Ipas
Protecting women's health
Advancing women's reproductive rights

Medical abortion in early pregnancy:
Information, education and communication (IEC) materials and job aids
A guide for use and adaptation

Contents of This Guide

ACKNOWLEDGEMENTS

INTRODUCTION

This package includes materials on medical abortion that can be adapted for use with health workers, women, pharmacists and others who may support women in learning about and using medical abortion, from the clinic to the community level. The contents include a collection of model job aids for health-care providers as well as materials for women on the use of medical abortion, including how and when to take the drugs, what doses to take, what to expect and when to seek further care. The doses and regimens listed in these materials meet Ipas's recommendations for abortion in women who are up to nine weeks pregnant.

Because service delivery, drug availability, regulatory issues and cultural understanding of abortion will vary across settings, you may choose to alter these materials or create your own, using the materials for health-care providers and women as guides, to make them appropriate for use in your setting. The language and symbols used may also need to be tailored to ensure clarity and cultural appropriateness. Vector (art) and JPEG files of several illustrations have been included in this package to assist in the process of adaptation.

OVERVIEW OF GLOBAL TOOLS AND TEMPLATES

This package contains the following model job aids and IEC materials:

Materials for health-care providers (job aids)

- Counseling flipbook

- Counseling handout

- Counseling wall chart

- Medical abortion and manual vacuum aspiration (MVA) comparison cards

- Medical abortion dosage card

- Medical abortion gestational dating wheels

Materials for women (IEC materials)

- *The abortion pill in early pregnancy.* Text-based medical abortion booklets for women (for use in clinic settings with mid to high-literate women)

- *Ending pregnancy with pills.* Picture-based medical abortion booklets for women (for use in clinic or community settings with less-literate women)

    One text-based and one picture-based booklet are available for each of the following regimens and routes:

- Mifepristone and misoprostol regimen: sublingual, buccal and vaginal routes

- Misoprostol-only regimen: sublingual and vaginal routes

Note: Materials for women should be used to supplement provider-based counseling, particularly regarding how to take the medication.

Image files

The included collection of image files can be used for developing and adapting materials. The Vector files can be edited by designers using Adobe Creative Suites. If you have the capability to use these art files—or plan to hire a graphic designer—see Appendix B, which includes further considerations for adaption of these materials. The JPEG versions of the images can be added (but not edited) in Microsoft Word documents, Powerpoint, etc. If you are unable to access the files, please contact medicalabortion@ipas.org for assistance.

USING AND ADAPTING THE MATERIALS

Attribution and copyright

These materials may be adapted and distributed for educational, nonprofit purposes without attribution. Several of the images used in these materials were created by contracted design firms or consultants, and the copyrights are owned by the original designers. The designers have granted permission to share, adapt and reproduce these images without limitation and without obligation to acknowledge their copyrights. Therefore, when adapting and/or reproducing these images, copyright (©) symbols should not be added to the images.

For non-Ipas organizations wishing to use, adapt and distribute these materials, please contact your local Ipas office or Ipas's U.S. office (medicalabortion@ipas.org) if you have questions about adaptation, attribution or copyright issues. We hope these materials will be beneficial to our field and to women around the world and would appreciate examples of how the materials are used. Copies of materials developed from this package can be sent to medicalabortion@ipas.org.

Testing the materials

Ipas recommends that program managers pilot and test these materials with representatives of their target audiences before creating final materials (See Appendices A-D below for more information). Test audiences can include health-care providers, women and men, pharmacists, community health workers and others who may support women in learning about and using medical abortion.

Information gathered from pilot tests, focus groups and rapid assessments can be used to adapt the materials. Materials can be tested with focus groups or individuals for acceptability and clarity and then adapted based on feedback. Respondents can also provide feedback by drawing how they would imagine the information to be depicted. Please note, it may be beneficial to create different versions of the materials for use with different populations within the same country, state, locality or even community.

Other uses for these materials

While these materials are designed for safe abortion care, several of the images may be useful for postabortion care, uterine evacuation with misoprostol, family planning or other health education purposes. Images can also be used in awareness-raising campaigns and materials for safe abortion (e.g. on posters and leaflets).

Portions of this guide were adapted from the International Consortium for Emergency Contraception's *Adapting Resource Materials for Local Use*, available online at http://www. cecinfo.org/publications/PDFs/resources/Adapting_Materials_for_Local_Use.pdf.

