



Medicine Stories Podcast

Episode 73 with Amber Magnolia Hill

Ending Pregnancy at Home: Holistic
Abortion Options

November 13, 2020

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(Excerpt from today's show by Anonymous)

May we all continue to thrive as women, as bleeding women, as mothers, as menstruators, as women that choose to end our pregnancies, as women that enter menopause and become wise old crones, who then can give back and tell our stories.

May we just all continue to thrive in that, in our knowledge and our wisdom and our beauty and our power, and not forget, ever forget, that we're not alone, and that our community is there, and that support is always there.

(Intro Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Intro]

[0:00:37]

Amber: Hi everyone. Welcome to Medicine Stories, where we are remembering what it is to be human upon the earth. I am Amber Magnolia Hill. This is Episode 73. And, wow, are we talking about something today that has been known to humans upon the earth since time immemorial. And that is the process of choosing to not be pregnant, to end a pregnancy.

We have so many more options today than our ancestors did, thank goodness because, as we talk about in this interview, and as I want to make abundantly clear from the beginning, herbal abortion is hard. This is a podcast that's often focused on herbalism. But I don't want to give anyone the impression that it's something I'm advocating for — especially not a purely herbal abortion. Obviously, we need alternatives now more than ever, and we're going to talk about today.

I am doing this because last year, October 2019, at age 38, with a three and 13 year old, I had my own abortion at home. I ended my pregnancy at home using a combination of herbs and basically pharmaceuticals, misoprostol, which is legal here in California, and which you can get your hands

on even if it's illegal in your state because there is a whole network of underground people helping people to end their pregnancies at home — so something I did not know.

It's something most people don't know, and I feel really passionate about letting women know their options, their choices, what's available, helping you feel not alone. If you're listening to this right now, because you are in crisis, you're feeling alone and scared, and not knowing your choices, we're here for you. This is what this episode is for.

[0:02:41]

Amber: And I'm grateful that I had the experience I did last year that opened me up to this whole world. And I wanted to do this podcast since then, but felt scared and intimidated, and it's really vulnerable to talk about this.

Let me make clear from the beginning that I'm absolutely not interested in discussing the morality of this decision. It is one of the hardest decisions a person can make, if not the hardest. No one enjoys doing this. No one's doing it for fun. It's a necessity for people. And women have always made this choice, they will always make this choice, and that is why conversations like this are absolutely necessary.

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Amber: So my guest today is remaining anonymous. I first met her a few years ago, was super drawn to her and her knowledge, her confidence, her wisdom, her kindness, her love. And it's where I first learned about this underground network. It was where I first learned about all the options that you have to end a pregnancy at home.

It was really destiny for me, meeting her, and I just felt drawn like I have to know this information, really having no idea that I would need it for my own self not too long afterward. In speaking with her after the interview ended, we both really reflected on our connection at that meeting and how it kind of all makes sense now that we came together to put this podcast episode out.

So I'm grateful for that and need to tell you about the extra offerings that are on Patreon. Only one is behind a paywall, and the one is for patrons at the \$2 a month level — thank you, I love you — and that is my personal story. It's a half hour audio recording of what I went through, how I did it, how it all went down.

The other two are open, available, free for everyone. The first is a really comprehensive resource list. Most of the resources there come from Samantha Zipporah, who is going to be an upcoming guest as well. Thank you so much, Samantha. It's an absolutely amazing list. Other resources come from my guest and from myself.

And then the third offering they're also free is the herbal chart that you'll hear us reference in the interview. It is a look at commonly used herbs for this purpose, and their herbal actions because there are four herbal actions that need to be present in any formula you're taking if you're hoping to end a pregnancy. So it's a look at that. And that chart comes from The Red Door Collective. Thank you so much to the good folks there.

[0:05:22]

Amber: Right now, before we start the interview, I'm going to read a story to you. It's not my story. It is an anonymous story, but I've been given permission to share it. It's called "A Personal Reflection Comparing Clinic and Homeless-Centered Experiences."

My abortion story began in such a typical way — so very unspectacular. I was to become a one in three women who will have an abortion statistic.

I successfully used fertility tracking with the occasional Plan B for 15 years. I know my cycles and my body well. I had been sexually active with my current partner for about five years, and we had perfected the long distance relationship.

A few weeks after we parted ways, my breasts had a different ache to them than just pre-period breast sensitivity. I felt full, bloated, and had been constantly hungry for the past week. I was suspicious. And when my menstrual cycle was a couple days past regular, I already knew what the test would read.

My new school, the reason I moved, was starting in less than two weeks. I just moved to a new city, new state, three days before I took the test and was about 1000 miles away in various directions from anyone I knew. I offered to buy my partner an airline ticket out to where I was, but he had a couple of decent reasons not to be there.

I didn't want to make a big deal out of something I knew I wanted. I didn't hold it against him. He would be there in a few weeks for a short visit. In some way it felt right to have my lover not be with me. It fit the dominant culture and stereotypes about abortion. It is the sole responsibility of the woman to deal with it, and it is a lonely, isolating experience with varying degrees and aspects of sadness and grief.

The clinic I went to had all the staples of the abortion narrative we are told: protesters around the perimeter, heavy, locked doors, long waits, and a huge room with plenty of people sitting at comfortable distances away from each other, looking at their feet or their phone or the posters on the wall, but never at one another. It perpetuated the silence around abortion, and the room was heavy with shame.

We know we can learn from each other and from our stories and experiences, find strength in sharing, but that's not the abortion experience we are told to have. Instead we feel shame, isolation, guilt.

I don't want to seem ungrateful. This right was fought for fiercely with continued struggle and personal sacrifice from workers and doctors. They jumped through ever changing legal hoops and sidestepped religious fanatics. I recognize the privilege of having an available clinical treatment only one hour from my home in a state with no waiting period and minimal additional legal restrictions. I also realize the clinical abortion experience does little to challenge the social norms and assumptions embedded in mainstream culture.

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After five and a half hours of waiting in the silent room, filled with stories I will never hear, I was introduced to my doctor, laid down, and squeezed the nurses hand while the vacuum buzzed and the contents were removed. It took almost 10 minutes and hurt like hell. The

doctor said to me afterwards, "I know it hurts, but at least you're no longer pregnant." I gave him a high five to show him and me and the nurse, shaking blood back into the hand I was squeezing, that it was not a big deal.

I knew the pain exchange is part of the story. It's not supposed to be painless or convenient or easy in any way. In the recovery room there was more silence and isolation as we all laid back in our easy chairs, evenly spaced apart throughout the room, eyes downcast, even the nurses handing out goldfish snacks and hot pads looked apologetic.

I spent the rest of the winter day under blankets watching the snowfall, drinking tea. There was a little more blood but nothing more than a regular menstrual cycle day. After one week of light bleeding everything seemed to be finished up yet the end of the blood was not the end of my abortion experience and walking out of Planned Parenthood unimpregnated was just part one of the story.

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School started less than 48 hours after the initial procedure. It was an intensive grad program, requiring most of my physical and mental energy. I was frazzled, but with everything to do. I didn't have time to think about or analyze what happened.

The loss of a pregnancy was something my body had never experienced. I took note of feelings, both physical and emotional, even if I didn't understand what was happening. My lover's visit three weeks after the clinical appointment was normal, no special consideration for my experience, and I was learning how easy it was not to talk about it.

We used condoms because I hadn't started bleeding again. Though pregnancy loss was a new experience for me, I didn't feel like I was ovulating. There was a broken condom that weekend, which was quickly dismissed. I thought about taking Plan B, but my body was just getting back into its hormonal rhythm, and I didn't want all the hormones of the morning after pill. I didn't think I could be so unlucky.

