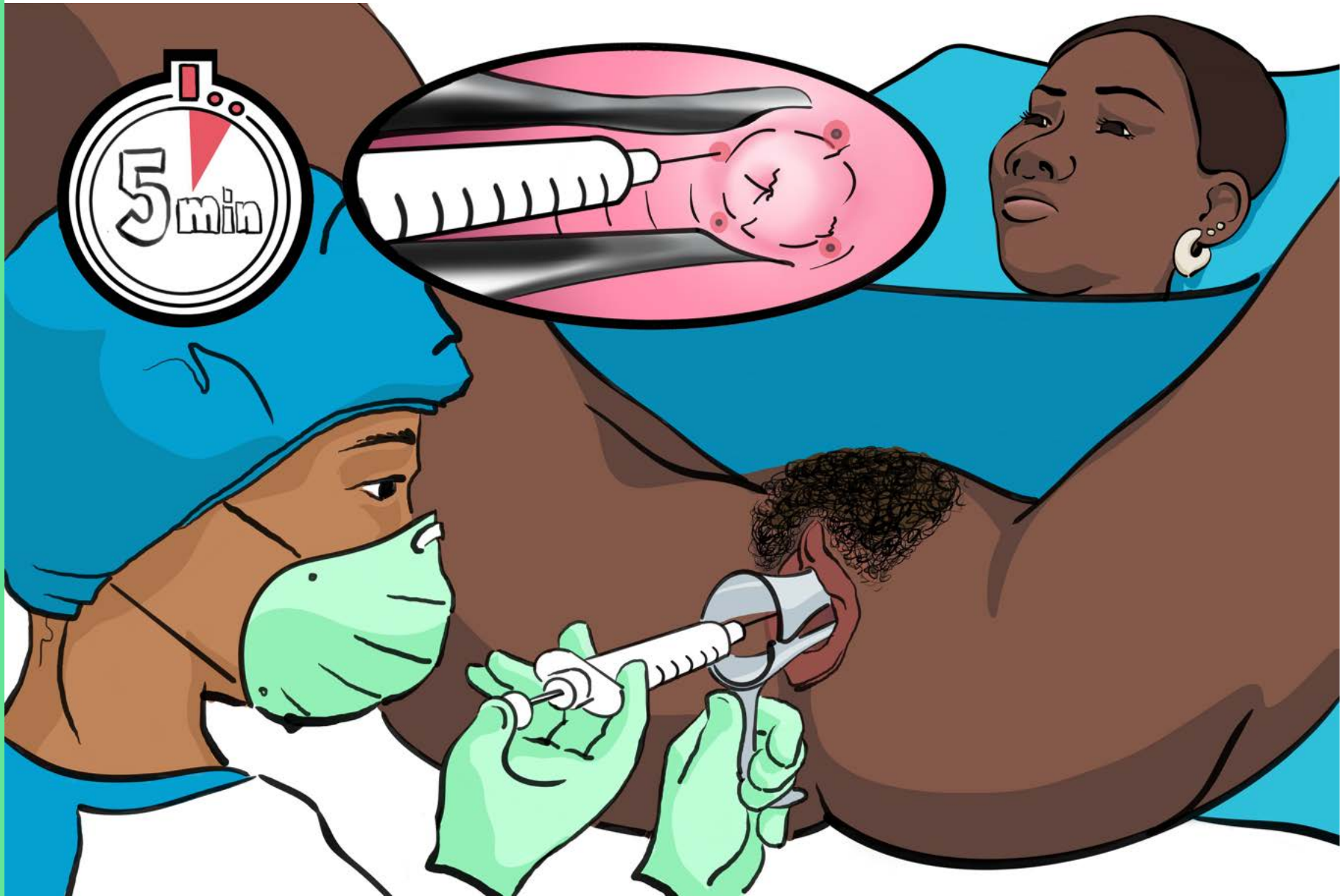
The doctor and Kofi discuss the procedure and what support Kofi wants, and agree how they would request help for pain if needed.



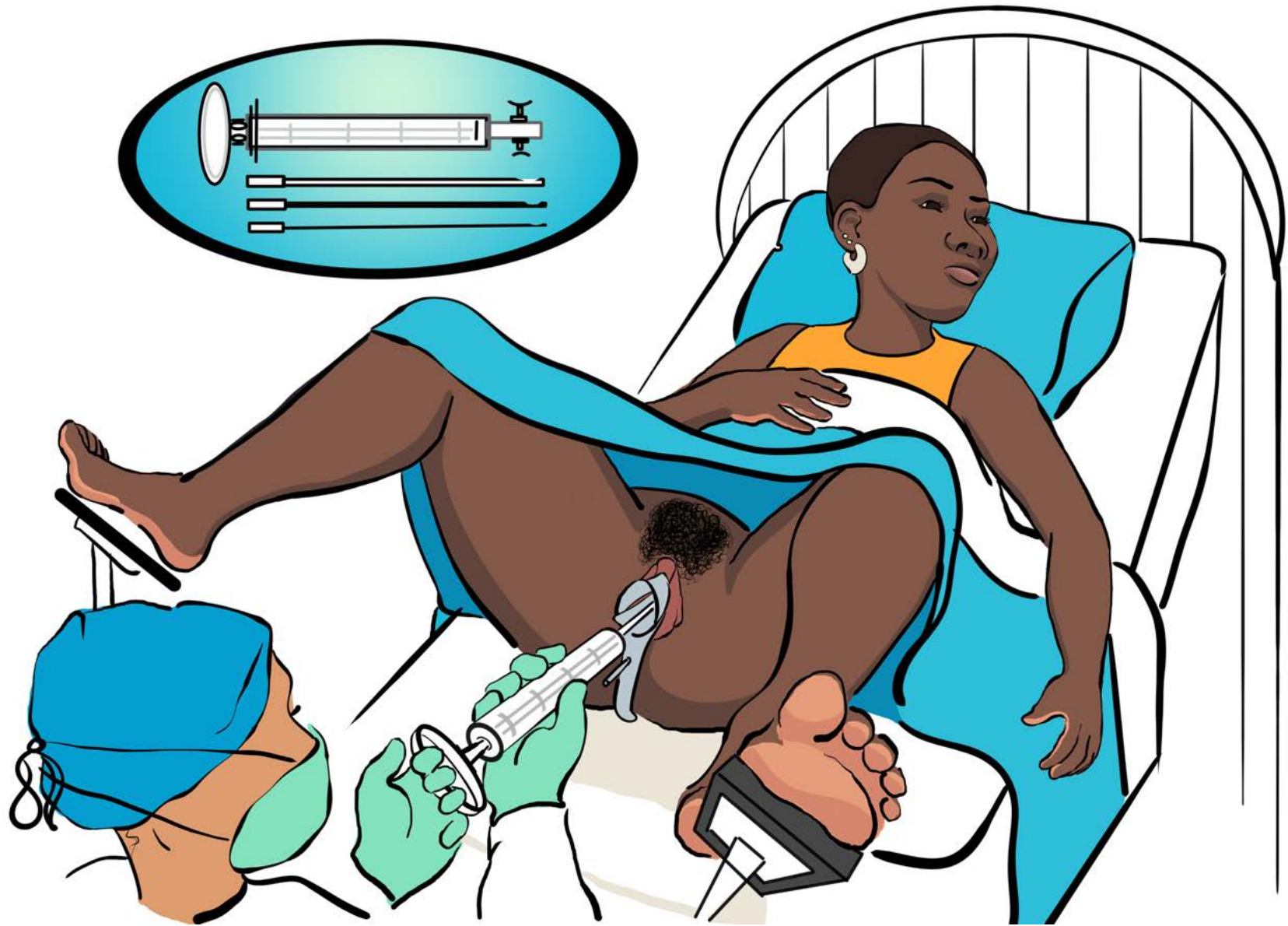
For a surgical abortion, Kofi takes their underwear off and lays down on a hospital bed.