ADDITIONAL RESOURCES

The following references may be useful for developing and adapting materials for local use:

Fetter, Kathryn A., Mari H. Clark, Catherine J. Murphy and Jo Ella Walters (Intrah). 1987. *Teaching and learning with visual aids. A resource manual for community health workers, health trainers and family planning workers in Africa and the Middle East*. London and Basingstoke: Macmillan Education, LTD.

Zimmerman, Margot, Nancy Newton, Lena Frumin and Scott Wittett. 1996 (Revised edition). *Developing health and family planning materials for low-literate audiences: A guide*. Seattle, WA: PATH.

Zimmerman, Margot L., Gordon W. Perkins. 1982. Print materials for nonreaders: Experiences in family planning and health. PIACT Paper Eight. Seattle, WA: Program for the introduction and adaptation of contraceptive technology.

APPENDIX A: CHECKLIST FOR TESTING AND ADAPTING MATERIALS

Preparing the materials for assessment

- ❑ Choose the items from the toolkit that you would like to use in your programs

- ❑ Include regimens and routes that are approved and/or available

- ❑ Determine which materials can be used as-is and which need adaptation

- ❑ Work with a local designer to adapt the materials for your setting

- ❑ Choose a format for the materials (e.g. brochure, flyer)

- ❑ Translate into local language and use locally-relevant terminology

  - ❍ For Gestational Dating Wheel, adapt to your locally used calendar if needed.

  - ❍ A gestational dating wheel using the Ethiopian calendar is available on the Ipas Web site: http://www.ipas.org/Publications/Early_first-trimester_medical_abortion_ mifepristone_misoprostol_wheel_for_Ethiopia.aspx?ht=gestational%20dating%20 wheel%20gestational%20dating%20wheel

- ❑ If you are using the booklets for women, add information to the booklet on the common names that are used for mifepristone and/or misoprostol pills and where these pills can be obtained in your setting

  - ❍ If the pills in your setting are a different dosage, change the number of pills in the booklets to show the accurate number of pills that are needed to reach the proper dose (For example, the booklets illustrate 4 pills that contain 200 micrograms of misoprostol, this will need to be changed if misoprostol pills are not available in 200 microgram pills in your setting)

- ❑ Include images that are locally-appropriate and edit materials as needed

  - ❍ Bleeding images

  - ❍ Contraceptive methods

  - ❍ Pill shapes

  - ❍ Clocks

Testing the materials

- ❑ Determine your target audience (e.g. low-literate women, high-literate women, youth, doctors, midwives, lay intermediaries, community health workers)

- ❑ Set up focus group discussions or rapid assessments with your target audience

- ❑ Develop a guide for testing the materials (see guide to holding a rapid assessment and sample questions in this package)

- ❑ Conduct focus groups discussions/rapid assessments

- ❑ Adapt materials based on feedback obtained during testing

- ❑ Determine if different versions of the materials will be needed for different settings, communities and/or audiences

Dissemination

- ❑ Develop a distribution plan

- ❑ Design, print and distribute materials

- ❑ Consider other uses for the materials and images (e.g. posters, public campaigns, information on misoprostol for incomplete abortion)

Evaluation

- ❑ Assess the effectiveness and acceptability of these tools in the field and adapt further as needed

APPENDIX B: CONSIDERATIONS FOR ADAPTATION

Customizing materials for your target audience can be an involved process. During the development and testing of these model materials, Ipas found that the following areas would likely require attention for those making their own materials:

Product availability: These materials include information on the use of medical abortion using the mifepristone and misoprostol regimen and the misoprostol-only regimen for gestations up to nine weeks. Because names of drugs, pill shapes, and the number of pills required to reach the recommended dose will vary by setting, you will need to adapt some of the materials to reflect local product availability. For instance, in the picture-based materials for women, there is a space to draw the drugs or pill pack, write in the locally available drug name (Cytotec®, for example), and include any additional information, such as where to find the pills. The image bank in this package contains a few options for pill shapes that you can use when adapting the materials, or you can draw your own.

Routes of administration: These materials reflect the following routes of misoprostol administration:

- For mifepristone with misoprostol regimen: sublingual, buccal and vaginal routes

- For misprostol-only regimen: sublingual and vaginal routes

Practices around routes of administration vary by setting, based on local regulations or package labeling. There are several regimens using different routes of misoprostol that are highly effective. In some settings, local protocols may stipulate that a particular route be used. If various routes are available, Ipas suggests that for the sake of simplicity and ease of explanation to women, it's advisable to provide one consistent highly effective route. Choose the route that is most appropriate for your setting.

