

Catherine E. Heigel, Director Promoting and protecting the health of the public and the environment

Nov. 20, 2015

The Honorable Gary E. Clary Legislative Oversite Committee South Carolina House of Representatives P.O. Box 11867 Columbia, SC 29211

Dear Representative Clary:

In response to your letter on behalf of the Ad Hoc Committee dated Nov. 13, 2015, attached are the responses to the questions posed regarding abortion clinics. The referenced attachments in the document are also included.

I hope this satisfies your request, but should you need more information, do not hesitate to contact me or Shelly Kelly, Director, Health Regulation at 803-545-4331 or by email at kellysb@dhec.sc.gov.

Sincerely,

Catherine E. Heigel

cc:

Enclosures

Legislative Oversight Committee Ad Hoc Committee DHEC's Responses to Questions – Abortion Clinics November 20, 2015

1. Is an abortion clinic considered an outpatient surgery center, and if not, what type of entity is it considered by the agency for regulation purposes?

Abortion clinics and ambulatory [outpatient] surgical facilities are two different types of licensed facilities under the laws and regulations of this state. The Department licenses ambulatory surgical facilities pursuant to S.C. Code Section 44-7-260(A)(4), and it licenses abortion clinics pursuant to S.C. Code Sections 44-7-260(A)(13) and 44-41-75(A). An abortion clinic is defined at Section 44-7-130(22) as "a facility, other than a hospital, in which any second trimester or five or more first trimester abortions are performed in a month." See also S.C. Code Section 44-41-10(e), defining a "clinic" as "any facility other than a hospital ... which has been licensed by the Department, and which has also been certified by the Department to be suitable for performance of abortions." An ambulatory surgical facility is defined in pertinent part as "a facility organized and administered for the purpose of performing surgical procedures for which patients are scheduled to arrive, receive surgery, and be discharged on the same day." S.C. Code Section 44-7-130(2).

Pursuant to Section 302 of the abortion clinic regulation, R.61-12, "[a]bortions performed in abortion clinics shall be performed only on patients who are within 18 weeks from the first day of their last menstrual period. Those beyond 18 weeks shall be performed in a hospital." That section goes on to state that "[a] licensed ambulatory surgical facility that is also licensed as an abortion clinic may perform abortions on patients who are up to 26 weeks after the first day of their last menstrual period." Currently, none of the three abortion clinics licensed by DHEC are licensed as ambulatory surgical facilities.

2. What is the actual costs to the agency to conduct a typical inspection of an abortion?

Since Infectious Waste Management Program inspections and the Bureau of Health Facilities Licensing (BHFL) inspections are from two separate programs the costs are set out separately below. The BHFL inspections are done on an annual basis, whereas the Infectious Waste inspections are done every other year.

BHFL

The average costs for conducting the BHFL routine inspection is approximately \$1,885. The documentation supporting this calculation is included in *Attachment A-1*.

Infectious Waste

The average cost for the Infectious Waste Management program to perform a typical onetime inspection of an abortion clinic is approximately \$339. The documentation supporting this calculation is included in *Attachment A-2*.

The combined inspection cost for both programs is approximately \$2,225.

3. Do the inspection fees, not considering fines or penalties, collected by the agency from an abortion clinic cover the actual costs to the agency for a typical inspection?

BHFL

The annual routine inspection fee is \$350 (base) + \$25 per procedure room. The inspection fees collected from abortion clinics do not cover the actual costs to the agency. The inspection protocol for abortion clinics was modified this year based on recommendations from the Legislative Audit Council. Some of those changes have resulted in additional costs. For example, DHEC added a nurse to serve on the inspection team and increased the number of patient charts reviewed.

Facility	Routine Inspection Fee
Planned Parenthood	\$375
Greenville Women's Clinic	\$400
SC Women's Center	\$400

Note that the fee for a *follow-up* inspection is \$200 (base) + 25 per procedure room:

Facility	Follow-up Inspection Fee
Planned Parenthood	\$225
Greenville Women's Clinic	\$250
SC Women's Center	N/A

The routine inspection fees fall short of covering the actual costs of the inspections by over \$1,400. However, in addition to inspection fees, the BHFL is funded through licensure fees and construction and planning fees.

Infectious Waste

The Infectious Waste Management Program does not charge inspection fees. The program costs are covered through registration fees. The annual registration fees collected by the agency cover all aspects of the program including the cost to perform inspections of large quantity generators of infectious waste, which includes abortion clinics. The Infectious Waste Management Act, S.C. Code Section 44-93-10 et seq., and the Infectious Waste

Management Regulation, R.61-105, do not specify fees for conducting inspections. The Environmental Protection Fees Regulation, R.61-30(G)(12), specifies the annual fee amounts for the administration of the infectious waste management program as follows:

(a) Generators of 1,000 pounds per month or more	\$600
(b) Generators of 50 pounds per month through 999 pounds per month	\$150
(c) Transporters	\$500

During State Fiscal Year 2015 (SFY15), the amount of fees collected from infectious waste generators and transporters, in accordance with R.61-30(G)(12)(a), (b), and (c), was \$309,712.81. The final cost to the Infectious Waste Management program fund S270 for SFY15, including operating cost, was \$300,668.72. The annual fees collected minus the cost to administer the Infectious Waste Management program resulted in a surplus of \$9,044.09 for SFY15. *See Attachment A-2*.