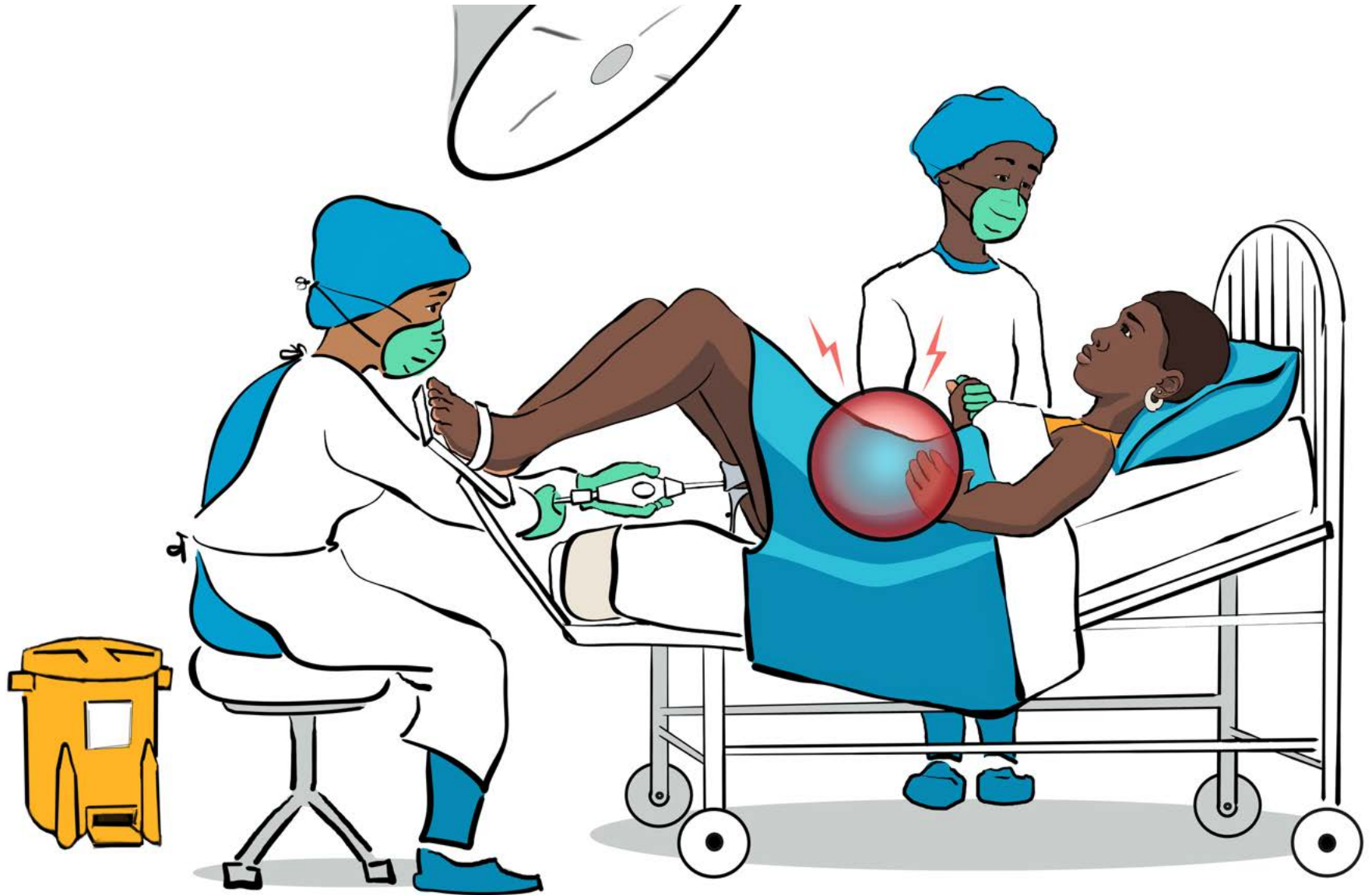
The doctor will use a speculum, a tool that helps open Kofi's vagina.



The doctor injects a local anaesthetic in the cervix, to avoid Kofi feeling pain and to reduce discomfort.



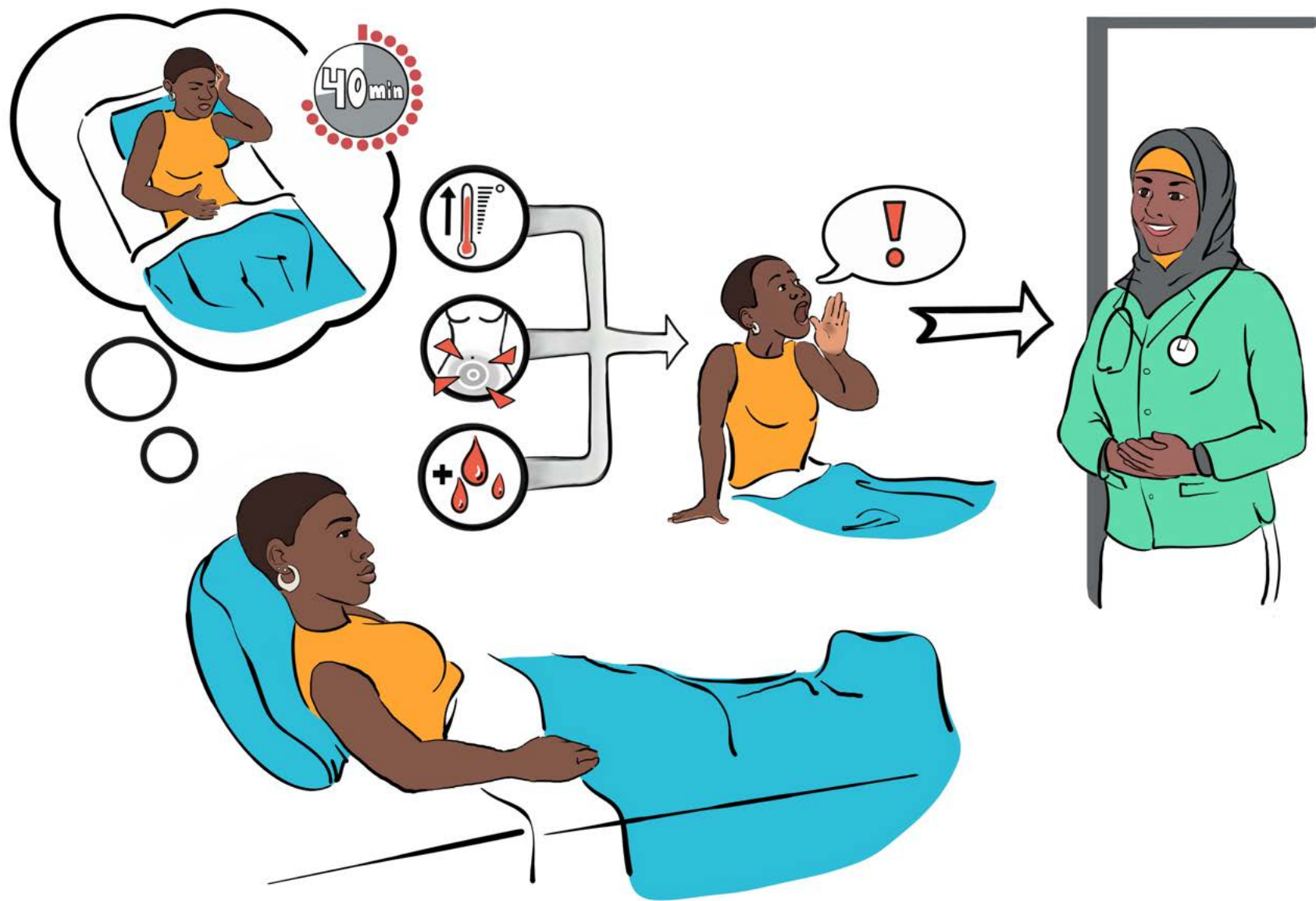
A thin tube called canula is inserted through the vagina, to empty the uterus.