Literacy level, language and symbols: These materials will need to be translated into local languages using messages, terminology and symbols tailored to your target audiences. This package contains two collections of materials on medical abortion for women: one that is text-based and one that is picture-based. You may produce a hybrid version or reduce the amount of text on the picture-based materials. The use of alternative language to maximize clarity and acceptability is encouraged. The recommended doses, however, should not be altered, unless changes are made based on guidelines that emerge from new evidence or changes are based on regimens required by the ministry of health in a particular setting. Language that should be tested, adapted and/or reviewed includes:

- Uterus (womb)

- Health-care provider (health worker)

- Medications (drugs)

- Pills (tablets)

- Health clinic (health center, hospital)

Format: This package includes different format options meant to serve as examples for final

materials. Items created locally could take the form of brochures, fold-outs, cards, leaflets, posters, etc. You may choose to design a cover for the materials that is more discreet.

Color: You may wish to change the colors of the materials if the colors used have certain social and political meanings in your community (for instance, if a color is associated with a particular political party).

Cultural imagery: You will likely need to alter the style of dress, appearance of the home and clinic, appearance of the woman and health-care provider and other visual elements to match the local context. For example, during the initial pilot testing phase of the low-literacy materials, some reviewers thought that the woman should appear with a child to indicate that her decision to have an abortion was not based on a dislike of children. The image bank includes an image of child you may insert in your materials if this applies to your community context. Adding a purse/handbag or other accessories to the image of the woman may help indicate that she is leaving her home to go to the clinic. Other visual cues can be added to develop the character and life of the woman to better reflect community realities. However, adding excessive imagery might interrupt the flow of information or confuse the user. See *Appendix C: Adaptation Dos and Don'ts*, for more information.

Bleeding: Vaginal bleeding is a taboo issue in many cultures. The image bank found on this CD includes alternatives for vaginal bleeding, including a woman with blood on the back of her skirt. Images around bleeding should be developed to meet the needs of your target population. The picture-based booklets also use sanitary pads to depict expected bleeding during medical abortion. You may wish to replace the pads with a more appropriate depiction of blood, for instance, blood droplets that range from light to heavy, or whatever is used locally to manage menstrual bleeding (e.g. cotton wool).

Anatomy: Like vaginal bleeding, images of the vagina may be unacceptable or uncomfortable for your target audience. If providing information on vaginal insertion of misoprostol, you may decide to remove the vaginal imagery. This concept will need to be explained in a way that is appropriate to your setting.

Time: Many aspects of the medical abortion process revolve around timing: gestation of pregnancy, time between taking mifepristone and misoprostol, time to allow misoprostol pills to dissolve, time between repeat misoprostol doses (for misoprostol-only regimen), how long bleeding and side effects might last and when women should return for follow-up.

Representations of time vary across cultures and time can be a difficult concept to convey pictorially. Images of suns and moons with the woman sleeping have been included to indicate the passage of days, and clocks have been included to demonstrate the passage of hours. A few clock options are available in the image bank, as well as an image of a calendar page.

Cultural images may help demonstrate time. For instance, in cultures with regular prayer, meal or work times, such imagery can aid understanding, as can use of lanterns (to demonstrate night). The concept of time should be adequately addressed during the adaptation of materials. While it is suggested that the sequence of the information provided in the model materials not be altered, in some contexts, images will need to be reordered. For example, images can be rearranged from right to left in Arabic-speaking settings.

Warnings and precautions: The picture-based materials contain a stop-sign and an extended palm of the hand to indicate the need for caution. These images may need to be replaced with other images that signify caution in your setting, for instance an X or a circle with a line through it. You may want to avoid using a symbol for precaution that indicates absolute danger, since this may be interpreted as indicating that the drugs are hazardous in general.

Thought bubbles: The booklets for women use thought bubbles to represent the woman's forethought and feelings about pregnancy. If thought bubbles are not a commonly-understood convention among your target audience, you may need to find another way to indicate the woman's process of decision-making. If these materials are only being distributed to women who have already chosen medical abortion, the introductory frames depicting the woman's thoughts about pregnancy can be eliminated.

Pain management: Information on managing pain can be added or adapted in these materials. Ipas found while testing the picture-based materials that the inclusion of a pill bottle for pain medication was often confused with the medical abortion drugs themselves. Keep this in mind if adding imagery on pain medication.

Contraceptive counseling: The picture-based materials include a chart of contraceptive methods to indicate that family planning counseling should take place when women receive medical abortion through the health system. Some methods will look different or may not be available in your setting. The images can be edited or adapted to represent local contraceptive options.