Everything was coming along, and I was finding a little niche in this town surrounded by healers, activists, and general radical badassery. I was elated once slipped an invitation for a workshop on the "How to of Home Abortions". The deadline for the application was that same day. Without hesitation I wrote to see if I could attend. I desperately wanted a new narrative around abortion, and this seemed to offer something new, hopeful. It was happening in three weeks.

Meanwhile, my hormones were all over the place, and I was super emotional and irritable. I thought it was the new diet, the cold winter, the class time, and excitement and anxiety of meeting all new people and discovering all new places. I was also constantly fighting with my partner and just felt so exhausted. I was sleeping nearly 13 hours a night, lots of attempted reasoning for what was going on, and why I didn't recognize the second pregnancy.

[0:10:40]

Seven weeks after the clinical abortion, still no period. I called the clinic, and they told me to take another pregnancy test. When it came back positive again, I felt so embarrassed.

– Sorry about those roosters.

A back to back, doubleheader, unwanted pregnancy. The first time felt like bad luck, bad timing, but this time felt like I had been irresponsible in some way. I dreaded the shame-filled visit to the clinic and telling friends. I hadn't even gotten to telling some people about the first abortion, and I did not want to explain myself: "No, I do not think this is a sign. No, I would not like an IUD," not to mention the cost.

When I told my boyfriend I was pregnant again, the fight erupted into a breakup. Whatever his reasons, it certainly increased my belief that I was at fault much more than the first time.

I remembered the flyer and the upcoming home abortion workshop. I nervously wrote the organizer and asked if I could get some information before the actual workshop, like now. I got plenty of counsel and felt confident I wanted to try an herbal abortion.

I have studied and used herbs as my primary medicine for about a decade. There was a relationship with the plants. I knew the signs of toxicity. Herbs and doses were decided and approved by another herbalist who would help monitor the process.

If the herbs didn't work in two weeks, and there was a high probability they wouldn't, for \$12 I had bought misoprosotol, the medication, abortion pill used in US clinics and all over the world. I would avoid the clinic, the protesters, the judgement, as well as the time and money it takes, and I would complete the abortion at home.

[0:12:10]

I took my chosen herbal formula for four hours including throughout the night, every four hours. By day three, I couldn't eat anything but broth, and I felt sick. My body shuttered whenever I took the formula in my hand. I was committed, but the emotional turmoil of splitting up with my partner on top of not eating or sleeping through the night made me a wreck. I continued the herbal protocol for another two days, and then decided to stop with the herbs. I wanted to terminate this pregnancy, this feeling, this sadness I felt in my breakup.

I wrapped up the hopes of my relationship with the pain in my uterus. I visualized a simultaneous release. As much as I did not want to be alone, I did not want a stranger to be with me while I released the blood and tissue and the tears of five years of a failed relationship. I was two months living in a new place, and though I had confided in colleagues, we weren't close friends. The ones who knew what I was doing saw me as an abortion warrior of sorts. I was taking matters into my own hands and building my own narrative. I didn't want them to see how sad I was, not over the pregnancy, but how getting pregnant seemed to cost me my relationship.

I called a few people and let my roommate know I would be taking the pill earlier than I initially thought. Emotional turmoil aside, the pain of the pill was not much worse than a painful period. There was cramping and right before the bleeding started my bowels released everything they had managed to hold on to throughout the week. I had taken

herbs to soften the cervix and used a heating pad and stayed warm under lots of blankets. Friends were checking in and people with experience were available on call.

Five hours after taking the first dose of misoprostol laying in my bed I felt a large clot pass from my cervix and into my vagina. It was about the size of the first knuckle of my thumb. About 30 minutes later with a heat pad on my belly, doing a squat, I felt another sizable clot came out. The majority of the bleeding finished in a couple of hours. I felt a huge wave of relief as the battle was won.

The appetite I had lost for the last four days returned almost immediately. I had soup at the ready and by Monday morning I felt nourished and more like the abortion warrior my peers saw me as.

[0:14:17]

Being at home during my abortion and being able to decide how, who, and when was the first time I felt empowered when dealing with abortion issues. Going to a clinic for an abortion made me grateful for the people who fought to make it possible. Angry at the protesters outside and empathetic for the fear in the people sitting in the waiting room.

When doing activism and fundraising for abortion, I felt either indignant at religious fundamentalism and the power they wield over current political discourse, or depressed about how the same struggle continues and access to clinical abortions is getting harder, not easier, and care is not necessarily better. But I never felt empowered or in complete control of my body and my future until I completed my home abortion.

My story is now unique. I successfully built a different narrative. I tell my story not with shame, but with pride. It makes me feel strong, self-reliant, and capable of existing outside of the rigid structure of US culture around reproductive justice. Sharing my particular story additionally shatters the belief that without clinics, people have only desperate, dangerous options to end their pregnancy.

There is a community sharing this knowledge and talking to people with experience who were able to answer these questions made the decision for a home abortion not a reckless one. Being part of that community, learning, and teaching has fundamentally changed the theme of a story we all think we know. It changes pro-choice into pro-choices and lets individuals decide what is best for them.

[0:15:47]

Amber: I want to get into the interview now, so I've recorded a separate afterward with just some additional information. This includes a list of the benefits and risks of home-centered abortion, contrasted to the benefits and risks of clinic-centered abortion, also going to give you contact information, if you're needing support in this. This contact information is also at the Patreon resource list, as well as talk about something said within the interview that might be not exactly controversial, but there's a different perspective on it as well. So I'm just going to give that different perspective at the end in the afterword, which you should totally listen to.

And finally, I want to dedicate this episode. This idea came out of a prayer that I prayed before getting on the call to do this interview, and I was invoking all the women throughout time who

have gone through this experience, who have found themselves in this position. But then what really came through for me was that this interview, this episode, this information as channeled through this specific medium right now, is dedicated to all the women who didn't have this choice.

And personally, I specifically think about my great-grandmother, my mom's mom's mom Phyllida, who birthed 17 children to an abusive, alcoholic, French-Canadian, Catholic husband, in an abusive, patriarchal, French-Canadian system of thought, and five of those babies died. She was not a loving or present mother to the 12 who lived. She did not enjoy her life, and her life ended young, in her mid 50s.

So I dedicate this podcast to her and to all the other women who didn't have the choices that we have now.

(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Interview Begins]

[0:17:58]

Amber: Okay, welcome, beautiful, wise woman who I adore and respect. I'm so happy to have you here today on Medicine Stories. And before we get into the nitty gritty of, like, some pretty dense information sharing, I would like to hear about what called you to midwifery and to birth and to women's wellness, and then also what called you into helping women release their pregnancies at home?

Anonymous: Yes, thank you, Amber. It's really, it feels potent to be here and to be able to share this information that's difficult to access largely. So, yeah, I'm feeling very grateful for this space that you've created. So thank you.

As far as my coming into midwifery, I was very much birthed by my community, I like to say, because it wasn't a path that I chose, as many midwives would say. It's a path that chose me in a really beautiful way of just showing up for the women in my life that were calling me forward. So I started in my early, I guess my late teens being attracted to plant medicine and how it could help me and my friends and family to be healthier in our bodies, and that led me to being invited into the birth space.

And it wasn't long that it became clear that my strongest path and my strongest purpose for being here on the planet was to support women and people and families as they navigate fertility in all of its many forms. And true midwifery, when I think about it from, through all of the ages, through all of time — and time's such an interesting spectrum because everything that's happening right now has happened or will happen, right? It's this holographic universe.

But through all of time, midwifery has supported women in all ways that their womb and uterus would need support. And so that would mean helping babies be born. That would mean helping women to become pregnant, helping women to end their pregnancies for the myriad of reasons

that women do, and to be an all around, you know, midwifery, with women, wise woman support for all the years and all the things that we need.