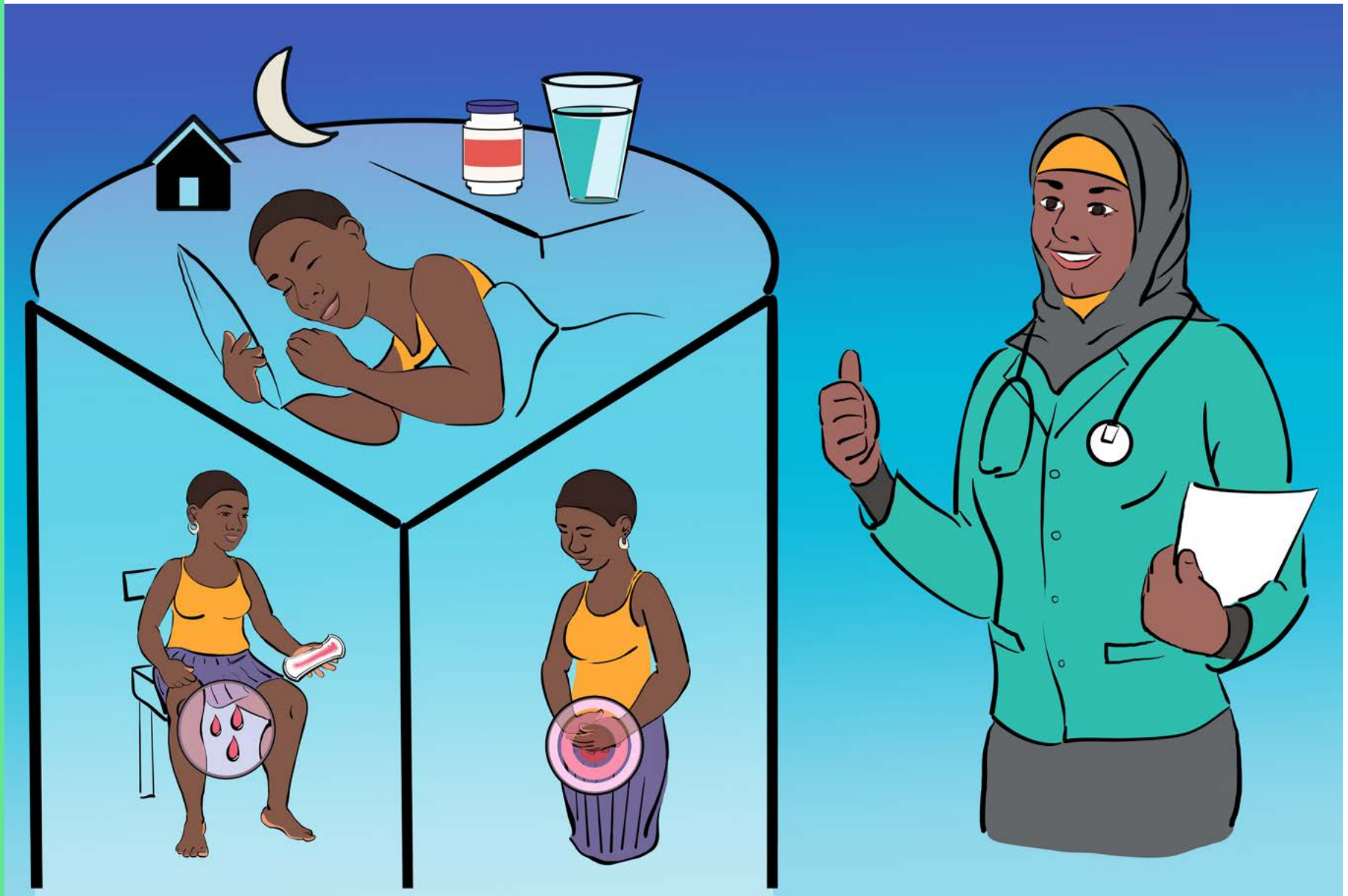
Kofi may feel discomfort, pressure and pain in the abdomen, whilst the abortion by suction (surgical abortion) is taking place.



Afterwards, Kofi should rest for 30-40 minutes.



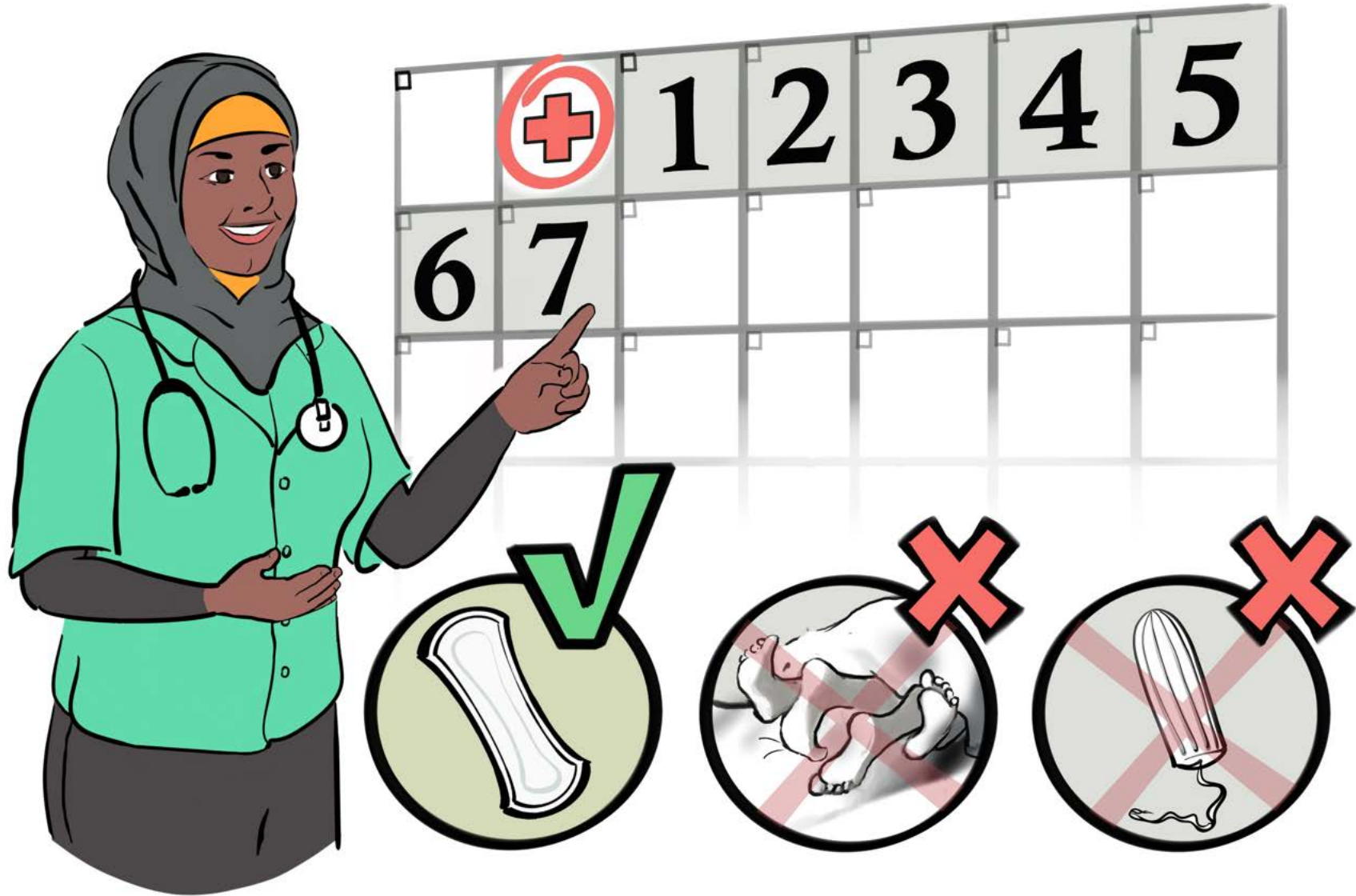
If Kofi feels pain, is bleeding or has high temperature while resting, they should call the doctor or nurse.