Referral information: The back pages of the booklets for women include space for a health-care provider to write in the date of the follow-up visit and information on where to go for emergency care. These fields can be altered to include information commonly given to women in your setting, or can offer alternatives to clinic follow-up, such as a telephone number to call. See Ipas's *Medical Abortion Study Guide* (http://www.ipas.org/Publications/Medical_abortion_ study_guide.aspx) for information on alternative follow-up.

Providing additional information

Complex concepts, including gestational dating and precautions for using medical abortion drugs, can be difficult to explain with images alone. When using the picture-based materials, providers, counselors and lay intermediaries should be encouraged to explain each step to women and check for understanding. The materials may need to be customized to address common misconceptions about abortion, pregnancy and family planning.

APPENDIX C: ADAPTATION DOS AND DON'TS

The following tips, organized by topic, are mostly relevant for adapting the information booklets for women.

Product availability

Do: Change the number of pills needed to meet the required dosages (e.g. if misoprostol is available in 25 mcg pills, you will need to show 8 pills to reach the 200 mcg dosage)

Do: Change the shapes/color/appearance of the pills to match those available in your setting

Do: Add information on local drug names and locations where drugs can be safely obtained

Don't: Change the recommended total dosages for each medication, unless another evidence-based regimen is approved for use in your setting

Routes of administration

Do: Choose an evidence-based regimen and route that is appropriate for your setting

Literacy level, language and symbols

Do: Translate into local languages, using locally-appropriate terminology (e.g change "pills" to "tablets") and symbols (e.g. change image of stop sign to extended palm). If the target audience is women in the general population, use plain language rather than medical terms

Do: Add, remove or simplify text to meet the literacy level of your target audience

Format

Do: Choose an appropriate format for your audience (brochure, flyer, etc.)

Do: Adjust the size of the images to fit your format

Don't: Clutter items or rearrange them in way that could be confusing to the user

Don't: Make items so small that they are not clear, especially images that depict how to take the medications

Color

Do: Change colors used in the materials if needed. Consider colors that will also be clear if the materials will be printed in black and white

Cultural imagery

Do: Change the appearance of the woman (including style of dress), health-care provider, home and clinic to reflect your setting

Do: Change the woman's facial expressions to reflect feelings of concern, pain, relief, etc.

Do: Add a few minor images to help indicate passage of time, location, thoughts

Don't: Add images that clutter the character and/or flow of the materials, including too many children, accessories and/or personal belongings

Don't: Change the woman's body shape to include a large bump on her abdomen that would indicate advanced pregnancy (beyond the period of eligibility for medical abortion)

Bleeding

Do: Choose bleeding images that are most appropriate for your setting; for example, blood on sanitary pads, blood on the back of the woman's dress, or blood appearing between the woman's legs

Do: Change the appearance of sanitary pads or clothes to match what women typically use to manage bleeding during medical abortion in your setting

Do: Use care when altering images containing blood, such as pads, as making the images bigger can cause the blood to appear lighter and imply less bleeding than is normally expected

Anatomy

Do: Seek alternative ways of depicting images that you determine are too taboo or explicit for your setting, for instance, vaginal insertion of misoprostol

Do: Use terminology that is understood by the target audience. If medical terms for "vagina" aren't understood, for instance, replace it with a more commonly-used term

Do: Use plain language whenever possible for terms such as "sublingual" (under the tongue) or "buccal"(inside the cheek of the mouth)

Time

Do: Change the sequence of images to read in the proper direction for your audience (e.g. right to left for Arabic-language materials)

Do: Include local calendars and systems of measure

Don't: Change the order of steps for taking the medication

Don't: Alter the timing between doses, unless to match effective protocols approved in your setting

Don't: Increase the number of weeks for the dosages listed in these materials, unless supported by strong evidence in future research. These dosages are for gestations of less than nine weeks LMP. If adapting these materials for use beyond nine weeks, the dosages will need to be adjusted. Ipas's recommended dosages for gestations beyond nine weeks can be found in the *Ipas Medical Abortion Study Guide,* http://www.ipas.org/Publications/Medical_abortion_study_guide.aspx.