4. If the actual costs to conduct a typical inspection is less than the inspection fee collected, will the agency seek an increase in the inspection fee so that it covers the actual costs?

BHFL

DHEC is currently working on revisions to the Abortion Clinic regulation, R.61-12, and will seek an increase in inspection fees through the upcoming regulation changes.

Infectious Waste

As described above, the annual fees imposed upon generators of 50 pounds or more per month of infectious waste and transporters of infectious waste adequately covers the administration of the agency's Infectious Waste Management program, including inspections of the abortion clinics. The agency does not intend to seek an increase in fees for the Infectious Waste Management program at this time; however, this decision is based on current workload, number of FTEs, and current salaries. The agency will continue to reevaluate the need for an increase in fees as conditions change.

5. Please provide a final tally of the fees, fines, and penalties collected to date and what each fee, fine, and penalty is for.

See Attachment B.

6. When the agency collects fines and penalties, how is the money distributed? Specifically, are the funds obtained from fines and fees held in a particular agency department, or may they be used generally by the agency?

With regard to the fines that BHFL collects, the fines collected are deposited into the respective Health Regulation grant number and functional area (cost center) per directive from the General Appropriations bill, H.3701. The funds collected are only used by the respective Health Regulation division. They cannot be used elsewhere in the agency.

With regard to Infectious Waste fines, the fines are split with the county in which the fine was assessed. The portion not sent to the county is held in an Environmental Emergency Response fund at DHEC. DHEC is only allowed to hold up to \$250,000 per year. Anything over \$250,000 goes to the general fund.

7. Please provide a copy of any postoperative instructions provided to patients advising them how to handle potential operation complications.

A copy of each clinic's post-operative instructions is included in Attachment C.

8. Please provide any available data related to postoperative complications, including, but not limited to, abortion complications in hospitals and abortion clinics. Is this an area in which the agency currently has regulatory authority, or an area in which the agency could propose regulation changes which would allow for collection of this information?

Regulation 61-12, Section 403, requires licensed abortion clinics to report abortions performed and fetal deaths to DHEC (Office of Vital Records). In addition, licensed abortion clinics are also required to report to DHEC (Bureau of Health Facilities Licensing) all accidents and incidents resulting in serious injury, including, but not limited to, the following: deaths, other than fetal deaths; accidents and incidents leading to hospitalization; and adverse drug reactions.

Regulation 61-16, Section 702, requires all licensed hospitals, including any general hospital having a current license to operate that is certified by DHEC as a suitable facility for the performance of abortions, to report incidents resulting in death or serious injury to DHEC (Bureau of Health Facilities Licensing). In particular, all licensed hospitals are required to report to DHEC (Bureau of Health Facilities Licensing) incidents including, but not limited to, the following: suicides; wrong site surgery; medication errors resulting in death or serious injury; major fractures or head injuries resulting from falls or other events; patient death or serious injury resulting from being in a restraint; criminal events and assaults; transfusion errors; neonatal injuries; maternal deaths or injuries; elopement events; anesthesia-related events resulting in death or serious injury; ventilator errors resulting in death or serious injury; and infant abductions.

There were no reports received by the abortion clinics under the accident and incident provisions of the regulations. In addition, there were no abortion related incident and accidents reported from hospitals.

Regulation Considerations

DHEC will draft proposed changes to the regulation to strengthen the accident/incident reporting sections of the regulations in order to broaden the scope of reporting and to specify that accidents and incidents required to be reported to DHEC include those related to postoperative complications following the performance of an abortion.

ATTACHMENT A-1

ESTIMATED COST PER ABORTION CLINIC INSPECTION (ROUTINE): AS OF 11/18/2015

ESTIMATED COST PER ABORTION CLINIC INSPECTION (ROUTINE):

		Total
Personnel Cost:	\$	1,038.08
Operating Cost:		
Lodging (one night per inspection / 2 staff ≈ 2 rooms)	\$	174.67
Meal allowance	\$	42.67
Mileage	\$	85.42
Contractual Services	\$	119.39
Capital Equipment	\$	44.30
Asset (Ncap)	\$	28.25
Supplies	\$ \$ \$ \$ \$	37.42
Fixed Cost	\$	78.97
Subtotal - Operating Cost:	\$	611.09
Allocated Management Cost:		
(based on SFY14 analysis of HFL- does not include operating)		
Health Regulation Management team	\$	21.00
Bureau of Health Facility Licensing Mgt., including admin. and program staff	\$	215.00
Estimated Cost Per Inspection - (Health Regulation)	. \$	1,885.17
EQC Inspection Cost:		339.74
TOTAL COST:	\$	2,224.91

NOTES / SUPPORTING DOCUMENTATION

			Greenville	Charleston	Cołumbia	TOTAL	Aver. Cost Per Inspection	
Average GSA Rate x 2 staff:			178	346	0	524	174.67	hotel
Meal Allowance per trip:			64	64	0	128	42.67	meals
Note: GSA rate for Charleston fluctuates depending on the month of travel.	aates depe	nding on the mo	th of travel.					
GSA Rate for Charleston averages \$173 per rate is \$89 per night.	173 per							
								!
Meal allow per person / per day:								
Day 1 - breakfast	❖	t		Meal cost				
lunch	⋄	7.00						
dinner	ጭ	12.00						
Day 2 - breakfast	·	6.00	Summary:					
lunch	❖	7.00	Greenville	64				
dinner	ጭ	ı	Charleston	64				
			Columbia	0				
Amount per overnight trip:	rip: \$	32.00						
				128				
		7.7.	Aver. Cost for 3 inspections:	pections: \$	42.67			

Mileage (reduced mileage rate: .535) - Based on the assumption that the car is shared.