The doctor recommends that Kofi has plenty of rest. She also says that some bleeding and cramps are normal symptoms.

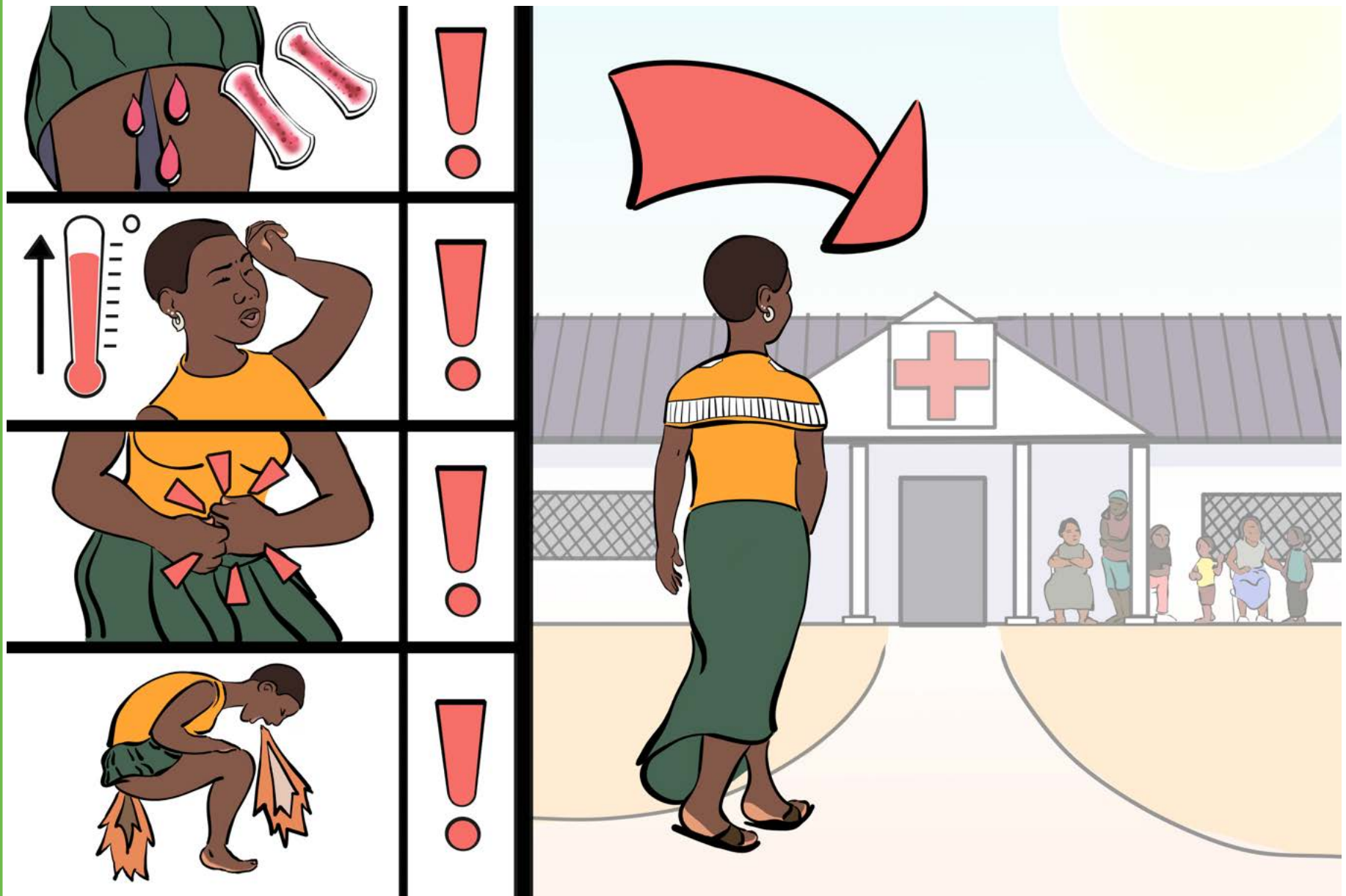


Before leaving, the doctor and Kofi discuss looking after their wellbeing, and Kofi may be given information leaflets, painkillers and contraceptives for their sexual health.