Warnings/precautions

Do: Consider adding information on what the woman may want to do to prepare for her medical abortion (e.g. obtain sanitary pads and pain medication, schedule her time accordingly)

Don't: Adjust the contraindications/precautions for the medications except to clarify if needed

Thought bubbles

Do: Seek alternative ways of depicting ideas or forethought if thought bubbles are not easily understood by your target audience

Pain management

Do: Add or alter information on pain management based on availability and common use of methods in your setting

Contraceptive counseling

Do: Add or remove images of contraceptive methods based on local availability

Do: Provide additional information on acquiring a contraceptive methods (e.g. where to get a method, when to start using it)

Referral information

Do: Adjust the information on referral to indicate where the woman should go for back-up services or how she should contact someone if she has questions

Other uses

Do: Consider how to use the images in other materials, such as those addressing treatment of incomplete abortion, pregnancy identification, and decisionmaking

Testing

Do: Test material for clarity with target audiences

Do: Contact Ipas if you have questions about attributing these materials to Ipas

Ipas would appreciate receiving a copy of your finished products. They can be sent to medicalabortion@ipas.org or shared with your local Ipas office if there is one in your country

APPENDIX D: GUIDE TO CONDUCTING A RAPID ASSESSMENT, WITH SAMPLE QUESTIONS

A rapid assessment is a method for collecting information rather than conducting in-depth, qualitative data collection and analysis. A rapid assessment can help ascertain the applicability of these materials in your setting and aid in adaptation. A rapid assessment can be conducted by holding discussion groups to collect feedback from intended users, including women, health-care professionals and lay intermediaries, or through one-on-one communications.

Goal of the rapid assessment

The goal of a rapid assessment is to solicit feedback in order to assess the usefulness and clarity of IEC materials and job aids in depicting the medical abortion process in a way that is understandable and acceptable to women and those who assist them in the medical abortion process. In addition, a rapid assessment can suggest ideas for how IEC materials and job aids can be improved for future use.

We hope the guidance below will aid you in this rapid assessment process.

Participants

Determine your target audience. Feedback can be solicited from members of the following groups (combining audiences may have a negative influence on participants' comfort level and responses):

Women with little to no literacy: Community members, including youth, who have little to no knowledge of the medical abortion process (for testing picture-based materials for women)

Women with mid to high literacy: Community members, including youth, who have little to no knowledge of the medical abortion process (for testing text-based materials for women)

Lay intermediaries: Members include non-healthcare workers, such as non-medical women's groups, youth groups, peer educators, neighborhood networks and other community members and leaders who may provide women with information and support prior to or during medical abortion

Community health workers: Paid personnel or volunteers who provide basic medical services at the community or village level, and are sometimes referred to as health aides, agents, auxiliaries, promoters or village health workers

Health-care professionals: Members include pharmacists, drug-sellers, midwives, nurses, physicians and healthcare facility workers

Preparing materials for rapid assessment

Pill type: In the picture-based materials for women, there is a page that is mostly blank. Here, you will need to draw or write the commonly-used names of the medical abortion pills that are used in your setting. You can also include information about where the drugs can be safely obtained.

Regimen: Choose a pre-approved regimen that is commonly used in your setting. This package includes materials for both medical abortion with mifepristone and misoprostol, and for misoprostol only. Choose and test the versions that are the most suitable for your setting.

Use the Checklist for Testing and Adapting Materials and the Do's and Don'ts to help prepare the materials for testing.

Discussion group processes

One method of assessing the materials is through group discussion. The following tips may be helpful for testing the materials with different audiences in a discussion group format.

Discussion groups with women: Show participants the materials and let them look through them. Provide participants with very basic verbal information about what the materials are conveying.

- For example: This brochure is for women who are nine weeks pregnant or less and who want to terminate the pregnancy using pills. This brochure will show you how to take the pills, what to expect and when to seek medical attention.

If possible, assess individual understanding of the materials before beginning the group discussion. See if the participants' understanding changes based on the discussions.

Use the following questions to check for understanding:

Who/what is this brochure for?

How is the medication taken?

What happens after you take the medication?

What are the common side effects?

Under what circumstances should a woman seek care?

Are the symbols (clocks, arrows, etc.) clear and useful?

Is the information clear?

If it is not clear, what is confusing?

How could it be clearer?

Would you be able to explain this to someone else?

Are the pictures scary? Overwhelming? Too graphic (sexually explicit)?

Does the process seem safe? Does it seem effective?

If the materials aren't conveying the information accurately, how would you suggest presenting the information differently?

Explain any points that were confusing or misunderstood

» Ask the participants to draw how they would like to see the information portrayed

Are these materials professional looking? Are they trustworthy?

How could the materials be improved?