So there's a real lacking of that in midwifery culture now, and that largely stems from, you know, the patriarchy and obstetrics, which, you know, began as a male-dominated profession taking over the birth space, taking over women's health and women's reproductive health.

And it wasn't until, you know, the 1800s, which wasn't that long ago, that it became illegal for midwives to support women to end their pregnancy. And, you know, that was a long time ago, but in the whole scheme of time, that was a very short amount of time ago. And it then landed into the hands of obstetrics, which then had many limitations, in many of the ways that aren't as supportive of health, as we know.

And one of the ways that I like to think about ending pregnancy is "pregnancy release". I mean, we call it "abortion". To me, abortion has become a really political word, and I'm happy to use it. I'm happy to use whatever word that folks want to use for ending their pregnancy. I personally like "pregnancy release" because I can feel that in my body when I say it. I can feel what that feels like. And it doesn't feel big or scary or shameful, or any of those words that aren't supportive to wholeness. To me, it feels very whole.

And women will always choose to end pregnancy. They always have, and they always will. And to have words that support that feeling of it being a profound choice, as opposed to a shameful choice or a political — I mean, it is political. It always will be now. I mean, it used to just be part of life, and part of, you know, but now it's definitely political.

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Anonymous: But going off on a tangent, but as far as, like, when I came to learn pregnancy release and ending pregnancy, my, you know, not only were the women in my life choosing to birth at home, they were also wanting to release their pregnancies at home. They weren't wanting to go into the clinic or into the hospital, for all reasons that we can, you know, talk about more during our time together. But they, you know, they're sovereign women who wanted control over their choice, and the way that it looked and the way that it unfolded and what they used and who was there and what the space was like and how they created sacred space. They didn't want to go into a clinic, just like a home birthing family doesn't want to go into the hospital, unless it's needed. And so I found that women around me were seeking that kind of care and seeking, you know, that kind of support.

And so I met an elder in my community, several elders who were supporting women in this way, and learned. And I've learned now for 20 years, just about 20 years, just by supporting woman after woman, day after day, year after year, constantly learning and trying new things and new herbs, depending on regions and gestational age and all the things. And so just over those years of experience and all of the amazing midwives I've connected with and all the, you know, people that I've served, I just have collected a lot of really good information as have a lot of other people that I know.

There's definitely a lot of support to be had out there though it's definitely underground and can be hard to access. Thankfully, Amber, you are creating this space so that it's more accessible to the women that need this.

[0:24:35]

Amber: Yeah, I didn't know until I met you that there was a large, loving, underground network of people helping people release their pregnancies at home. It was such a relief to find out. Something inexplicable and unnamed drew me toward you and your knowledge about this, and then a year later I needed this knowledge, and I needed your help. And it was amazing and a really just such a better experience than it would have been, I know, had I gone into a clinic.

And thank you, I am so happy that you grounded this conversation in the large, historical context. You know, my guiding vision for this podcast is “remembering what it is to be human upon the earth,” and it is a good reminder that women have always sought to release pregnancy, and that it's a very normal part of life, and, you know, was not politicized, was not something that was trying to be repressed until Christianity and patriarchy. And so let's just like hold that vision of how normal it really is to know that you cannot have a child at this time.

I really want to start at the very beginning, since you're an herbalist, I'm an herbalist, this podcast is often focused on herbalism, people see this title and are going to think, “Yay! Herbal abortions!” And I've seen a lot of this on social media, like anytime a restrictive abortion law is passed, I see people posting “We'll just have herbal abortions. Woohoo, empower women!” And that's great. But let's also be real about herbal abortion.

And so I want to ask you, if you needed to release a pregnancy, would you go the route of herbal abortion?

Anonymous: I personally only would if I... so I would use herbs more as implantation preventers. I have seen herbs work best in that capacity for ending a pregnancy. And so by that, I mean, “I've had intercourse, you know, the condom broke, and I'm ovulating. And I want to prevent the pregnancy.”

So in that couple of weeks that you have between ovulation and menstruation, that is really, in my experience, the best time to use herbs to end pregnancy. I have seen herbs be effective through eight weeks. Personally, never as an only remedy have I seen it after eight weeks.

But back to “Would I do it personally?” I would do it as an implantation preventer and maybe like four to five weeks I would do it then. But after that, I wouldn't. And the reason for that is what we're doing, right, when we're ending our pregnancy is we are telling life that our body is inhospitable. It's not a place to grow. And that is not easy to do with herbs (Anonymous laughs). It's really awful. It's a really hard experience almost all of the time. Sure, not always, but almost all the time that I have witnessed people using herbs to end a pregnancy it's a **lot** of herbs that are really hard on the liver, and really hard on the kidneys, and they make you feel bad.

[0:28:15]

Anonymous: So I'm thinking about this one woman who I worked with right now I just remember her calling, and us talking, again and again, and her just being like, “Should I feel like I'm dying? Should I feel this bad?” You know, and all of her vitals, I mean, she wasn't, right, but it felt that bad.

And so, because I have the knowing of other ways that are a little less hard on the body, I would probably — you know, we can talk more about that— use different things in conjunction. But I want

women to know about the herbs that I have seen to be really effective in preventing the pregnancy in those few weeks between ovulation and menstruation. So I'll share that about that if that works.

Amber: Yes.

Anonymous: Okay, so, my favorite plant to use is Queen Anne's lace. If you've looked and read about plants that prevent implantation you've certainly seen it. Sometimes it's "QAL" Queen Anne's lace. The scientific name is *Daucus carota*. It's also known as wild carrot. So it's wild carrot.

I personally harvest my own, and I think that's a really great way to go. It's super hard to get it otherwise. It's really not available in very many places as far as ordering herbs. So the one piece about this plant that you really want to be careful is it is in the Apiaceae family, which is the same as, you know, poison hemlock, water hemlock. So you want to make sure that you have the right plant. So you want to go out with someone who knows before you go. It's very obvious once you know the plant.

The root, the root smells like... the root is a carrot, and it will almost always have a little red dot in the center of a beautiful, lacy, umbel of white flowers. Sometimes they're slightly pink.

Amber: So the red dot — I'm just making sure this is clear for people — is not in the root. It's on the flower in the center of the flower head.

Anonymous: Yeah, it looks like a dot little of menstrual blood.

Amber: So beautiful.

Anonymous: It's so beautiful. It is, and the flowers are edible, too. Just to throw that in. I love to put them in salad.

So yeah, so the part of the plant that you would use would be the seeds. So the plant is this beautiful, white, lacy umbel, that will in late summer close into a bird's nest. And then inside that bird's nest form the seeds. First they're green, and then they turn brown, and you want to harvest that bird's nest when it's closed. Once it opens back up into an umbel, all the seeds get released. So you kind of watch it and then you harvest it when it's closed.

[0:30:54]

Anonymous: There's many ways that it's recommended to use the seeds. And I cannot tell you how many times women have called me who have used the seeds, and they have been ineffective.

So the part of the plant, what's in the seed, that makes it effective to block the progesterone is the terpenoids. And that's usually the aromatic part of the plant. So the most important thing when taking in the wild carrot seeds is that you smell and taste the aromatic.

So a tincture doesn't work that well. It doesn't work. In my experience, I can straight up say it doesn't work. The tea doesn't work. Don't do it. If you want, if you really, I mean, if you want to experiment, and you're like, "Well, if I get pregnant, that's okay," try it. I love when people do that because then we can see. Like, it's hard to study these things, right?