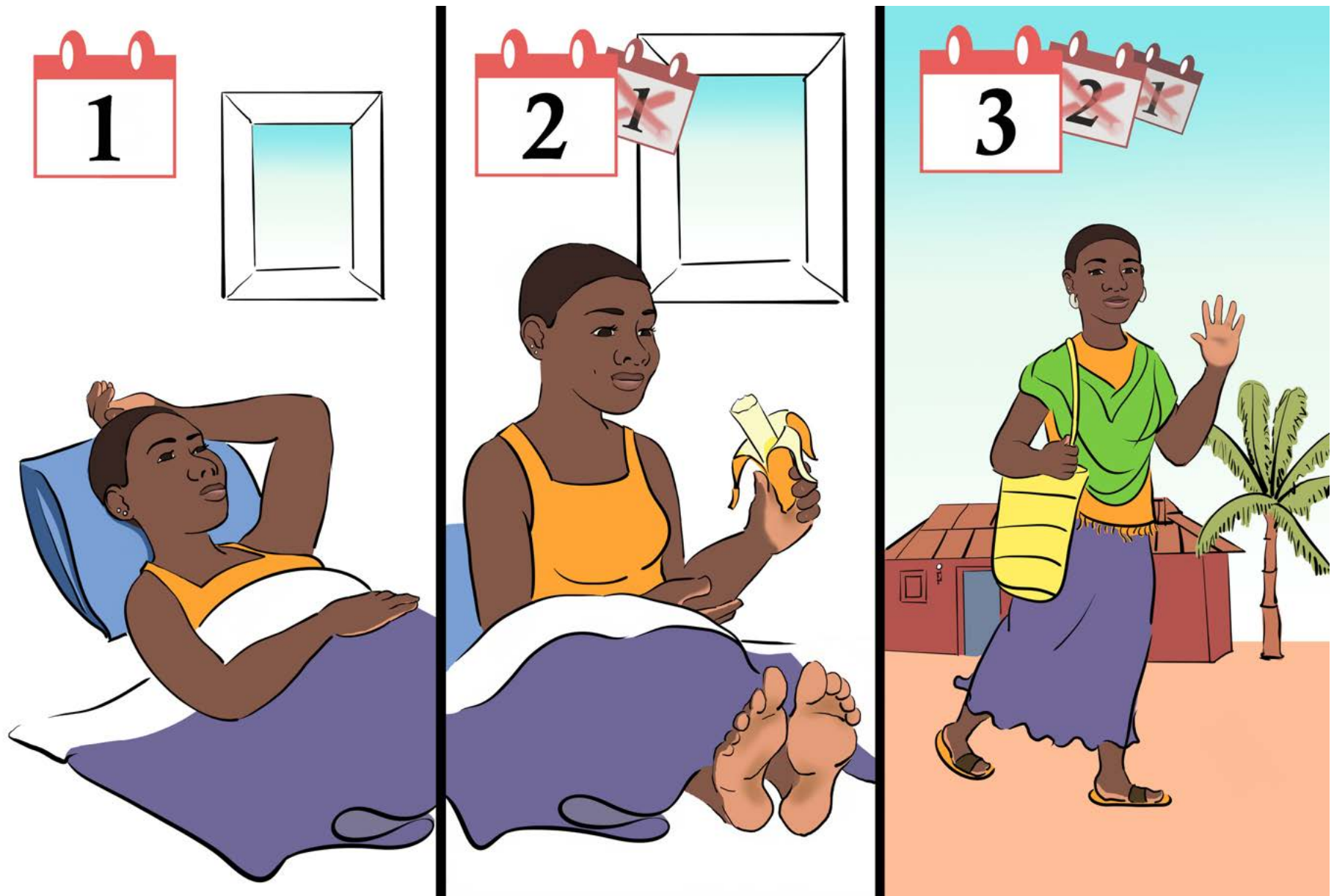


It is recommended to only use pads and not insert tampons or have sex during the first week after the procedure.