Estimated # of miles (roundtrip) to:

230 205 14	15 1.5	479 159.67 estimated miles traveled per inspection
Charleston: Greenville: Columbia:	Vicinity Mileage: Charleston: Greenville:	Total Mileage Total Mileage / 3 =

Total cost for mileage: (.535 x 159.67) =

85.42

NOTES / SUPPORTING DOCUMENTATION

									\$ 1,135.68 \$ 1,969,587.32 0.000577	
Cost	Alloc. To	Abortion Clinics	per Inspection	44.03	78.97	37.42	119.39	28.25		
	A	Abort	per l	❖	\$	‹›	₩	የ ን	ECTIONS:	FY'2015:
Entire	Bureau Cost		SFY15	\$ 76,300.00	\$ 136,856.00	\$ 64,852.00	\$ 206,914.44	\$ 48,952.08	ANNUAL SALARY FOR STAFF CONDUCTING ABORTION CLINIC INSPECTIONS: TOTAL SALARY FOR ALL HEALTH LICENSING PROGRAM AREA:	PER SCEIS, TOTAL EXPENDED IN LICENSING/CONSTRUCTION IN SFY'2015:
				Capital Equipment	Fixed	Supplies	Contractual Svcs.	Asset (Ncap)	ANNUAL SALARY FOR STAFF CONDUCTING ABORTION CLINIC TOTAL SALARY FOR ALL HEALTH LICENSING PROGRAM AREA:	PER SCEIS, TOTAL EXPENDED IN

ACCITION CONTRACTOR	*	1
LEASSIFIED POSITIONS	un.	1,946,855.10
OTHER PERSONNEL SERVICES	₩	22,732.22
EMPLOYER CONTRIBUTIONS	₩	749,959.54
INDIRECT COST	❖	175,266.75
CONTRACTUAL SERVICES	₩.	466,912.44
(CON SAS INSTITUTE) - CONTRACTUAL SVCS.	ጭ	(259,998.00)
SUPPLIES AND MATERIALS	₩	64,852.36
IXED CHARGES	↔	136,855.74
rravel	₩	54,735.19
SAPITAL EQUIPMENT	❖	76,300.00
ASSET (NON CAP)	የ	48,952.08
		1

\$ 3,483,423.42

ABORTION CLINICS ESTIMATED TIME TO CONDUCT AN INSPECTION:

Preparation/review of checklist Onsite Inspection Post inspection write-up/review	Inspector III 1.50 11.25	Nurse Admin. Mgr. I 1.50 11.25 3.50		TOTAL
Plan of Correction Review	0.00	0.00		
TOTAL HOURS:	12.75	16.25	3.00	32.00
	Inspector III	Nurse Admin. Mgr. I	Prog. Coord. I / Support Mgr.	TOTAL
SALARY	32,933	54,060	31,182	118,175
SALARY FRINGE BENEFITS (36.24% of salary) INDIRECT COST (9.19% of salary)	32,933 11,935 3,027	54,060 19,591 4,968	31,182 11,300 2,866	118,175 42,827 10,860

Personnel Cost Per Inspection: \$ 313.16 \$ 655.16 \$ 69.77

\$ 1,038.08

ATTACHMENT A-2

SFY2015 Infectious Waste Fees versus Costs

SFY15 Costs to Infectious Waste S270	Amount
Salary	\$201,009.73
Temp Salary	\$3,905.25
Fringe	\$73,136.77
Indirect Cost	\$18,237.13
Operating - Contractual	\$1,180.53
Operating - Supplies	\$760.65
Operating - Fix Charges	\$1,199.92
Operating - Travel	\$1,238.74
Total	\$300,668.72
SFY15 Infectious Waste Annual Fees Collected	\$309,712.81
SFY15 Infectious Waste Fees Minus Cost	\$9,044.09
SFY15 Total Inspections	708
Average Inspection Percentage per FTE	80%
SFY15 Average Cost per Inspection	\$339.74

ATTACHMENT B

July 01, 2010 - November 17, 2015

	PLANN	ED PAREN	THOOD:	SOUTH ATL	ANTIC			
	Annual License Fee	Late Fee Associated with License Fee	Inspection Fee*****	Abortion Clinic Certification Fee ***	Penalty Payment****	Infectious Waste Annual Permit Fee	Controlled Substance Registration Fee (Drug Control) **	Total Collected
07/01/15 - 11/17/15 SFY'2015 SFY'2014 SFY'2013 SFY'2012 SFY'2011	\$0 \$500 \$500 \$500 \$500 \$500	\$125	\$375	\$25	\$7,500	\$150 \$150 \$150 \$150 \$150 \$150	\$0 \$125 \$125 \$125 \$125 \$125	\$7,650 \$1,175 \$775 \$900 \$775 \$775
	\$2,500	\$125	\$375	\$25	\$7,500	\$900	\$625	\$12,050