Discussions with community health workers, pharmacy workers, lay intermediaries and health-care providers:

Testing materials for clarity and acceptability

In addition to the questions above, check for the following:
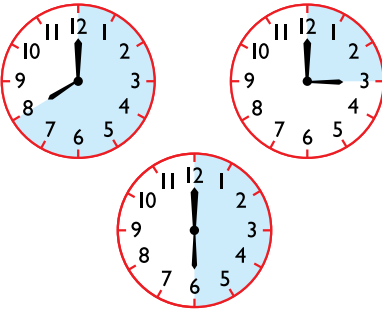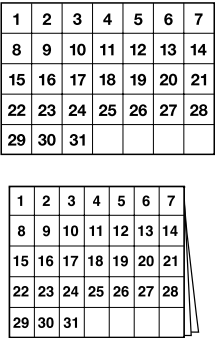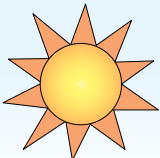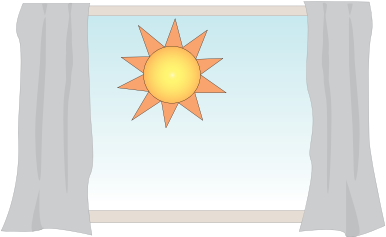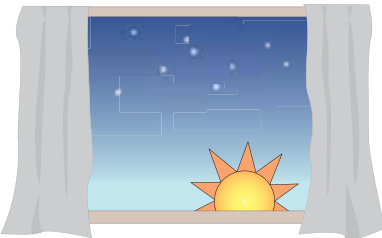
- Do the materials cover the essential information?

  » If not, what is missing?

- Do they think they could use these materials with women to explain the medical abortion process, what to expect, when and where to go for emergency or follow-up care?

  » If not, why not?
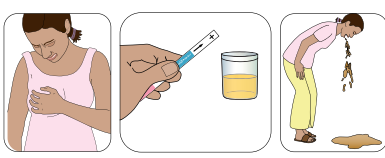
- How could the materials be improved?

Feedback
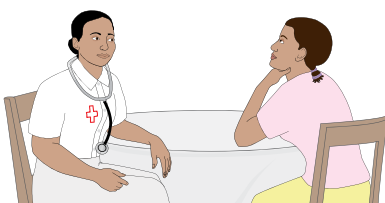
If you conduct assessments of these materials, Ipas would like to hear about your findings so we can learn from your experience and continue to improve these materials. Please send any comments or questions to medicalabortion@ipas.org.
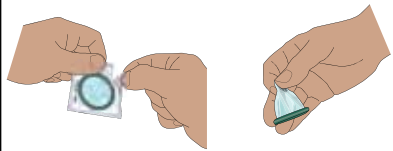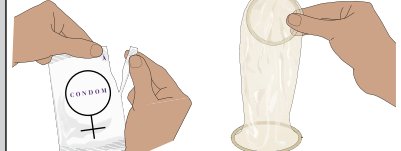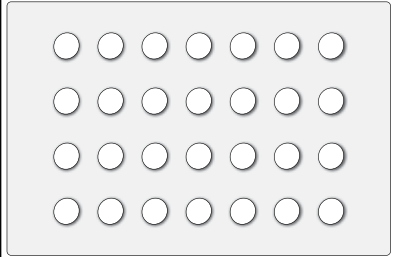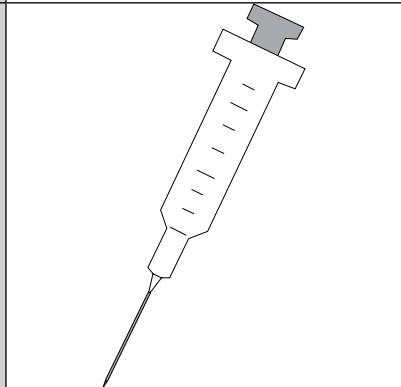
APPENDIX E: SAMPLE IMAGES
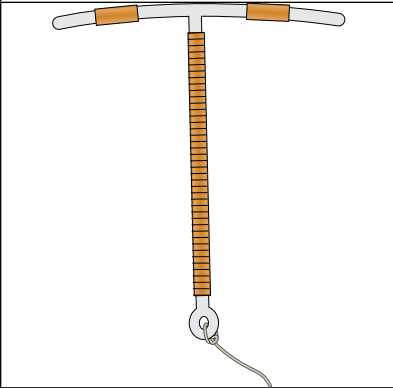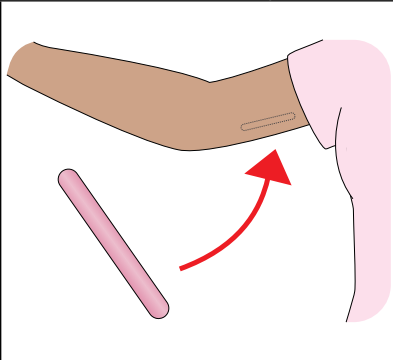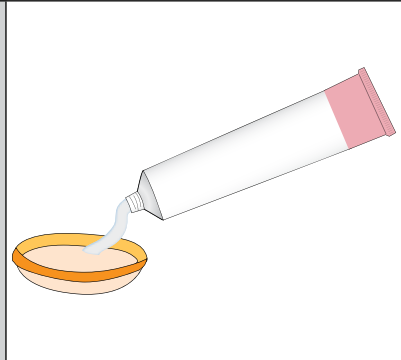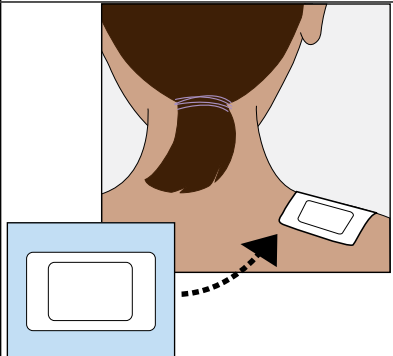
The electronic files for many of the images can be found in the Image files in this package.