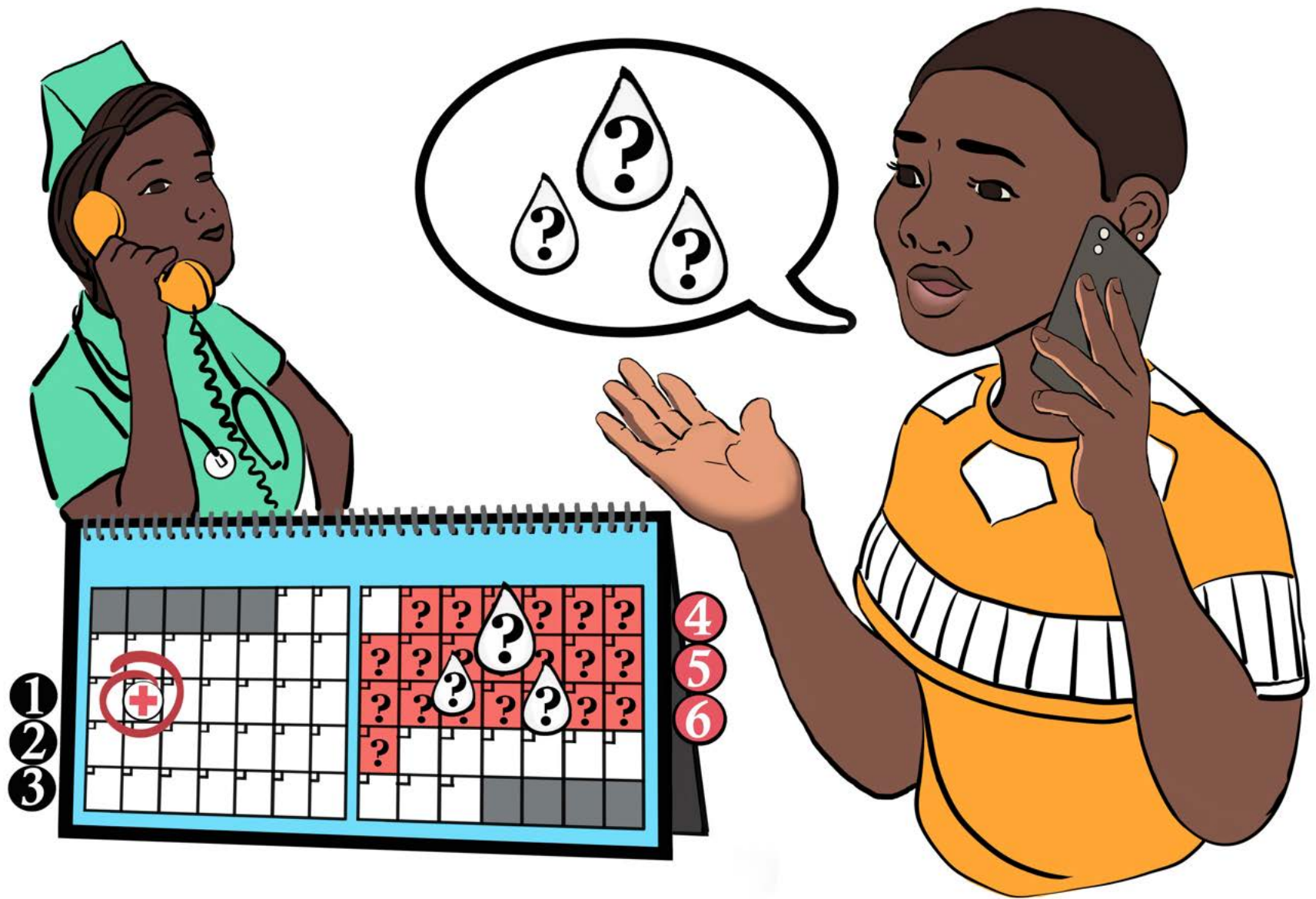
All abortion procedures



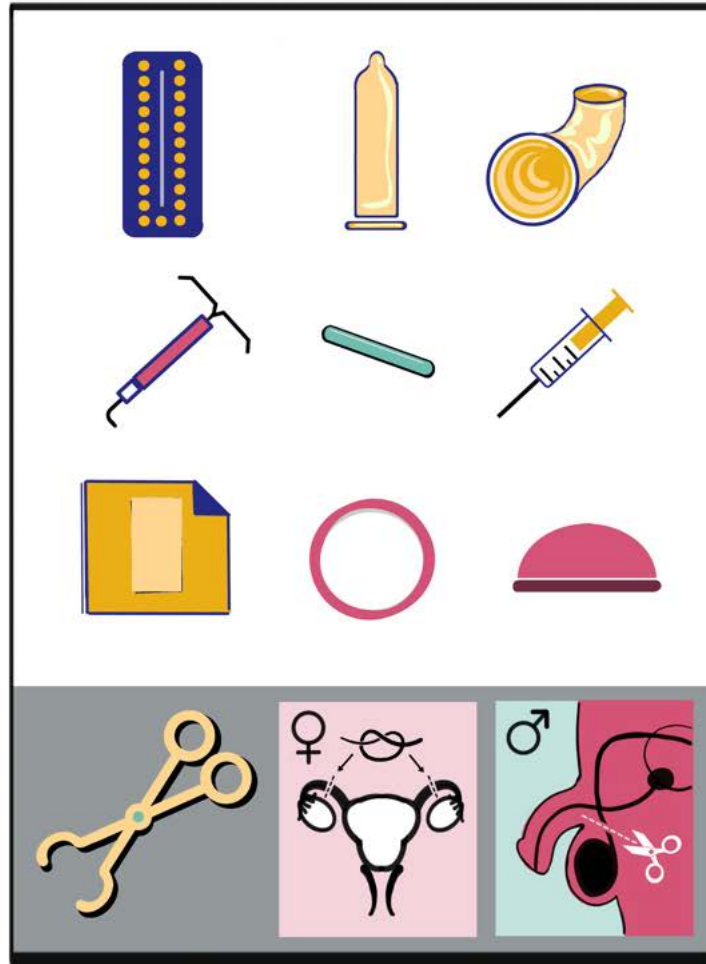
Seek medical help immediately if you experience: heavy bleeding (more than 2 pads in one hour), high fever (39°C or more), strong cramps, continuous vomiting and/or diarrhoea.



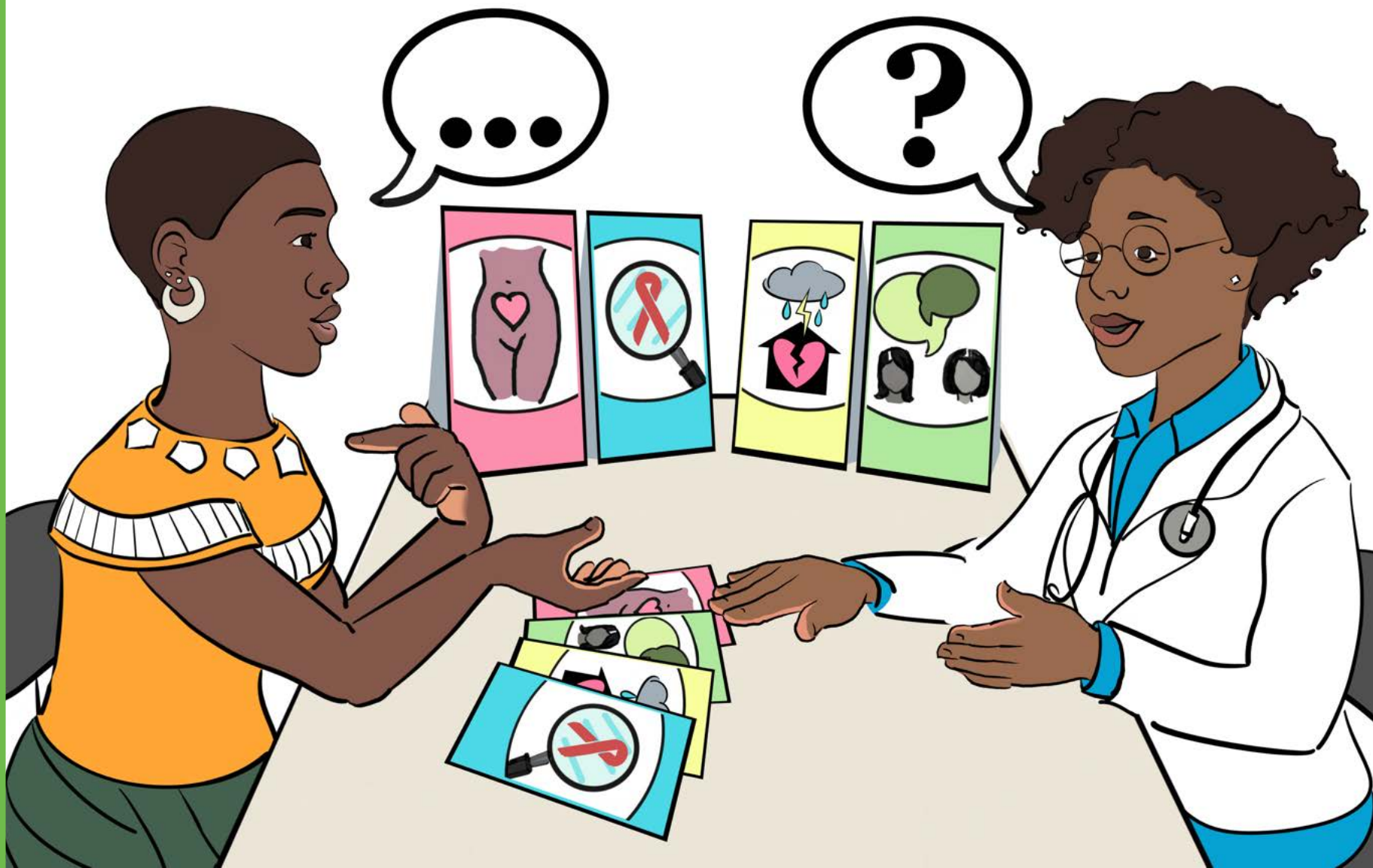
Most people feel fine to return to their daily routine after a couple of days of rest.



After having an abortion, periods should return to normal after 4 to 6 weeks. If your period is not back, consult a doctor.



The doctor explains contraception options available to make it easier to look after their reproductive choices and sexual health.