	GREENV	GREENVILLE WOMEN'S CLINIC PA											
	Annual License Fee	Late Fee Associated with License Fee	Inspection Fee****	Abortion Clinic Certification Fee ***	Penalty Payment****	Infectious Waste Annual Permit Fee	Controlled Substance Registration Fee (Drug Control) **	Total Collected					
07/01/15 - 11/17/15 SFY'2015 SFY'2014 SFY'2013 SFY'2012 SFY'2011	\$0 \$500 \$500 \$500 \$500 \$500 \$500		\$400 \$400	\$25 \$25	\$2,750 	\$150 \$150 \$150 \$150 \$150 \$150 \$150	 \$0	\$2,900 \$1,075 \$650 \$650 \$650 \$650					

July 01, 2010 - November 17, 2015

	i e	MEN'S CEN'S MEDIC		ER*				
	Annual License Fee	Late Fee Associated with License Fee	Inspection Fee****	Abortion Clinic Certification Fee ***	Penalty Payment****	Infectious Waste Annual Permit Fee	Controlled Substance Registration Fee (Drug Control) **	Total Collected
07/01/15 - 11/17/15 SFY'2015 SFY'2014 SFY'2013 SFY'2012 SFY'2011	\$0 \$500 \$500 \$500 \$500 \$500		\$400	\$25	\$0	\$150 \$150 \$150 \$150 \$150 \$150		\$150 \$1,075 \$650 \$650 \$650 \$650
	\$2,500	\$0	\$400	\$25	\$0	\$900	\$0	\$3,825

	SUMMA	RY - ALL	ABORTIC	ON FACILITI	ES			· · · · · ·
	Annual License Fee	Late Fee Associated with License Fee	Inspection Fee*****	Abortion Clinic Certification Fee ***	Penalty Payment****	Infectious Waste Annual Permit Fee	Controlled Substance Registration Fee (Drug Control) **	Total Collected
 07/01/15 - 11/17/15	\$0	\$0	\$0	\$0	\$10,250	\$450	\$0	\$10,700
SFY'2015	\$1,500	\$0	\$1,175	\$75	\$0	\$450	\$125	\$3,325
SFY'2014	\$1,500	\$0	\$0	\$0	\$0	\$450	\$125	\$2,075
SFY'2013	\$1,500	\$125	\$0	\$0	\$0	\$450	\$125	\$2,200
SFY'2012	\$1,500	\$0	\$0	\$0	\$0	\$450	\$125	\$2,075
SFY'2011	\$1,500	\$0	\$0	\$0	\$0	\$450	\$125	\$2,075
	\$7,500	\$125	\$1,175	\$75	\$10,250	\$2,700	\$ 625	\$22,450

NOTES:

^{*} SC Women's Center's invoices are billed to: Charleston Women's Medical Center. Charleston Women's Medical Center is the facility name and SC Women's Center is the licensee name.

^{**} The controlled substance registration fee only applies to Planned Parenthood South Atlantic as it is registered with Drug Control as a clinic. Drugs used at Planned Parenthood are ordered under the clinic's DEA number. The physicians at Greenville Women's Clinic and SC Women's center are registered individually.

^{***} Report filling fee of \$25 - included in the 2014-15 Appropriations Bill H.4701 and 2015-16 Appropriations Bill H.3701.

^{****}These amounts do not include the Infectious Waste fines, as those orders have not been finalized at the time of this report.

^{*****}DHEC did not invoice for an inspection fee because it had been less than one calendar year since the the previous annual inspection

ATTACHMENT C

What to Expect After In-Clinic Abortion or Suction Procedure

03_02_01



Planned Parenthood South Atlantic

	Asheville
	Charlottesville
П	Raleigh

☐ Blacksburg
Columbia 🗌
☐ Roanoke

Chapel Hill
Durham
Vienna

☐ Charleston ☐ Fayetteville ☐ Wilmington

☐ Charlotte ☐ Greensboro ☐ Winston-Salem

When can I return to my normal activities?

Plan on relaxing for the rest of the day. Most women return to their normal activities the next day, but do <u>NOT</u> do hard work or heavy exercise for several days. Fill and take any prescriptions you may have been given for antibiotics, birth control, or other medicine.

Don't put anything in your vagina or have sex for 1 week after the procedure. You can get pregnant again within 2 weeks of the in-clinic abortion or suction procedure, so you should start your birth control as you were told by the clinic staff. We can help you if you haven't chosen a method yet.

Should I use tampons or maxi pads?

Using maxi pads makes it easier to tell how much you are bleeding. You can use tampons when the heavy bleeding lets up.

What else do I need to know?

Bleeding — Some vaginal bleeding is normal after an in-clinic abortion or suction procedure. It may be different from your period. It is normal to have no bleeding, spotting that lasts up to 6 weeks, heavy bleeding for a few days, or bleeding that stops and starts again.

Cramping — You may have cramps. Use a heating pad or hot water bottle, take pain medicine, and rest.

Breast Changes — Tenderness should go away in a few days. You may leak a milky discharge. Wear a snug-fitting bra if you do. This should stop in 1 or 2 days.