But in my experience of hundreds and hundreds and hundreds of women, it doesn't work. What works is either grinding the seeds, that releases all of those terpenes— you could just smell them — or chewing them (*Anonymous laughs*). Chewing them is very uncomfortable.

Amber: Yeah, I was going ask. I've tried that, and (*Amber laughs*). It's like chewing on hairs basically.

Anonymous: Yeah, it's not a... It's not an enjoyable experience to chew on the seeds (*Anonymous laughs*). I did it for many years to prevent pregnancy. So I usually, you know, I have a little grinder now that is just my herb grinder. It's a coffee grinder. And so you can grind it in there, a teaspoon.

[0:32:33]

Anonymous: So what I found to be most effective is from the time you're ovulating, or if you're going to be using protection. Okay, so how do I say this? If from the time you're ovulating, you can take one teaspoon of the seeds a day until you menstruate, now, what that plant is doing is it's making your uterine lining inhospitable. I think of it like it's slippery, right? It's not going to, it's not going to implant. So a lot of women actually feel that they've been pregnant, and then they feel the fertilized egg slip. You know, women that are really in tune with like, “Oh, yeah, I definitely just conceived. And then I definitely just passed that pregnancy.”

And so if you're the, you know, you might feel that. Or if you have an “Oops, the condom broke,” you take one teaspoon of the seeds a day for at least a week. You know, it's like more isn't always better with herbs, but at least a week is good. So that's what I found to be, you know, the grinding, the chewing a teaspoon a day from ovulation to menstruation if you're just going for it, and you're not using any protection, which is what I did, and it worked, or if you have an “oops”, taking a teaspoon a day from the day the condom broke or whatever for a week.

I have found that to be... I've never gotten a call from someone who is doing that who got pregnant because I'm always like, “Oh, you're using Queen Anne's lace seeds. How exactly? Oh, a tincture? Yep. Okay.” (*Anonymous laughs*) “Oh, a tea? Yep, that does not work. Oh, you chewed the seeds for one day? Oh, you chewed the seeds for three days?” I've heard that a lot. So the seven days seems to be the magic number.

Amber: Wow, I mean that right there is just gold, you know, because there is so much information online about using Queen Anne's lace for contraception, but you were the first person I ever heard be, like, really insistent that you must just chew the seeds. You've got to smell them. You have to taste the flavor and smell the flavor and get those terpenes working through your system.

Because yeah, I was taking a tincture. That's the way I've been doing it before, too. So thank you for that.

[0:34:46]

Amber: Let's talk about the four ways to end pregnancy at home, and actually I'm just going to briefly list them:

So there's herbal. There's medical, which is taking, basically, the pharmaceutical pills, which I did a combination of herbal and medical with your guidance. There's menstrual extraction, and then

manual, vacuum aspiration. And so we will talk about those last two, but let's talk about what a medical abortion is.

Anonymous: So yes, so if you were to have a medical abortion, say in the clinic, you would receive two different pills.

The first one, they usually give you there. It's called mifepristone. And that does, you know, what the wild carrot it does. Basically, it stops progesterone. It stops the progesterone. And they will send you home with another medication called misoprostol. And that's what, that's a prostaglandin. So it starts contractions happening, and it opens your cervix. So those are the two that you would get in a clinical situation.

And a lot of women have really great, you know, success and experience with that. It's really, it's not so bad to go into the clinic and have that experience, you know, just getting that and getting home.

But there are some ways in which it's not accessible, you know. It's not accessible everywhere to do that easily. Some people would have to, like, drive very far to a different state to have that experience. First, it's not cheap. I mean, I've heard it, you know, \$500-\$750. So there can be a financial barrier there as well.

So, as far as an at home experience, some people will just take the misoprostol and have that be their, you know, medical release, and that has pretty good success. And it has better success, like you were saying, Amber, if we use herbs first.

So oftentimes, people will choose to do like four to seven day herbal release herbs. And sometimes they'll have in their mind a plan to then do herbal, and then the medical, or sometimes they're really wanting to do the herbal, and then they realize that it's just too much because an herbal releases, you know, roughly three weeks of you can't work, you can't do anything you're constantly taking tinctures and doing all the things.

Amber: So I'm glad you said that because I remember you saying if you are trying to go the pure herbal route, this is your job until it's either complete, or it isn't complete, and you need a backup plan.

Anonymous: Yes, and sometimes it's much faster than that. But, you know, planning for the long haul is — I mean, just in witnessing it — I see it generally takes, you know, quite a while. And we always, you know, with all the ways we always like to do everything that we can to encourage the body to release. But we can talk about that more later.

So as far as the misoprostol, there is ways to get it that is not at a clinic. So there's definitely a network of women who, you know, supply it. And it's really actually an inexpensive medication. It's only like \$1 a pill or something like this to actually purchase it. So it's accessible is what I'm trying to say. It's really accessible.

Amber: Through the underground network of supportive people.

Anonymous: Yes.

Amber: Which we will have their contact info.

Anonymous: Yeah, and so, you know, with all, with everything that you would do to end a pregnancy, because, again, it's really, you know, it's telling your body to make an inhospitable environment for life.

So with any of the routes that one might choose, it's hard on the body, you know. It's a big meditation. It's a big commitment. It's a big experience. And for some, it's not in the spiritual way, you know. In all the ways, for some people, it's very physical, it's like, "Okay, I'm pregnant. I don't want to be," and then when it's over, there's completion. But for others, there's a lot more support that needs to come down and come to them.

[0:39:19]

Anonymous: But so, with the misoprostol there is some sort of unhappy (*Anonymous laughs*) side effects that can happen.

There's different ways that women can take the tablets. So basically, you're taking 12 total, and you take four every three hours, and they're 200 micrograms each. And there's different ways that you can take it. You can swallow it, you can take it in your cheek, you can take it under your tongue, you know, dissolving it there, or vaginally.

You know, I have found people really prefer vaginally; it has less side effects. But I've also found it to be not as... like I've seen more women who take it vaginally have to do the course again 72 hours later.

So I'll just say that the route that I have seen to be the most effective with the least amount of side effects is sublingually, so under the tongue and just letting them dissolve under the tongue. That's been my experience. And some of the side effects are nausea and vomiting, diarrhea, just, like feverish, headache.

Amber: Pain?

Anonymous: Yes.

Amber: Cramping?

Anonymous: Yes.

Amber: Yes. So, my understanding, if you go into the clinic, they give you the mifepristone to basically stop the pregnancy, like block the progesterone, stop the cells from continuing to multiply, and then you take the misoprostol to release.

So what I did, and yeah, what I would do again, if I was ever in this situation, again, is used herbs basically to stop the pregnancy. And I felt that working, you know. Within a day or two, my pregnancy symptoms were gone. And I kept the dosing up for — I'm not sure — about a week or so, you know, hoping and praying that it would release on its own, but knowing that that definitely might not happen.

And then when it didn't, and I felt ready to be done with the herbs because it was hard, then I took the misoprostol and, you know, within a few hours, I was bleeding, and the pregnancy was releasing.

So is it like staying — and some women just do the misoprostol, but that is not, it's less likely, right, too? You might have to repeat that because you didn't take that first step of, like, actually blocking progesterone.

Anonymous: Yes, blocking progesterone, yeah, and just encouraging the body to, you know, end the pregnancy so that the misoprostol can do its work of releasing, like you said.

And there are, really, so many herbs. I mean, there's some resources out there, and then, of course, you know, asking women that you know. I mean, women have a lot of answers for the herbs that work, and there are a lot of herbs that work, and they're the herbs that...

There's four essential herbal actions that you're looking for when you are ending your pregnancy using herbs. And so, like what you did, Amber, was I actually don't remember exactly the herbs that you used.

Amber: I do. Cotton root and black cohosh.