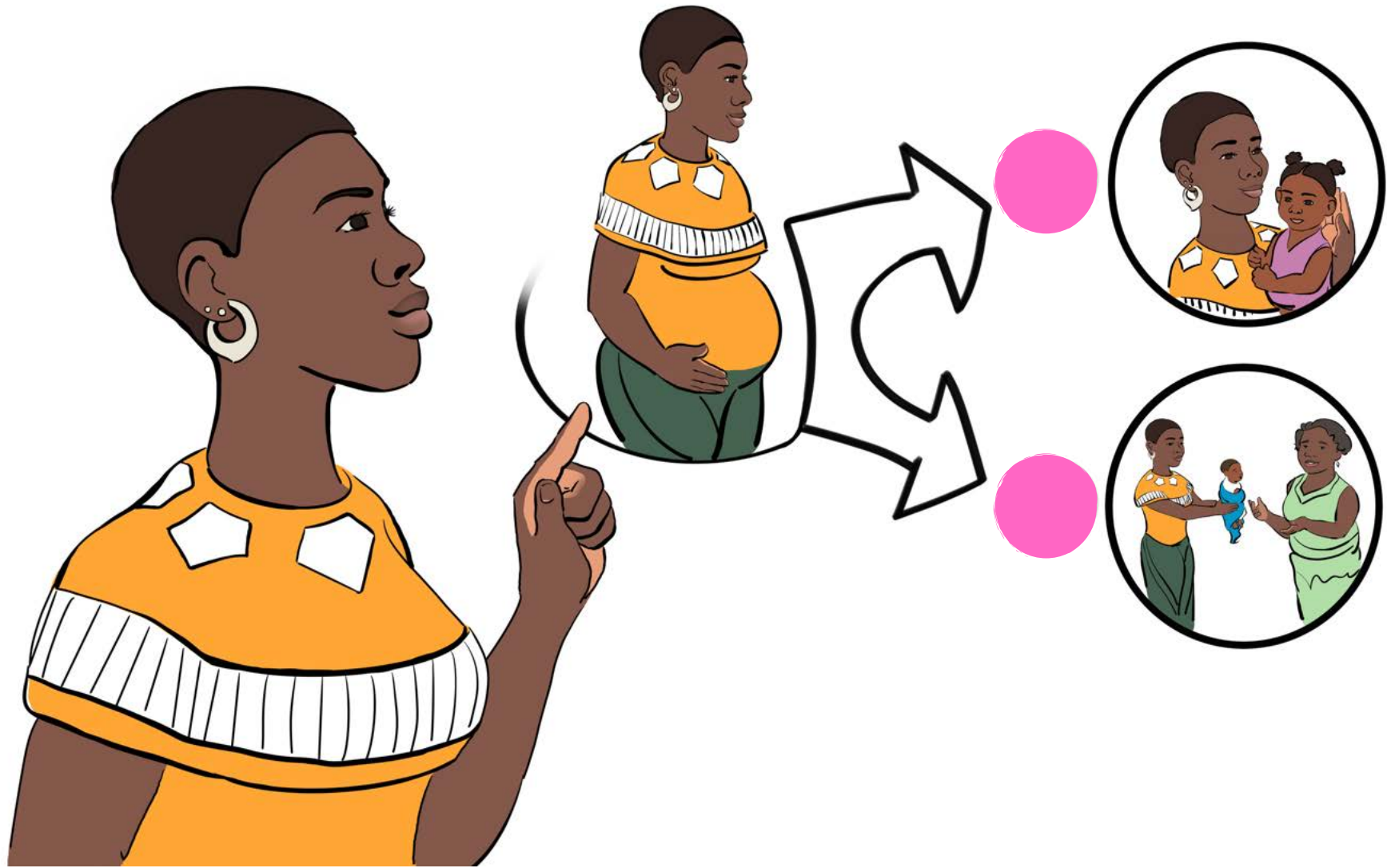


The doctor asks Kofi if they want to talk about anything else.



Sex can be resumed when Kofi feels ready. If they are still bleeding, they can use a condom.

PINK OPTION: CONTINUE THE PREGNANCY







Kofi decides to continue their pregnancy.



The doctor refers Kofi to antenatal care.



Kofi feels relieved of having taken their decision, and joins friends, who welcome them and don't judge them.

Page	Image	Storyline	Facilitator notes
8		<ul style="list-style-type: none"> • Kofi gives a urine sample to determine if they are pregnant. 	<ul style="list-style-type: none"> • The first step is to verify if there is a pregnancy. • In some cases the patient collects the urine, but it will be the doctor or nurse who does the pregnancy test with the patient's urine sample.
9		<ul style="list-style-type: none"> • The pregnancy shows the result is positive, which means that they are pregnant. 	<ul style="list-style-type: none"> • This can be confirmed by a nurse or a doctor. The medical staff should be aware of what is the national regulation, to offer the appropriate options to the patient (in some countries it may only be possible to access one method of abortion).
10		<ul style="list-style-type: none"> • The doctor explains to Kofi their options: <ul style="list-style-type: none"> • carrying the pregnancy to term and becoming a parent • carrying the pregnancy to term and giving the child for adoption or fostering. • stopping the pregnancy with an abortion 	<ul style="list-style-type: none"> • The doctor should ask the person about their feelings and plans. • The doctor should find out if they already have made their decision and respect it.
11		<ul style="list-style-type: none"> • Kofi asks many questions, as they want to make an informed decision. 	<ul style="list-style-type: none"> • It's a good idea to ask questions before deciding. • Doctors should be willing to answer and explain. If you don't know yet what your decision is, some of the things that you might want to think about: <ul style="list-style-type: none"> • Although you don't need to have anyone with you, it might be useful to think about a trusted person who can support you. • It is an important decision to make for yourself, think about any ways that the decision might affect you and ensure you have the support you need.

Green option: Abortion

12



The doctor explains that there are two ways of having a safe abortion: medical abortion (with pills) or surgical abortion (by suction).

According to the World Health Organisation, safe abortions can be done:

- with pills
 - Method A: a combination of mifepristone and misoprostol;
 - Method B: only misoprostol
- or it can be done through suction (surgical abortion).

Medical staff should be aware of national abortion regulation, and know which type of abortion the patient will be able to access (if not all of them). In most countries abortion is permitted.

13



Kofi decides that abortion is their choice.

It is the pregnant person who decides. Changing your mind and taking time to make a final decision is OK. Medical staff can advise you on your options at different stages of the pregnancy.

14



Kofi confirms that their decision is to have an abortion, and they sign a consent form.

Consent should be formally given. If someone does not know how to read, or doesn't understand what the text says, then the medical staff should find alternative ways of ensuring the consent of the patient is obtained.


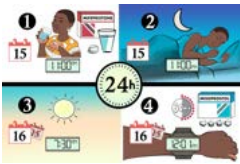

Medical abortion A: Mifepristone + Misoprostol

15

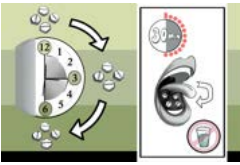


For an abortion with pills, the most effective method is with two types of pills: Mifepristone and Misoprostol. This is called a "medical abortion".

Communicate the pills names, to avoid the patient taking medication that is not safe, as well as the importance for taking the appropriate dose for the stage of the pregnancy. Ensure the person knows it is important that the pills are sourced reliably, and information is provided by a trained individual or organisation.

Page	Image	Storyline	Facilitator notes
16		<ul style="list-style-type: none"> Swallow one pill of 200mg of Mifepristone. 	<ul style="list-style-type: none"> Person takes one pill of Mifepristone.
17		<ul style="list-style-type: none"> After taking the Mifepristone, wait at least 24h (24-48h) to take the next pills, called Misoprostol. 	<ul style="list-style-type: none"> Ensure that people know that the "right dose at the right time" is important for the medicine to work properly without complications. The Misoprostol should be taken from 24 until 48 hours after the Mifepristone is taken. It should be noted that a small proportion of women may start bleeding after taking mifepristone alone.
18		<ul style="list-style-type: none"> Drink some water first. Afterwards put 4 misoprostol pills under your tongue. Let them dissolve for half an hour. If the abortion is not complete after 4 hours, repeat this step. 	<ul style="list-style-type: none"> Water should be drunk before, to moist the mouth. Then put the four pills under the tongue, but do not drink the pills with water. After half an hour, whatever is remaining can be swallowed with water. If after 4 to 6 hours from taking Misoprostol the pregnancy has not been ended, you may need to repeat this step. A successful termination of a pregnancy is known by bleeding, passing clots and products of conception.

Medical abortion B: Misoprostol only

19		<ul style="list-style-type: none"> For an abortion with Misoprostol only, take 4 pills every 3 hours, in a 12 hours period. Put the pills under your tongue and let them dissolve. 	<ul style="list-style-type: none"> You should generally take 12 misoprostol pills in total, in the period of 12 hours. This equals to 3 doses of 4 pills each time. Depending on your circumstances, the doctor may prescribe a specific dose for you (different to the stated above). It's important to follow the advice tailored for you.
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Medical abortions: all types

20



Do not swallow the misoprostol pills with water. Put the pills under your tongue and let them dissolve.

