



MEDICAL ABORTION:

IS IT RIGHT FOR YOU?

What Is Medical Abortion?

Medical abortion is an FDA-approved method to end an early pregnancy. It involves taking two medications: mifepristone, which blocks a hormone needed for a pregnancy to continue, and misoprostol, which causes contractions to expel the pregnancy. Mifepristone is provided by a health care professional. Misoprostol may also be provided by a health care professional or obtained from a pharmacy with a prescription.

It is then taken at home 24 to 48 hours after the mifepristone. You can get a medical abortion up to 10 weeks after the first day of your last menstrual period.

GenBioPro generic mifepristone is available from your health care provider under regulations set forth by the FDA. Before you can use it, your provider must confirm that your pregnancy is within 70 days from the first day of your last menstrual period

and that you are otherwise an appropriate candidate for medical abortion. You must also review and sign an FDA-required Patient Agreement, stating that you have read and understand the potential risks of treatment.

Read through this pamphlet for information about the risks of mifepristone, talk to your health care provider, and read the Medication Guide accompanying this pamphlet.



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Medical Abortion Has a Long History

Mifepristone, also known as the abortion pill or RU-486, was developed in 1980 and came into use in France in 1988. Since then, it has been used widely in Europe, and has been used safely and effectively in the US for more than 15 years as a brand-name medication. In 2019, GenBioPro introduced a generic version of mifepristone to the market. The FDA determined that it is a safe and effective generic equivalent to the branded pill.

Used safely and effectively in the US for more than 15 years

Used for over 30 years by millions of women

Medical Abortion Is Common

Although many people do not talk about having an abortion, it is a very common procedure. By age 45, about half of US women will have an unintended pregnancy and one in four will have an abortion! Every year in the United States, more than 200,000 women manage their unwanted pregnancy through medical abortion. As of 2018, 3.7 million people in the US had used mifepristone for medical abortion.

Medical Abortion Is Non-Invasive

Medical abortion is a non-invasive way to end an unwanted pregnancy. You take mifepristone and misoprostol in tablet form, rather than having a surgical procedure. Many people prefer this simple and effective alternative when choosing to have an early abortion.

Uses pills rather than surgery

Who Should Not Take Mifepristone?

Some women should not take mifepristone. Do not take mifepristone if you:

- Have a pregnancy that is more than 70 days (10 weeks) along.
- Are using an IUD (intrauterine device or system). It must be removed before you take mifepristone.
- Have been told by your health care provider that you have a pregnancy outside of the uterus (ectopic pregnancy).
- Have problems with your adrenal glands (chronic renal failure).
- Take medicine to thin your blood.
- Have a bleeding problem.
- Have porphyria.
- Take certain steroid medicines.
- Are allergic to mifepristone, misoprostol or medicines that contain misoprostol, such as Cytotec or Arthrotec.

Medical Abortion Safety

The FDA has thoroughly evaluated medical abortion and confirmed that it is reliable and effective. Serious complications of medical abortion are rare, happening for about 3 out of 1000 people.² Unfortunately, misinformation about medical abortion has created some confusion and concern. However, it is important to remember serious risks do exist. See the following pages for additional information about these risks, read the accompanying Medication Guide, and discuss with your doctor. In addition to providing a safe and affordable generic version of mifepristone, GenBioPro is committed to educating everyone about its safety and effectiveness in ending pregnancy.

Very low
complication rate
(less than 0.5%)

97%
effective
overall

Medical Abortion Is Effective

Mifepristone, when used in combination with misoprostol, is very effective in ending early pregnancy. It is successful in 97% of cases overall. That is the average of a 93-98% range in success rate, which depends on how far along the pregnancy is. Earlier termination, at under 49 days of pregnancy, has the highest rate of success: 98%. Later termination, near 70 days of pregnancy, has the lowest rate of success: 93%. A small percentage of women—2-7%—will need a follow-up surgical procedure to end their pregnancy or to stop too much bleeding.³

Your health care provider will check to make sure that your pregnancy has ended at 7 to 14 days after taking mifepristone and misoprostol. If you are still pregnant, or have a problem with bleeding, you will talk about next steps together.

GenBioPro Is Here to Help

GenBioPro is a pharmaceutical company focused on products that improve reproductive health. It was founded on the belief that all people—regardless of income, gender, race, or geography—have the right to affordable reproductive health care, including access to medical abortion. We are here for you.



Sources

1. RK Jones and J Jerman. Abortion incidence and service availability in the United States, 2014. *Perspectives on Sexual and Reproductive Health*, 2017;49:17-27.
1. U Upadhyay et al. Incidence of emergency department visits and complications after abortion. *Obstetrics & Gynecology*, 2015;125:175-83.
1. MJ Chen and MD Creinin. Mifepristone with buccal misoprostol for medical abortion: A systematic review. *Obstetrics & Gynecology*, 2015;126:12-21.

Are There Risks with Medical Abortion?

Although cramping and bleeding are an expected part of ending a pregnancy, rarely, serious and potentially life-threatening bleeding, infections, or other problems can occur following a miscarriage, surgical abortion, medical abortion, or childbirth. Seeking medical attention as soon as possible is needed in these circumstances. Serious infection has resulted in death in a very small number of cases. There is no information that use of mifepristone and misoprostol caused these deaths. If you have any questions, concerns, or problems, or if you are worried about any side effects or symptoms, you should contact your health care provider.

The most common side effects of mifepristone treatment include: nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness. Your provider will tell you how to manage any pain or other side effects.

These are not all the possible side effects of mifepristone. For additional information about the risks of mifepristone treatment, talk to your health care provider and review the Medication Guide accompanying this pamphlet.

Be sure to contact your provider promptly if you have any of the following:

Heavy Bleeding.

Contact your provider right away if you bleed enough to soak through two thick, full-size sanitary pads per hour for two consecutive hours or if you are concerned about heavy bleeding.

Abdominal Pain or “Feeling Sick”

If you have abdominal pain or discomfort, or you are “feeling sick,” including weakness, nausea, vomiting, or diarrhea, with or without fever, more than 24 hours after taking misoprostol, you should contact your health care provider without delay. These symptoms may be a sign of a serious infection or another problem (including an ectopic pregnancy, a pregnancy outside the womb).

Fever.

In the days after treatment, if you have a fever of 100.4°F or higher that lasts for more than 4 hours, you should contact your health care provider right away. Fever may be a symptom of a serious infection or another problem.

If you cannot reach your health care provider, go to the nearest hospital emergency room.

Take the Medication Guide with you. When you visit an emergency room or a health care provider who did not give you your mifepristone, you should give them your Medication Guide so that they understand that you are having a medical abortion with mifepristone.



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