Anonymous: Okay, so yeah, that's my favorite. So that makes sense, because that's my favorite combination. I find it to have the least amount of side effects and the most success with those earlier, you know, like five week, you know, six week. I don't remember how far along you were.

Amber: And you are talking weeks — just for anyone who's never been pregnant — weeks from last menstruation.

Anonymous: Yes, yeah.

Amber: Because that's the way that, in the medical paradigm, we talk about pregnancy. So if you're five weeks pregnant, you actually conceived three weeks ago maybe, but it's been five weeks since your last period.

Amber: So yeah, let's talk about the four essential actions needed in the herbal formula. And then we can touch a little bit on herbs, but I'm also going to have in the resource guide and on Patreon, you know, a visual for herbs and the different actions that they have.

[0:43:36]

Anonymous: Nice. So I actually just want to sidetrack for a minute, and I just want to paint a picture of what a really beautiful, supportive pregnancy release can look like.

So here's a woman who has, for whatever reason, knows that she has a “No, this is not the right time to have this baby,” or you know, sometimes I feel like spirit babies come through to teach us to say no, to teach us things.

So here's a woman. She has a very clear “no”, and that's actually one of the most important things with herbal abortion in my experience, you know. You can go into the clinic, and you can have, or

you can take the drugs, you can have the manual, you know, evacuation. But for the herbal abortion and for things like the menstrual extraction, which we'll talk about, the “no”, the energetic, the spiritual, the grounded in your body no, is really important to line everything up.

And then you know, just visualize like the support system coming in, right? The support system of the herbs. There's an herbalist there who is tuning into that woman and saying, “Okay, this is the way that you present. These are the herbs that I think will be most helpful for you,” getting a regiment, setting up a vaginal steaming, Yoni steam, you know, with all of the herbs to help her cervix start to soften and to open, you know. And then there's someone there who is trained in what's called “disrupting massage” where they can work on her hips and her butt and her uterus, and really just get everything ready to release. You know, there's someone there who's just holding her and encouraging her. Maybe there's a warm, you know, hot herbal bath there.

And she's taking the herbs, and she has all of that support, and she's not alone. And not only that, she's being nourished. Because even though we're making our body inhospitable to life, we still have to be nourished to kind of get through it. So bone broths and nourishing, herbal infusions and supportive teas, and all that.

So, even though this one formula that I really love, which is the cotton root bark and black cohosh, it's like just doing that, I have seen that be really effective, especially with preparation for misoprostol. But for release, for the herbal route to work, it takes all the things, all the time, all day, for weeks. It's a lot.

Amber: Just anyone listening is like, “Oh, that's all I have to do is black cohosh and cotton root,” it's a specific protocol. So, you know, please seek guidance and don't just try to renege it.

[0:46:23]

Amber: So you need one of the essential herbal actions is, yeah, the emmenagogue.

Anonymous: Yes. emmenagogue, which is a plant that promotes bleeding. And then you need an oxytocic — which is a plant that increases prostaglandins, and that's what promotes your uterus to contract, and that's what the misoprostol does — a progesterone blocker, and a cervical softener.

And so the less herbs to take in kind of the better, right? So some herbs have more than one quality, and that's why I like the black cohosh and the cotton root together because black cohosh isn't an emmenagogue and a cervical softener, and we think also blocks progesterone. And then the cotton root bark is an emmenagogue and an oxytocic, and we also think it blocks progesterone. So those two together kind of cover all the four essential herbal actions.

And you know, where where we get the herbs matters, too. Like, not all cotton root bark is created equally. So that's that's important, too. And I think, Amber, you'll you'll probably have that on your resource list, like where to get them.

Amber: Yeah, I will. I just talked to the herbalist that I got mine from to ask her, “Like are you in stock? I'm going to be mentioning this in a podcast and linking to it,” and also asked if she knew anyone else who makes high quality, organic, not at all pesticide-sprayed cotton root tincture. So that will be in that resource list. And again, I am going to put up in Patreon, this herbal actions

chart that I have in front of me that lists various herbs that people use for this, and, you know, tells which of those four actions they cover.

Amber: And some are more toxic than others. And this chart looks at toxicity, too. It actually, here I'm going to read the four herbs off that have X's under toxicity, has resulted in death:

So the blue cohosh, juniper, parsley — that's five— pennyroyal, and rue. So just planting that seed in people's minds. (*Amber laughs*)

Anonymous: Yes, and blue cohosh is a really, really common one that I see a lot of people recommending for ending pregnancy and, you know, in general, it's okay, but it's not okay for anyone who has a heart condition, high blood pressure, or like has ever had a stroke or anything like that. And sometimes it's hard to know, you know, if you have a heart condition. Not everybody knows. So it's kind of like we might as well use the herbs that are effective, but don't have these toxicities resulted in death.

Amber: And this is another reason to seek guidance from someone who's experienced because they will take your constitution, your medical history into consideration when coming up with the formula that would be most helpful, hopefully, for you. It's not a one size fits all.

Anonymous: Yes, and I wonder about the parsley you mentioned on that list. I have found parsley pessaries to be really effective. I've never seen anyone take it internally as, like, a tea or a tincture or an infusion. But just taking a bunch of parsley and just using like a knife and getting all the, you know, volatile oils and everything to release, and then putting it in internally, vaginally, as a pessary can start to just like disrupt the cervix, you know, and start to irritate it a little bit. And I've seen that be effective with the myriad of, right, there's all the things. I was trying to paint the picture and that's one of the things, too, that women can try, but I think probably they mean more internally on that list because I've never seen any...

Yeah, and then pennyroyal. A lot of people do use pennyroyal. And I've seen that to work, too. But again, there's very specific ways to use it and never as an essential oil.

Amber: Yeah. Never any of this as an essential oil.

Anonymous: It's really important.

Amber: No essential oils in your pregnancy release process unless you have little aromatherapy going on or something.

[0:50:23]

Amber: And it's most effective — the earlier the better, especially with the herbal release.

Anonymous: Yes, the earlier the better. Definitely. And sometimes we don't know right away, you know, people don't know right away. But yes, the earlier the better for using herbs. That's a really, really important piece.

I've, like I said, I've never really seen it effective as this solely alone after eight weeks. So definitely, like, as soon as you, you know, ovulate, or as soon as the condom breaks, if you really, if you're

really clear, you have a “no”, going on those, you know, emmenagogues and implantation preventers. And that's really everyone's best bet for using herbs.

And, you know, the longer the pregnancy goes, the more established it gets, you know. Around week seven the placenta starts to take over the making of the hormones, and so it gets harder at that point to release. So really before week seven is the best for herbs.

And so it's really important to know, you know, because here we are, right? We are having our experience, and we are making our own choices. Like maybe we've read, “Oh, misoprostol works best through 15 weeks or through 12 weeks,” and it's different everywhere, you know. But we are 17 weeks, and that we feel really clear that that's what we want to do. Well, you can do that. It's your body. It's your experience. And the most important thing is to make sure that you know that you're okay, and that everything's okay. So, like knowing what the risks are, I guess is what I'm trying to say.

So risks in that case would be like an incomplete, right? That would be the largest risk is that the pregnancy would be too far along and too big to, you know, the fetus would be too large, and then there would be an incomplete. And, you know, that is not something that we would want to experience.

So yes, the support is really important, but generally, you know, I think 12 weeks is usually recommended for misoprostol. I mean, I've heard even some people say nine weeks. So it's not definitive. It's all really experimental what we're doing, right? So we're just learning, and it's very humbling, always learning.

[0:52:51]

Anonymous: But you know, the risks are, you know, you want to make sure that if you're — you know, it's normal, like you were saying, Amber, like to bleed, right? Because you're going to bleed, you're going to release, and depending on how far along you are, you will see different things.