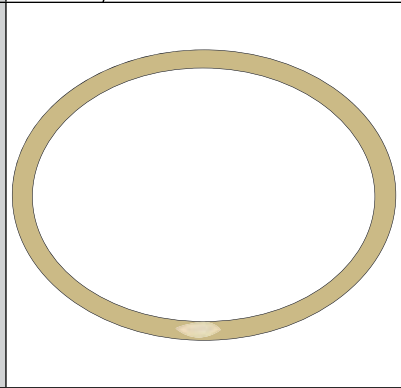| ILLUSTRATION KEY			
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	A3 **Clocks: analog** FILE NAME: A3_clocks_analog	 Fill in time needed	**A4** **Clocks: digital** FILE NAME: A4_clocks_digital
	A5 **Calendars** FILE NAME: A5_calendar		**A6** **Health Clinic** FILE NAME: A6_health_clinic
	A7 **Day** FILE NAME: A7_day		**A8** **Day - Window** FILE NAME: A8_day_window
	A9 **Sunset - Window** FILE NAME: A9_sunset		**A10** **Night - Window** FILE NAME: A10_night_window
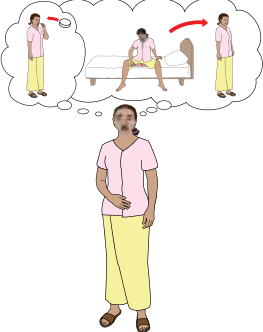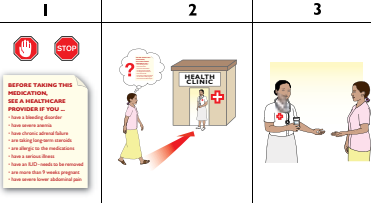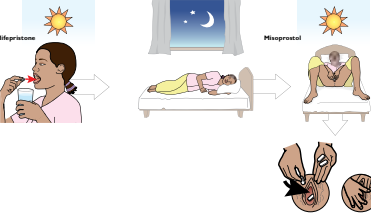
	A11 **Woman with Nurse** FILE NAME: A11_woman_withnurse		**A12** **Woman and Child** FILE NAME: A12_woman_withchild
	A13 **Woman Smiling** FILE NAME: A13_woman_smiling		**A14** **Woman Sleeping** FILE NAME: A14_sleep
	A15 **Woman Thinking** FILE NAME: A15_woman_thinking		**A16** **Woman Cooking** FILE NAME: A16_woman_cooking
	A17 **Expected bleeding** FILE NAME: A17_expected_bleeding		**A18** **Woman Heavy Bleeding** FILE NAME: A18_woman_heavybleed
	A19 **Woman Bleeding 1** FILE NAME: A19_woman_bleed1		**A20** **Woman Bleeding 2** FILE NAME: A20_woman_bleed2

A21
Exclamation point

FILE NAME:
A21_exclamation_point

A22
Telephone

FILE NAME:
A22_telephone

A23
Counseling

FILE NAME:
A23_counseling5

A24
Nurse welcoming woman

FILE NAME:
A24_woman_withnurse2

A25
Counseling

FILE NAME:
A25_counseling1

A26
Counseling

FILE NAME:
A26_counseling2

A27
Counseling

FILE NAME:
A27_counseling3

A28
Counseling

FILE NAME:
A28_counseling4

A29
Signs of pregnancy

FILE NAME:
A29_Signs_of_Pregnancy

Misoprostol

A30
Sublingual Misoprostol

FILE NAME:
A30_miso_sublingual

Mifepristone

A31
Mifepristone with Water

FILE NAME:
A31_mife_water

Misoprostol

A32
Buccal Misoprostol

FILE NAME:
A32_miso.buccal

A33
Vaginal Misoprostol

FILE NAME:
A33_miso_vaginal

A34
Cramping

FILE NAME:
A34_cramping

BEFORE TAKING THIS MEDICATION, SEE A HEALTHCARE PROVIDER IF YOU ...
· have a bleeding disorder
· have severe anemia
· are allergic to the medications
· have a serious illness
· have an IUD - needs to be removed
· are more than 9 weeks pregnant
· have severe lower abdominal pain