Your next period — When your next period will come depends on the birth control method you use. If you are not using birth control, you should have a period within 8 weeks of the abortion or suction procedure. If you are not using birth control and you do not get a period within 8 weeks, call the clinic.

Call us right away at one of the numbers below if you

- Have a fever of 100.4° F or higher
- Have belly pain or cramps that don't get better with pain medicine
- Soak 2 maxi pads an hour for more than 2 hours

Make an appointment to see us as soon as possible, or call the clinic if you

- Have a bad smelling vaginal discharge
- Still feel pregnant

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EL HILL	CHARLESTON	
942-7762	843-628-4380	
UMBIA	DURHAM	
256-4908	919-286-2872	
LEIGH	ROANOKE	
33-7534	540-562-3457	
	WINSTON-SALEN	
	336-768-2980	
a	lease call 1-80	

MEDICATION INSTRUCTIONS

THIS INSTRUCTION SHEET EXPLAINS THE MEDICATION THE DOCTOR HAS ORDERED FOR YOU.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY!

ANTIBIOTICS:

Please look in your nedication bag to see which antibiotic has been prescribed for you and follow the directions for that medication listed pelow. This medicine is a tetracycline antibiotic used to help prevent infections.

4. MINOCYCLINE

1. PROPER USE OF THIS MEDICINE

There are 2 Minocycline capsules in your medication bag. Begin these today. Take one capsule daily for 2 days. Take this medicine with a full glass (8 ounces) of water while standing or sitting upright. Take this medicine with food if it upsets your stomach. Do not take vitamins, antacids, calcium, iron, magnesium, or zinc products within 1 hour of taking this medicine. Store this medicine at room temperature, away from heat and light.

2. PRECAUTIONS WHILE USING THIS MEDICINE

This medicine may cause increased sensitivity to the sun. Avoid exposure to the sun, sunbeds, or sunlamps until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period of time.

3. POSSIBLE SIDE EFFECTS OF THIS MEDICINE

Side effects include loss of appetite, nausea, vomiting, or diarrheal. If they continue or are bothersome, please call us.

B. SUBSTITUTE ME ACATION
Special Instruction:
4 *

***You can experience cramping after the procedure. Please follow the instructions below:

Take the pain medication prescribe 1 to you or you can take 500 mg of Tylenot (aceteminophen) every 4-6 hours. Continue to take 500 mg of Tylenot for the first 24 hours. If the Tylenot is effective after 24 hours, continue as long as needed. Or you can take 800 mg of ibugrofen for ever / 6-8 hours for the first 24 hours. If the ibuprofen is effective after 24 hours, reduce the amount of ibuprofen to 600 mg ever / 6-8 hours, at long as needed

*Tylishol FDA advisement: Severe liver damage may occur if you take more than 4,000 mg of acetair inophen in 74 hours, take with other products containing acetaminophen or consume 3 or more alcoholic drinks every day while using this product.

*** | F you are returning to The Center for your follow up exam you should have an appointment card with the date and time in your bag. If you need to change this, please call prior to the appointment date to reschedule. If you fall to return for your follow up visit within 6 weeks, you will be charged an extra fee to be seen.

BIATH CONTROL PILLS:

For those patients who received BIRTH CONTROL PILLS, please follow the instructions below.

- 1. If you were given BIRTH CONTROL PILLS, you will need to take your first pill this Sunday.
- 2. The first package of pills will not protect you from becoming pregnant. A back-up method of birth control should be used if you have intercourse before you finish you first package.

Surgical

Charleston Women's Medical Center 1312 Ashley River Rd.
Charleston, SC 29-107 (84%) 571-5161

Bristol Regional Women's Center 2901 W. State St. Bristol, TN 37620 (423) 968-2182 The Women's Center 615 Welshwood Dr. Nashville, TN 37211 (635) 331-1200

SURGICAL ABORTION INSTRUCTIONS TAKING CARE OF YOURSELF AFTER YOU GET HOME

Complications from an abortion are rare; however, for EMERGENCY situations requiring attention after office hours, please call (615) 308-5943. The nurse on call is not authorized to call in ANY prescriptions under ANY circumstances nor can she change or answer questions pertaining to upcoming appointments. After your abortion, you should soon return to normal. Call The Center with any questions you may have. The Center is open Monday through Friday 8 am to 5 pm and Saturdays from 7 am to 1 pm (Charleston and Nachville only).

WHAT CAN I EXPECT NOW?

EMOTIONS Many women feel weak, tired, or depressed. These reactions are usually due to abrupt changes in hormone levels. We suggest you relay for a day or two and resume your normal activities when you feel comfortable. If you have trouble shaking the depression after a few days, contact The Center and we will refer you to a local counseling center.

BLESDING Bleeding following an abortion is normal. The amount of bleeding varies from woman to woman. Occasionally, one sees little to no bleeding. Usually bleeding is no heavier than a normal menstrual period. Bleeding may stop and start again, or you may only bleed for a day or two. Spotting may continue 6 to 8 weeks. There may be clots in the blood. These are all normal conditions. Heavy bleeding is usually caused by the relaxations of the muscles of the uterus or in some cases, it may be due to an incomplete abortion which occurs when not all of the tissue has been removed from the uterus. We consider too much bleeding to be soaking (front to back, wringing wet) one pad an hour. Please note that Always brand pads may cause bleeding to appear heavier than it is.