So the chorionic villi, one of the things that, you know, the progesterone inhibitor, will stop it from making hormones. And it's this beautiful fern-like tissue. And so after you have released, if you put that in it a mason jar with water, and you'll see these floating, chorionic villi that look like beautiful white ferns floating, and that's a good sign. That means you probably have released. You don't always see what looks like the fetus.

And yeah, just if you're bleeding, you don't want to be bleeding. you know, if you're just bleeding really bright, red blood for a long time, and you're getting really tired or nauseous, the general rule is a full pad in half an hour. Consistently, if you're just filling pads every half hour, that's too much. And hopefully you'll have the herbs on hand to stop the bleeding, or you'll have some support there.

But I always tell people, if you're running into being in a position that you suddenly don't feel safe or like it's going well, and you're concerned about yourself — if you're bleeding too much, or you're you have a fever, you're worried about infection, or anything like that — get care, you know. Go in to an urgent care or something and get care.

It's hard to tell. It would be hard for them to know that you are inducing. You can just say that you are experiencing a miscarriage. That's really important because you don't want to take any chances you know, with your health, but hopefully whoever is helping you has a lot of good information to be giving you as you're moving through it, but don't hesitate to get the help that you need.

[0:54:47]

Anonymous: Which reminds me — I did want to talk a little bit about herb toxicity, like, for people that do all the herbs for the many weeks. You know if you're experiencing you know, like I said, the woman who I said was like, “I feel like I'm dying. Is that normal?” you know, but she wasn't having any of these things. She wasn't having her blood pressure wasn't changing. She wasn't having ringing her ears, or fever. Her kidneys and bladder, they weren't hurting her. These things weren't happening.

And so I was like, okay, she's not having an herbal toxicity experience. She's just experiencing what it feels like. And you know, this particular person did two herbal releases successfully, around six, seven weeks, but it felt that bad.

Amber: I want to repeat what you said, and I had read this as well that “There is no way to medically distinguish between miscarriage and abortion.” So if you decide to seek medical care, you don't have to tell them what you're doing. You can tell them “I'm miscarrying.” It looks the same, and they're going to treat you the same.

Anonymous: And the only time that it might not look the same is vaginal misoprostol, because there can be some residual whiteness from the pill when it dissolved. So that is one reason to not choose that route. Just to put that out there.

Amber: Okay.

Anonymous: That's one one way that can out someone.

Amber: And, you know, if you're in a state where misoprostol is legal for this, then you're fine. But if you're not, then that would be something to think about.

Amber: So let's talk a bit again, or do you have anything else to say about liver toxicity? Is your recommendation just to back off to stop the herbs and you know, do the miso and/or is there like counter herbs to help? Or at that point do you just take a break?

Anonymous: Yes. So definitely stop the herbs, you know, right away. But yeah, I mean, anything to nourish your liver is going to be great: lemon water, dandelion root, burdock root, you know. You can just stop taking all the herbs, hydrate, take some liver supportive herbs that are just going to be nourishing your liver.

Hopefully, as soon as you have any of these symptoms, you're just going to stop. You're not going to wonder, “Is that my liver?” you know. Just know where your liver is, and just make sure that you just stop them right away. Yes, that would be my recommendation.

And that's what I've seen, you know. I've seen women have the come up to the toxicity place, stop right away, do whatever liver supportive thing they have, you know. It's just lemon water, and in my, you know, experience, it always just abates at that point.

[0:57:26]

Amber: Okay. Yeah. The other issue that can come up with this is too much bleeding. What can women do if they feel like they are bleeding too much?

And maybe here, too, I will say that I bled a lot. I bled heavily for 10 full days. It was day 10, and I was starting to get worried and to wonder is this beyond the usual? And I was messaging with you, and we were driving home. We were out of town. We had been on a pretty calm, relaxing trip, but even then I wasn't really able to enjoy the trip because I was bleeding in bed the whole time.

And I'll never know if this is connected, but we stopped at this little health food store, and I got this CBD cookie (**Amber laughs**). I mean, really, I have no idea if it was connected, but I stopped bleeding almost completely, like an hour or two after eating that. So I had 10 days of being worried about the amount of bleeding that was happening, but when I was you know, you were asking me "How often are you bleeding through your pad? and it was within the range of normal.

And I've heard, too, with clinical abortions, with all the entire abortion spectrum, different women just bleed at different intensities.

Anonymous: Yeah, so one of the herbs that I recommend to have on hand for when, you know, you've passed the pregnancy, and then you're just having the normal bleeding for however long and yeah, it can be a couple of weeks of heavy bleeding sometimes.

I really love red raspberry leaf, either as a tea or as an infusion with honey, you know, putting a good amount of honey in there, because sometimes excess bleeding can come from not having enough nourishment. There's a connection there with your ability of your uterus. To function really well, it needs to be nourished really well, and we see that in birth, too. The woman's worked really hard, her uterus has worked really hard. Sometimes she just needs to eat to stop her bleeding. And so if we have a red raspberry leaf tea or infusion on hand, that's really well honeyed, I find that drinking that throughout that time can help. You know, red raspberry is just such a lovely astringent herb, and then it also has a compound in it that helps the uterus tone and contract. So that's one really simple way.

If there's, like, great concern. Like you're like, "Okay, this is too much blood. I might be hemorrhaging. I need to stop the bleeding right away." Well, I would say, if you're doing an herbal release, you want to use a different herb that's an oxytocic herb and also an astringent herb.

So some of the oxytocic herbs that I like that we've already mentioned, I really like cotton root bark, but also blue cohosh is one if there is no, like, history there, and then witch hazel or yarrow is a good one for a hemostatic herbs, and so combining that.

So I usually would do like 10 drops of an oxytocic herb and 20 drops of a hemostatic herb. And you can do that as much as every five minutes. Just really get that uterus to clamp down and to get whatever blood, because it's the blood vessels that are attached to the placenta. It depends on how far along you are, but the placenta or the chorionic villi that are then kind of bleeding. So the

astrigent stops that bleeding, and the oxytocic clamps the uterus down. So doing both of those things.

And then as far as like if you're feeling that kind of feeling, like "I'm losing too much blood", and you're doing the things you know to do that I've said or someone else is helping you with, but you're getting that little bit of shocky feeling, motherwort is a really powerful remedy, and it's also a uterine tonic. So fresh motherwort tincture, really, there's no limit of what you can take. I would start with a couple dropperfuls if you were feeling a little out of it. Rescue remedy is also another really good one for that. Lobelia tincture, just a couple of drops can help bring someone back.

And then there's, you know, we didn't talk much about acupuncture, but I find that to be really, really helpful in the release process, doing the different points, that they're the same as the labor point. So if you learn about what the labor points are, using those can help with the release as well. And then also there's, there's one point that's just above the teeth, at the very top of the middle of the top of the mouth, underneath the lip, pressing in there can help kind of bring and help someone to kind of come back into their body, if they're feeling a little bit out of it.

[1:02:04]

Anonymous: So there's such a wide range of normal. What is your comfort level with it? You know, I mean, this is, I know I've said it a couple of times, but really just like telling your body to make your body inhospitable for life. It throws your body, you know, out of whack, too. And Amber, I don't know if you experienced this, but a lot of times it's a pretty hormonal experience afterward. And then usually just a few weeks after the release, you'll get your moon again.

Amber: I don't remember actually. I'm gonna have to reread my journal about my immediate hormonal experiences afterwards. The whole thing was, I was just so shocked that I was pregnant, and it all just kind of feels like this time outside of time, you know. I'm still like that really happened? I really did that?