A35
Warnings
* For mifepristone and misoprostol regimen

FILE NAME:
A35_Warnings_mife.miso

BEFORE TAKING THIS MEDICATION, SEE A HEALTHCARE PROVIDER IF YOU ...
· have a bleeding disorder
· have severe anemia
· have chronic adrenal failure
· are taking long-term steroids
· are allergic to the medications
· have a serious illness
· have an IUD - needs to be removed
· are more than 9 weeks pregnant
· have severe lower abdominal pain

A36
Warnings
* For misoprostol-only regimen

FILE NAME:
A36_Warnings_miso-only

A37
Possible side effects: Fever

FILE NAME:
A37_fever

A38
Possible side effects: Headache

FILE NAME:
A38_headache

A39
Possible side effects: Diarrhea

FILE NAME:
A39_diarrhea

A40
Possible side effects: Vomitting

FILE NAME:
A40_vomit

	A41 **Contraception: Condom** FILE NAME: A41_contraception_condom		**A42** **Contraception: Female Condom** FILE NAME: A42_contraception_female_condom
	A43 **Contraception: Pills** FILE NAME: A43_contraception_bc-pills		**A44** **Contraception: Shot/ Injection** FILE NAME: A44_contraception_bc-shot
	A45 **Contraception: IUD** FILE NAME: A45_contraception_iud		**A46** **Contraception: Vaginal Ring** FILE NAME: A46_contraception_ring
	A47 **Contraception: Implant** FILE NAME: A47_contraception_implant		**A48** **Contraception: Gel or Spermacide** FILE NAME: A48_contraception_gel
	A49 **Contraception: Patch** FILE NAME: A49_contraception_patch		

STORY BOARD FOR PICTURE-BASED MATERIALS

1
Am I pregnant?

FILE NAME:
1.Am.I.Pregnant

2
I don't want to be pregnant

FILE NAME:
2.I.Dont.Want.To.Be

3
Can I take pills to end pregnancy?

FILE NAME:
3.I.Can.Take.Pills

[TO BE COMPLETED LOCALLY]

4
What are the pills?

FILE NAME:
4.What.Are.Medications

5A
What should I do before taking the pills?
* For use with mifepristone and misoprostol

FILE NAME:
5A_Attention_mife.miso

5B
What should I do before taking the pills?
* For use with misoprostol only

FILE NAME:
5B.Attention_miso.only

6A
How do I take the pills?
* For mifepristone with sublingual misoprostol

FILE NAME:
6A.mife.miso_sublingual

6B
How do I take the pills?
* For mifepristone with buccal misoprostol
FILE NAME:
6B.mife.miso_sublingual

6C
How do I take the pills?
* For mifepristone with vaginal misoprostol

FILE NAME:
6C.mife.miso_vaginal

6D
How do I take the pills?
* For misoprostol-only regimen, sublingual use

FILE NAME:
6D.miso_sublingual

6E
How do I take the pills?
* For misoprostol-only regimen, vaginal use

1st Dose
2nd Dose
3rd Dose

FILE NAME:
6E.miso_vaginal

7
Whate will happen?

FILE NAME:
7.Expected.Effects

8
What are the possible side effects

FILE NAME:
8.Possible.Side.Effects

9
Go to the health clinic if you have...heavy bleeding

FILE NAME:
9.Go.to.HealthCenter.
HeavyBleeding

10
Go to the health clinic if you have...severe pain/sickness

FILE NAME:
10.Go.to.HealthCenter.
SeverePain

11
Go to the health clinic if severe side effects last more than a day:
FEVER / CHILLS
DIARRHEA

FILE NAME:
11.Seek.MedicalAttention.
Fever.Diarrhea

12
Go to the health clinic if severe side effects last more than a day:
VOMITING / NAUSEA
HEADACHES

FILE NAME:
12.Seek.MedicalAttention.
Vomit.Nausea

13
Will I be successful in ending my pregnancy?

FILE NAME:
13.Woman.Smiling

14
What can I do to avoid future pregnancy?

FILE NAME:
14.I.Can.Use.Contraceptives