CRAMPING Some women may experience cramping. Cramps can usually be relieved with a heating pad or hot water hottle. Cramps usually only last a day or two. They are usually caused by clots in the uterus, or the uterus contracting back to its normal size. It is best to avoid aspirin for relief of cramps.

POSSIBLE COMPLICATIONS:

FEVIR Infection is the most common complication following an abortion, and fever is usually the first sign of infection. If you have an infection, it can almost always se handled with medication. It is important for you to take all of the antibiotics, which you have been given. If your tensperature goes above 100.4 F, call us for action. Severe persistent abdominal pain may also be a sign of infection.

TEMPER BREASTS I reast screness and tenderness are normal for the first few days. You may even have come milk coming from your breasts for a day or two. Do not try to expel the fluid because this may cause more milk to form. You will probably be more comfortable in a tight fitting bra. If discomfort is severe, for packs may bring some relief.

IV SITE You may have a small and sometimes fore lump at the site where the IV was administered. This is normal and can last for a month or so, if you notice streaks or enlarging redness around the site, you need to return to The Center to be evaluated. Call for an appointment.

GETFING BACK TO NORMAL

MENSTRUATION You can get pregnant even though you have not yet had a normal menstrual period. If you have intercourse, you should use a method of contractation or you run the risk of another unwanted pregnancy. If you started on birth control pills the Sunday following your abortion, you should have a normal menstrual period following your first package of pills. If you did not start on birth control pills, you can expect a period in approximately 4-8 weeks.

SEXUAL RELATION: No intercourse for at least: 3 weeks, and preferably not until after your first normal period or check-up. Your chances of getting an infection from litercourse are much greater during this time. DO NOT DOUCHE OR USE TAMPONS FOR THE SAME REASON.

ACTIVITIES. You can return to normal activities, such going back to work, school, or housekeeping tomorrow, or as soon as you feel like it. Driving a car is fine after 12 hours, as long as you don't feel weak or light-headed. Avoid heavy lifting and strenuous activity for one week.

DIE!" No special restrictions. If you've been bothered by nausea, be careful not to overlindulge. Refrain from alcohol while on medication. BATHING Showers and shampoo whenever you like. Refrain from tub baths and swimming until after your follow-up exam

YO!, R CHECK UP I is important that you return to our center 4-5 weeks after you abortion to be re-extended to make sure that you've healed properly. Please cill at least 24 hours in advance if you need to reschedule.

BIRTH CONTROL There is no better way of taking care of yourself than learning the facts about birth control, selecting a method, and using it correctly. If you go to a private physician for your follow-up, ask about birth control while you are there.

MEDICATIONS You have been given a bag in recovery room that contains your take home medications. Heave take them according to the instruction sheet in your medication bag.

BE SURE TO CALL THE CENTER IF:

YOUR TEMPERATURE IS OVER 100.4 F.

YOUR BLEEDING IS HEAVIER THAN ONE PAD FER HOUR.

YOU HAVE SEVERE AND PERSISTENT ABDOMINAL PAIN NOT RELIEVED BY PAIN MEDICATION.

YOU EXPERIENCE SEVERE ONE-SIDED PAIN WHICH THEN MAY SPREAD.

IF YOU HAVE ANY OTHER SYMPTOMS THAT DISTRESS YOU OR SEEMS OUT OF THE ORDINARY.

We will be glad to answer any questions and relieve any concerns you may have.

Surgeral

Charleston Women's Medical Center 1912 Ashley River Rd. Charleston, SC 19407 (843) 571-5161

Bristol Regional Women's Center 2901 W. State St. Bristol, TN 37620 (423) 968-2182 The Women's Center 615 Welshwood Dr. Nashville, TN 37211 (615) 331-1200

MEDICAL ABORTION INSTRUCTIONS

TAKING CARE OF YOURSELF AFTER YOU GET HOME

For EMERGENCY situations requiring attention after office hours, please call (615) 308-5943. The nurse on call is not authorized to call in ANY prescriptions under ANY circumstances nor can she change or answer questions pertaining to upcoming appointments.

The oral Misoprostol (Cytotec) tablets will help to complete your medical abortion. Your next step is planning for a quiet, mistful time to take the Misoprostol tablets. You may want to consider if you want someone with you and what time of day is best for you. Also keep in mind that you must rest quietly for 30-45 minutes while allowing the medication to absorb into your system. REMEMBER, THE MISOPROSTOL (Cytotec) TABLETS MUST I'E TAKEN 24-72 HOURS AFTER TAKING THE MIFEPREX, because if you don't, this could cause your pregnancy to continue and the fetus could have deformities.

Sietting Prepared:

Plan to star home all day after taking the Misoprostol, and possibly the next day. Plan to avoid all strenuous activity, and any lifting, pushing, or pulling for the next week.

Before taking the Misoprostol tablets, take your prescriptions to the drug store and have them filled. Buy a box of thick, full-sized maxi pads. Have these items readily available at home.

To avoid developing nausea, vomiting, or diarrhea, try to eat lightly for the next 2-3 days. Avoid greasy or spicy foods. Drink plenty of fluids throughout the abortion process.