So I'm actually looking forward to rereading my journal and sharing my personal story in a separate recording.

Anonymous: Which reminds me that I just want to make sure to remember like this was a pregnancy. I think it's really important to honor it as such in the sense that after the pregnancy releases, you are postpartum. You know, it's not necessarily back to life as usual. It's a time to really nourish and heal, and do the things that we know to do in the postpartum time.

Amber: Yeah, and it's it's not only a physically different experience for everyone, but also emotionally and spiritually different experience for everyone. So like, wherever you are on that spectrum is fine. If you're like, "Yeah, I had this abortion, I let go of it. It's fine. I'm, like, going on with what's next in my life." That's fine. And if you're grieving and needing extra space and rest and ritual work to let it go, that's fine. It's so personal.

[1:04:01]

Amber: Let's talk a little bit then, I mean, we've kind of touched on this, but aftercare, yeah. What can we be physically doing, honoring that we are in a postpartum state, to take care of ourselves?

Anonymous: Yeah, well, you know, not not going right back into the day to day, and, you know, like, you were saying, it varies from person to person what that can look like. I mean, for some people, like taking a couple of days feels, you know, like, what they can do and is what they need. And you know, also depending on what the experience was like, like a long herbal release is likely going to take a longer kind of postpartum rest time. Whereas doing the misoprostol would, you know, it's faster and a little bit more efficient. So it would be like less catching up to nourishment and things like this, right? So just like a harder birth, it takes a little bit longer to kind of recuperate from.

But in general, it's just all the things that we know to do. You know, nourishing foods and herbs and bone broth and iron rich foods is really important just to make sure that — I mean, we all will lose blood in this process, and so just making sure that we don't become anemic, which does not feel good. We want to feel as the best that we can, right? And so iron rich foods and herbs, which is like green leafy vegetables, and you know, meat and eggs, and that kind of thing. Nettles is really good. Nettles is good for everything.

Nervous system, calming herbs throughout, I would say. But for aftercare, my favorite is oatstraw infusion. So that's, you know, like one ounce of oatstraw in a quart, boiling water poured over. Let it steep overnight, and then strain. So it's this really nourishing brew. And also tulsi and lemon balm are some good ones.

Immune enhancing herbs, this is really, really important for any route that you choose, right? So if you're having a clinical experience, they're going to put you on antibiotics. And sometimes you might still want to find a way to get some antibiotics, if that's what feels right in your system to do after a pregnancy release, but also just immune enhancing herbs. So when you're making your bone broth, or, you know, if you're vegetarian, just making a broth from vegetable ends, you add in some astragalus and some reishi and some chaga, whatever you have, and can use for immune enhancing herbs and really cook that into your food.

But I really like using echinacea root tincture, not the flower, not the whole plant, but really the root. It's the most powerful part. And taking that pretty regularly in the days following, up to a week of the pregnancy release. So even as much as a couple dropperfuls every couple of hours, especially if it's been a long and drawn out process, or if it's been something where anything has entered your uterus, that is more important. It's less important with, like, a misoprostol one because it's, like I said, it's pretty straightforward.

And then liver supportive herbs, which we did talk a little bit about: burdock, dandelion, yellow dock, milk thistle is another good one, and lemon.

Amber: And you have also shared with me, too — and this makes total sense, of course— not have sex at least until you're done bleeding. Give your body that space.

Anonymous: Yeah, just really let your cervix close, you know. And that's going to be another way that you can avoid any, you know, infection, too, is to just let your cervix close just like after birth. And so, yeah, just wait for the bleeding to stop, and then you'll know that there's completion. And that's a really good one.

And then, you know, just like you were saying with the CBD, a lot of times that helps with the cramping, you know, the discomfort. And then we also talked about the yoni steaming, that's another really supportive. I mean, you can do it while you're still bleeding, but after you're done bleeding, it can be a really beautiful ceremony to put in some really lovely herbs like rose and lemon balm, and maybe some mugwort, whatever herbs that don't have a ton of volatile oils in there. And just do a nice steam. And that's a nice way to help your body complete the process and to just send love to that area.

And nurturing uterine massage, too. If you have a friend or know someone who can give you some abdominal work to get your uterus in a good position, because this is a lot, you know. Pregnancy is a lot on the uterus. The uterus is a beautiful, free floating organ that's attached by ligaments that are constantly moving. And so really just making sure that you have the support for your uterus to be in her optimal position for your health, for your life, into your elder years.

Amber: Yeah, we've talked about pelvic care on the podcast before, and, of course, it makes sense that you're wanting to do that after an abortion or pregnancy release as well.

[1:09:08]

Amber: So we didn't talk about menstrual extraction or manual vacuum aspiration. Why don't we touch briefly? I didn't know that these things were possible at home until I learned them from you.

Anonymous: Yeah, so you know menstrual extraction came to be before Roe v. Wade when there were women in Southern California that were supporting each other to end their pregnancies. And then after abortion became legal, it still was very limited to the clinical setting right? So there you know, the legality to do it at home isn't there. So it's a way for women to end their pregnancies at home.

You actually would be inserting a sterile cannula into your uterus to gently suction the, you know, pregnancy out And that is basically what a menstrual extraction is. It's a kit that one can make themselves at home. It's not something that you can order or buy — although, I'm sure there are people that make them to make it simple, but Amber, I'm sure we'll have a resource for you, if that's something that you're interested in. And there are ways to learn how to do this as well.

Amber: You said, I mean, the way that you language that made it sound like you do it on yourself. Is that how it works?

Anonymous: I mean, the self help groups was what they were called in the 70s. It would be a group of women, and, you know, the idea was that, yeah, it was a woman doing it for herself. That is sort of the idea. Of course, having a circle of women around, and having someone, you know, inserting the cannula makes it more possible. But inserting your own speculum is a wonderful way to get to know your body, and, yeah. So, I mean, technically, it makes the most sense to have someone there helping you, for sure.

Amber: And I mean, so these women, I'm sure this is still going on, like, would teach themselves how to do this for other women, so that they could provide this service for them.

Anonymous: It's very simple to learn, and there's a lot of resources out there, where you can learn about it. So yeah, I mean, you really... it can be hard to get some of the supplies, but again, you

know, there is a network where things are accessible, because there is a need for this. There's a need for women to be able to take charge of their fertility, and end their pregnancies in the ways that they want to.

So if someone does not want to do a medical release, someone does not want to do the herbal release, they're feeling very called to having it be that kind of release, where there's something inserted into their uterus, and everything is taken out, and then the uterus clamps down, you know.

Again, the menstrual extraction is sort of, it's similar to herbs in the sense that like the earlier, the better, and that's why it's called menstrual extraction, because it's like right around when your menses would be coming. So the earlier the better for this work as well, and, you know, just less risk of infection, all of that, the further it goes along.

And then there's the manual vacuum aspiration, which, you know, that's the kind of thing that someone who is, you know, a licensed provider has to get all that stuff. And that's often what they will use in a clinic. Like you would never see anyone in the clinic doing menstrual extraction, but they would do the MVA it's called. And that is a, it's fast, much faster. Menstrual extraction can take 20 minutes, or it can take an hour and a half, but an MVA is like minutes. It's much faster, but it is more intense and can be more painful.

Amber: So they're literally exactly the same thing that happens if you go into a clinic?

Anonymous: Well, the MVA, it doesn't have... it doesn't plug in. So it's not electric, right. So in the clinic, they have two different kinds. They have the non-electric, which is the MCA, or they have the electric. And, you know, I've talked to women who have had clinical abortions, and I've asked them, "Oh, which one did they use?" And they say, "I don't know. They put me out. Like they put me to sleep. I don't even know what they did." And I was like, I'm like, "Okay," you know, "wow."