Put the four pills under tongue and let them dissolve, do not drink the pills with water. Swallowing the pills straight away would make the pills ineffective. After half an hour, whatever is remaining under the tongue can be swallowed with water.

21



You could experience some side effects after an abortion with pills. This is common. You may also not experience any side effects.

Let people know what is normal and what is not after a medical abortion. Once you take these pills you will experience some intended effects such as:

- Moderate cramps
- Moderate bleeding

Other possible side effects that you may experience:

- Shivering
- Temperature
- Dizziness
- Tiredness
- Moderate Vomiting & diarrhea

22



Resting is important, so you can feel better soon. Pain killers may help with moderate pain, take them if needed.

Rest is important to feel better soon. It is okay and safe to take pain killers.






Surgical abortion



23




Avoid unsafe abortions. When having a surgical abortion, this should be provided by qualified medical professionals, in sanitary conditions.





Surgical abortion is safe when it is performed by a trained provider under sanitary conditions.





Page	Image	Storyline	Facilitator notes
24		<ul style="list-style-type: none"> • Before a surgical abortion, the doctor gives painkillers to the patient. • Do not eat from 6 hours before the surgery, and do not drink liquids from 2 hours before the surgery. 	<ul style="list-style-type: none"> • Pain should not be endured. The doctors can help to prevent and alleviate it. • As with any surgery, it is recommended that the patient doesn't eat from 6 hours before the surgical abortion procedure, and that they don't drink from 2 hours before the procedure.
25		<ul style="list-style-type: none"> • The doctor and Kofi discuss the procedure and what support Kofi wants, and agree how they would request help for pain if needed. 	<ul style="list-style-type: none"> • The patient communicates their needs to the medical professionals, so these can be considered. Some people may need additional support or painkillers. • The doctor should be willing to make reasonable accommodations according to every patient.
26		<ul style="list-style-type: none"> • For an abortion by suction, Kofi takes their underwear off and lays down on a hospital bed. 	
27		<ul style="list-style-type: none"> • The doctor will use a speculum, a tool that helps open Kofi's vagina. 	<ul style="list-style-type: none"> • Some parts of the process can be uncomfortable. It can feel a bit strange when the speculum is inserted but using a gel can help.
28		<ul style="list-style-type: none"> • The doctor injects a local anaesthetic in the cervix, to avoid Kofi feeling pain and to reduce discomfort. 	<ul style="list-style-type: none"> • The patient would feel a few pinches inside when the anaesthetic injection is being provided.

Page	Image	Storyline	Facilitator notes
34		<ul style="list-style-type: none"> • Before leaving, the doctor and Kofi discuss looking after their wellbeing, and Kofi may be given information leaflets, painkillers and contraceptives for their sexual health. 	<ul style="list-style-type: none"> • A medical professional should explain to the patient: <ul style="list-style-type: none"> • how to look after yourself after the procedure, including how and when to take any medicines. • how to deal with moderate pain and common mild side effects • provide information on contraceptive options
35		<ul style="list-style-type: none"> • It is recommended to only use pads and not insert tampons or have sex during the first week after the procedure. 	<ul style="list-style-type: none"> • Using pads helps you check how much you are bleeding and decide if you need to seek more advice. • If one experiences heavy bleeding, soaking 2 maxi size sanitary pads per hour, for 2 hours in a row, they should seek medical help.

All abortion procedures

36		<ul style="list-style-type: none"> • Seek medical help immediately if you experience: heavy bleeding (more than 2 pads in one hour), high fever (39°C or more), strong cramps, continuous vomiting and/or diarrhoea. 	<ul style="list-style-type: none"> • You should know what are the danger signs and what to do if that happens to you and seek medical advice immediately if you experience: <ul style="list-style-type: none"> • Heavy bleeding – soaking 2 maxi size sanitary pads for 2 hours in a row, or if you have heavy bleeding and feel unwell. • Sustained high fever – more than 39°C / 102°F • Continuous or unbearable pain • Excess Vomiting & diarrhea • No bleeding after 24 hours since taking the misoprostol. • Foul smelling discharge and or abdominal tenderness • Any other symptoms that make you feel unwell.
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Page	Image	Storyline	Facilitator notes
37		<ul style="list-style-type: none"> • Most people feel fine to return to their daily routine after a couple of days of rest. 	<ul style="list-style-type: none"> • A couple of restful days will be needed before feeling fully energetic and getting back to normal daily levels of activity, so ensure that you give yourself plenty of space and time to rest.
38		<ul style="list-style-type: none"> • After having an abortion, periods should return to normal after 4 to 6 weeks. If your period is not back, consult a doctor. 	<ul style="list-style-type: none"> • It's important to know when to expect the next period. If it does not come back when expected, it will be necessary to consult a doctor.
39		<ul style="list-style-type: none"> • The doctor explains contraception options available to make it easier to look after their reproductive choices and sexual health. 	<ul style="list-style-type: none"> • After an abortion, a pregnancy can happen again soon after the procedure and even before the next menstrual cycle restarts. Doctor and patient should discuss contraception before and after the abortion takes place. • Temporary methods <ul style="list-style-type: none"> • Contraceptive pill • Male condom (over penis) • Female condom (inside of vagina) • Intra-uterine device/system • Implant • Injectables • Patch • Hormonal ring • Diaphragm/cap • Permanent methods <ul style="list-style-type: none"> • Fallopian tubal ligation • Vasectomy
40		<ul style="list-style-type: none"> • The doctor asks Kofi if they want to talk about anything else. 	<ul style="list-style-type: none"> • Being at the clinic is an opportunity to obtain information and help in other areas, for example: <ul style="list-style-type: none"> • Cervical screening • Support for survivors of gender-based abuse and violence (at home or elsewhere) • Counselling and support groups • Obstetric wellbeing • Other health needs

Page	Image	Storyline	Facilitator notes
41		<ul style="list-style-type: none"> Sex can be resumed when Kofi feels ready. If they are still bleeding, they can use a condom. 	<ul style="list-style-type: none"> The time to feel ready to resume sex is different for each person. It's important to remember that it's your personal choice and it needs to be respected. It's OK to take some time before resuming sex. If you are ready to have sex but are still bleeding, the condom could be a choice that will offer protection against a pregnancy and STIs as well. It is recommended to wait one week from the abortion procedure to resume sex.
<p>Pink option: Continue the pregnancy</p>			
42		<ul style="list-style-type: none"> Kofi decides to continue their pregnancy. 	<ul style="list-style-type: none"> It is the pregnant person who decides what is the best option for themselves. They should not be pressured in any way.
43		<ul style="list-style-type: none"> The doctor refers Kofi to antenatal care. 	<ul style="list-style-type: none"> If the person opts to continue the pregnancy, the doctor should provide an antenatal care referral and invite them to a follow up appointment. The doctor can provide appropriate information for the pregnant person, depending whether they chose to become a parent or give the child for adoption.
<p>End of storylines</p>			
43		<ul style="list-style-type: none"> Kofi feels relieved of having taken their decision, and joins friends, who welcome them and don't judge them. 	<ul style="list-style-type: none"> Some people may struggle with the decision of whether to end a pregnancy. For some people, on the other hand, the decision is very clear and easy. Having a good support network, whatever decision the pregnant person makes, will be beneficial.