When you use the Misoprostol at home, do the following:

Take a Phenergan (Promethazine) tablet 30 minutes prior to the buccal administration of the Misoprostol. DO NOT SWALLOW THE MISOPROSTOL TABLETS WITH WATER, THEY MUST BE TAKEN BUCCALLY.

Buccally means to place the 4 tablets (2 on each side) between the cheek and gum and left there to absorb. Misoprostol will be absorbed but the tablet may not dissolve completely. After 30-45 minutes you can take a small drink of water to swallow any remaining fragments. Phenergan can be taken every 6 hours if nausea persists for the first 24 hours.

Cramps should begin within 1 to 4 hours after taking the Misoprostol. Bleeding should start several hours after the cramping begins.

During this period continue to cirink fluids steadily and eat lightly.

You have received a prescription for pain. You may take one when cramps begin and one tablet every 3-4 hours thereafter (as long as you clon't need to drive or concentrate.) From the peginning to the end of the medical abortion process; do NOT take aspirin or anything containing aspirin. You may take over the counter pain medicines including Advil (ibuprofen), Aleve, or Tylenol (acetaminophen.)

What to Expect:

BILEEDING: Bleeding can be quite heavy at times and exceed a normal period. You will probably start bleeding within a few hours after the Misoprostol is taken. You may pass large plood clots (the size of golf balls or granges.) The heaviest bleeding usually lasts 2-3 hours, and will then begin to subside. You may have light to moderate bleeding or spotting off and on for several days. The average duration of bleeding is 9-16 days,

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though you may experience some bleeding for 4-5 weeks. Most women will pass the pregnancy within 24 hours after the Misoprostol. While the pregnancy is very small at this stage, you may see tissue, including the embryo and living from the literus, passing from your vagina.

CRAMPING: Cramping can be quite intense at times, though it tends to subside to mild cramps, after passing the pregnancy. Some cramping may last off and on for a couple of weeks. Take your pain medication as directed at the first sign of discomfort. A heating pad and rest will also help.

MAUSEA, VO MITING, or DIARRHEA: These can occur as pregnancy symptoms, or as side effects from the misoprostol. You will be given a prescription for Phenergan to take for nausea, if needed. You may take one (1) every 4-6 hours, as needed. It may make you drowsy. You can take Immodium for diarrhea. This can be purchased without a prescription. Eat lightly and drink plenty of fluids.

FEVER: Fever can occur asia side effect of the Misoprostol. You may experience chilis and hot flashes, as well.

What NOT to do until your next visit:

Don't take aspirin or anything containing aspirin. You may take Aleve, Advil (ibuprofen), Motrin, Nuprin, Naproxen, or Tylenol (acetaminophen.)

Don't take tub baths; showers are OK.

Dor't lift anything heavy.

Don't have sexual intercourse.

Don't use tampons.

Don't douche.

Don't swim.

Don't take any medications or herbal supplement that you have NOT discussed with our staff.

Please call us if:

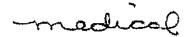
You soak (front to back, wringing wet) more than 2 thick maxi pads within one nour, for more than 2 hours in a row. Please be advised that Always brand maxi pads can cause bleeding to appear heavier than it actually is. You do NOT have any bleeding with 24 hours after taking Misoprostol.

You have the onset of a fever (100.4 Fior higher) a few days after taking Misophostol, or a fever that persists for more than 2-3 days. Please note, a low grade fever is a normal side effect of the Misophostol.

You continue to have ongoing, severe cramping NOT relieved by your pain medicine.

You experience severe one sided pain, which then may spread to other areas

YOU MUST KEEP YOUR FOLLOW-UP APPOINTMENT. IT IS IMPORTANT TO YOUR HEALTH THAT WE CONFIRM THAT YOUR ABORTION IS COMPLETE. IF YOUR PREGNANCY TISSUE HAS NOT BEEN PASSED, WE WILL DISCUSS THE OPTION WITH YOU OF EITHER TAKE A SECOND DOSE OF MISOPROSTOL OR HAVING A SURGICAL ABORTION.



FDA RECOMMENDATIONS

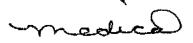
I have been advised that medical abortion with Misoprostol (Cytotec) places are at risk for a rare but potentially fatal infection. Fatal sepsis in women undergoing medical abortion has been reported to occur in 1 in 100,000 medical abortions.

I understand that if I develop the following symptoms more than 24 hours after taking Misoprostol I need to go to the emergency room: Nausea, vomiting, diarrhea and weakness. Abdominal pain may or may not be present; fever may or may not be present. I understand that I need to take this form to the EF: so that the emergency physician will have this important infomation and FDA recommendations for my health care evaluation. To help identify those patients with hidden infection a complete blood count should be obtained. Lenkocytosis in the absence of fever has been seen with documented Clostridium Sepsis.