[1:13:15]

Anonymous: So that's another piece that's really different with choosing the at home is that you're not asleep. You're 100% there. And so some of the experience, the spiritual experience, can happen within the process. Whereas what I've seen with the more clinical is that it then takes the trickling days afterward where your body's kind of remembering and going through the process kind of again, because you weren't there, and you weren't present.

It's harder to have autonomy in the clinic to say, "No, I don't want that." You know, it's like, "This is the way to do it." So it's just like home birth. That comes back to personal autonomy and personal choice.

Was there anything else about that you wanted to touch on?

Amber: Well, how...I mean, I guess both of these are really based on, yeah, having the equipment available and having maybe someone with the know how available? Would a person doing a manual vacuum aspiration — is that the MVA?

Anonymous: Yeah.

Amber: Would they have been trained in an abortion clinic? Or is it kind of like the menstrual extraction, where it's like underground, renegade, "let's learn how to do this for each other"?

Anonymous: I'd say both, but more the second one. Yeah, just like this is really simple. There's, like I know women's bodies. I know how to insert a speculum. I know what a cervix looks like. I know how to be gentle. I know how to pay attention. And I can do this. I know how to make sure my things are sterilized. I know how to do this safely. So I think that, yeah, there's a lot of women out there who have been trained by other women who have figured it out, or maybe have some clinical abortions, and then have taught women how to do it. And so it trickles out in that way.

Because this has always been in the hands of the women. This is our birthright. This is ours, right? This is, like, not something that can be taken away. And I think that was one of my main inspirations at the beginning to really learn about this is. I was like, there is never going to be a time, as long as I'm alive, that women aren't going to have safe access to ending their pregnancies because women will always make that choice, so let's know how to do it.

Even if we don't necessarily need it right now, largely, like that could change. You know, let's have that information. Let's share that information. Let's have accurate information based on lots of experience of some of the things I share is my personal experience helping, you know, supporting women, but it's also just this vast knowledge base from forever, and also like, knowing, and hearing stories, storytelling.

It's all about storytelling. Tell your stories, you know. Share. Share with women, because we all have a story, and hearing them makes us sit in our communities and know that we're not alone; that we've always made this choice, and we always will. And let's make it as safe and supportive and sacred as we can. We need to know how to do this for each other and for ourselves.

[1:16:33]

Amber: Yes, thank you so much for being a conduit of this knowledge.

In the Medicine Stories Facebook group, which has, I think over 4000 people in it, this issue has come up so many times. You know, a woman will post, oh my goodness, almost always like me, already mother, already has a few kids, and just is like, "I can't get do it again, and I don't know what to do. Where do I go? I feel so lonely."

A woman who had posted that a few months ago, and then she went through her at home release process posted the other day, you know, "That was isolating and scary, and I'm really looking to share my story and hear other women's stories." So she's putting together like a zine, I think. And I'll put that in the resources once it's released.

But just the comments on all of these posts really have made me feel so much more passionate about sharing this information because I hate that it's isolating. I hate that there's any shame around it whatsoever, and that women don't realize that they are a part of a long, continuous, since the dawn of time tradition of women making choices for their own bodies and releasing pregnancies if that's what's right for them.

So thank you so much for normalizing and giving us this big picture context. And thank you so, so much, so, so much. You've changed my life. And I just cannot put in words how much I respect you and your work.

And is there any final thoughts before we end today?

Anonymous: Thank you, Amber. Yeah, I want to express my gratitude to you for having a space like where women, you know, can come and feel supported. That is so powerful that you've created that space, and also thank you for sharing your story. It's really potent that women get to hear your story.

So may we all continue to thrive as women, as bleeding women, as mothers, as menstruators, as women that choose to end our pregnancies, as women that enter menopause and become wise, old crones who then can give back and tell our stories, may we just all continue to thrive in that and our knowledge and our wisdom and our beauty and our power and not forget, ever forget, that we're not alone, and that our community is there and that support is always there.

Thank you for helping create a community of support.

(Transitional Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[1:19:10]

Amber: Okay, first thing: if you are needing support right now, the email address that you can use is releasesupport@protonmail.com. Releasesupport@protonmail.com.

Secondly, let's do the benefits and risks. This also comes from the Red Door Collective. They're amazing.

Home-centered abortion benefits: Comfort of own home or chosen space, choice of whom to have present, freedom to eat and drink, possibly a holistic or midwifery model of care, privacy, often more affordable, opportunity for incorporating ceremony and ritual, responsibility and autonomy over process, and ultrasound may not be required.

Risks: May not be appropriate for gestation over 13 weeks, may be illegal in some states, may not be successful, leading to the need for clinical abortion, no narcotic pain relief, may have to transport to hospital in case of emergency or a non-emergency which still requires medical attention, access to medical care may be delayed.

And then clinic-centered abortion benefits: Medical model of care may be preferred, probably legal, may take insurance, ultrasounds and counseling available and often required, access to narcotic pain relief, possibility of more access to immediate care if needed, including intravenous fluids. Risks: Requirements for ultrasound and counseling likely, which can seem physically and emotionally invasive and medically unnecessary, may not be able to afford, may have limited access to food and beverages, lack of holistic lens, may have to transport to hospital in case of emergency, care may be by unknown providers, lack of privacy, may require more than one visit, differs by state, may have to deal with protesters, may be unavailable to people under age 18.

And then finally, the thing in the interview that I wanted to address a different perspective on is doing a yoni steam while you're still bleeding. So there's people just have different opinions on this, both with abortion or miscarriage and also just having your period and bleeding during menstruation. One thing to counter the idea that it might be okay to do a yoni steam during this process is that steaming softens and opens the cervix. And if you're bleeding through this process, especially it might prolong bleeding time. It also might delay the cervix from returning to its normal state and could delay the time that penetrative sex would be safer.

So I would just say that that's up to you to decide if yoni steam makes sense for you. I think I waited until I was totally done with the process before I did one. I did one at the beginning when I was just taking the herbs, and I share that story over at Patreon where my story and the other offerings are available to you patreon.com/medicinestories.

Thank you so much for listening. Please share this information with anyone who you think might need it. And stay tuned for an upcoming episode where we're going to talk about this even more including resources to help you or someone you know become a support person and become one of these people who are helping other people go through this process.

(Exit Music: acoustic guitar folk song "Wild Eyes" by Mariee Sioux)

[Closing]

[1:23:02]

Amber: Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find past episodes, my blog, handmade herbal medicines, and a lot more at MythicMedicine.love. We've got reishi, lion's mane, elderberry, mugwort, yarrow, redwood, body oils, an amazing sleep medicine, heart medicine, earth essences, so much more. More than I can list there. MythicMedicine.love.

While you're there, check out my quiz "[Which Healing Herb is your Spirit Medicine?](#)" It's fun and lighthearted, but the results are really in-depth and designed to bring you into closer alignment with both the medicine you are in need of and the medicine that you already carry that you can bring to others.

If you love this show, please consider supporting my work at Patreon.com/MedicineStories. It is so worth your while. There are dozens and dozens of killer rewards there, and I've been told by many folks that it's the best Patreon out there. We've got e-books, downloadable PDFs, bonus interviews, guided meditations, giveaways, resource guides, links to online learning, and behind-the-scenes stuff and just so much more. The best of it is available at the two-dollar a month level. Thank you.

And please subscribe in whatever app you use, just click that little subscribe button and review on iTunes. It's so helpful, and if you do that you just may be featured in a listener spotlight in the future.

The music that opens and closes the show is Mariee Sioux. It's from her beautiful song "Wild Eyes."
Thank you, Mariee.

And thanks to you all. I look forward to next time!

[1:25:20]