These recommendations are consistent with warnings in the Prescribing Information and information for the patient in the Medication Guide. FDA also emphasizes that healthcare professionals and patients should be aware of the following:

- All providers of medical abortion and emergency room health care providers should investigate the possibility of sepsis in patients who are undergoing medical abortion and present with nausea, vomiting, or diarrhea and weakness with or without abdominal pain, and without fever or other signs of infection more than 24 hours after taking misoprostol. To help identify those patients with hidden infection, strong consideration should be given to obtain ng a complete blood count
- FDA recommends that physicians suspect infection in patients with this presentation and consider immediately initiating; treatment with antibiotics that includes coverage of anaerobic bacteria such as Clostridium sordellii.
- FDA does not have sufficient information to recommend the use of prophylactic antibiotics. Reports of fatal sepsis in women undergoing medical abortion are very rare (approxi nately I in 100,000). Prophylactic antibiotic use carries its own risk of serious adverse events such as severe or fatal allergic reactions. Also, prophylactic use of antibiotics can stimulate the growth of "superbugs," bacteria resistant to everyday antibiotics. Finally, it is not known which antibiotic and regimen (what dose and for how long) will be effective in cases such as the ones that have occurred.

Information pertaining to Mifeprex can be found at http://www.fda.gov/cdcr/drug/infopage/mifepristone/default.htm



POST OPERATIVE INSTRUCTIONS

Your urine pregnancy test will remain positive 3 to 4 weeks after your procedure.

These instructions should be read and followed carefully to insure a normal and healthy recovery.

- 1. You have been given medication to prevent infection. Follow the instructions on the envelope for taking the medication at home until it is completed. To insure maximum benefit from the pills, they should be taken before or after a meal and without milk; juice or water is fine.
- 2. Take things easy today and tommorow sleep, watch T. V., read with a minimum of bending or lifting. Avoid strenuous activity for 5 days.
- You may eat and drink anything you wish except any type of alcholic beverages for at least 36 hours. Eat well balanced meals with the addition of a multi-vitamin and iron every day.
- 4. TO PREVENT INFECTION: FOR 3 WEEKS

Do not bath in tub. You may shower immediatly.

Do not use tampons - sanitary pads only!

Do not douche.

Do not swim.

DO NOT HAVE INTERCOURSE.

- 5. Take temperature each morning and evening for 1 week. Leave the thermometer under the tongue for 3 minutes, remember to shake it well befor using. A rise in temperature may be an indication of possible infection.
- 6. Call us day or night if, after the first day any of these things should occur:

If temperature is OVER 100.

Bleeding more than a normal period. (bleeding varies, it is not unusual to have slight staining within 24 hours and bleeding may subside completely anytime from I to 10 days. Occasionally bleeding stops after a couple of hours and begins again 3 or 4 days post-procedure, accompanied by some cramping all of which is normal.)

Severe, repeated cramps or pain.

- Your next NORMAL period should occur within 4-10 weeks. Call if you don't have a
 period within that time.
- 8. If You Are Taking Birth Control Pills:
 - a) Start taking the pill on the first Sunday after the procedure.
 - b) Remember, no intercourse for 3 weeks or until after you have had an internal examination. If you do, use condoms as well.
- 9. You MUST have an examination in about 3 weeks by your local gynecologist or family doctor to make certain that every thing is then normal. If you do not have a doctor, call and make an appointment with us, within the next 2-3 days. There is no charge, unless you need a pap smear and pill prescription.
- 10. Feel free to call us at any time if you feel that things are not going as well as you would like that is regarding bleeding, cramping, or any rise in temperature. Our phone number is 232-1584 call collect, or 1-800-776-0082. WE DO NOT CHARGE FOR CALLS OR RECHECKS FOR PROBLEMS!
- 11. ALL INFORMATION IS KEPT CONFIDENTIAL! YOU ARE MOST IMPORTANT TO US! OUR MAIN CONCERN IS TO SAFEGUARD YOUR HEALTH AND YOUR PRIVACY.

AFTER TAKING THE RU486

Your prine pregnancy test will remain positive 3 to 4 weeks after your miscarringe.

- *You should have only I day of bleeding heavier than a period.
- 1. Most people have no bleeding until taking the Misoprostol tablets. Some do bleed before this time and it is not abnormal.
- Be sure to take your pain medicine at least 30 minutes before taking the 2 Misoprostol tablets orally. It will greatly lessen the cramps.
- 3. Most people will miscarry within 4 hours after taking the Misoprostol tablets. After the miscarriage the bleeding is usually like a heavy normal period. The bleeding usually continues for 7 to 10 days. Some people will bleed longer, some shorter. Some people pass all the tissue at once, others will take longer.
- 4. If you have a problem, please call as one of our doctors is on call at all times, 864-232-1584 or 1-800-776-0082. If we need to see you, there is no additional charge unless you are seen in the emergency room. They will charge a fee, we do not.
- If you run a fever ≥ 100° for more than 24 hours after taking the tablets, please call. You may need antibiotics.
- 6. To prevent infection for 2 weeks

Take showers instead of tub baths

Do not douche

Use pads

Do not have intercourse (when you resume be sure to use condoms the first month)

Do not swim

- 7. Start your birth control pills, patches or ring the first Sunday after using the tablets.
- 8. Your first menstrual period should begin within 4 to 6 weeks after the miscarriage.
- Please return for your post RU 486 visit. There is no charge for this visit and we will
 continue your birth control if you desire. We will also do a pap smear at additional charge if it
 is needed.
- 10. Working together, we can prevent problems before they become major. It is our desire to provide you with good medical care.
- 11. ALL INFORMATION IS CONFIDENTIAL. YOU ARE MOST IMPORTANT TO US. SHOULD YOU NEED US CALL 864-232-1584 or 1-800-776-0082.