



MAKING YOUR CHOICE

A WOMAN'S GUIDE TO MEDICAL ABORTION

Making Your Choice

Your decision to have an abortion or continue a pregnancy is not a simple or easy one. It is important to take the time you need to make the choice that is best for you. Talking with family members, friends, and loved ones whom you trust can help. There are also counselors who can help as you as you make your decision. Remember, women choose abortion for many reasons.

If you choose to end your pregnancy, and it has been 9 weeks or less since your last period, you may be able to have a medical abortion. This brochure describes this new, safe option and may help you decide if it is right for you.

Medical Abortion

A medical abortion uses two medicines to end a pregnancy. The first one (either mifepristone or methotrexate) weakens the attachment of the pregnancy to the uterus. A second medication (misoprostol), swallowed or put into the vagina a few days later, makes the uterus cramp and causes bleeding to expel the pregnancy. With a medical abortion, women often have stronger cramping and heavier bleeding than with a period. Bleeding and spotting usually last about 9-16 days. A return visit is needed to ensure the abortion is complete. Complications are rare. A small number of women will need a vacuum aspiration because of heavy bleeding or because the medical abortion does not end the pregnancy. Very rarely a blood transfusion is needed because of excessive bleeding.

Surgical Abortion

In the first 12 weeks of pregnancy, surgical abortion is usually done by a method called vacuum aspiration. With a vacuum aspiration (also called suction), the cervix (opening to the uterus) is stretched open slightly. The pregnancy is then removed through a small tube using suction. Vacuum aspiration is usually done in a medical office or clinic and the procedure takes 5 to 10 minutes. During the procedure, and for a short time afterward, women may have strong cramping. Spotting or bleeding like a period may last for a few days or weeks. Complications are rare, but include infection, excessive bleeding, a tear in the cervix or uterus, incomplete abortion, or a continuing pregnancy.

Medical Abortion

- High success rate (about 98%)
- Usually avoids surgical procedure
- Requires at least two visits
- Abortion occurs within 24 hours of second medication, for most women
- Maybe used early in pregnancy
- Oral pain medication can be used
- Some of the process may happen at home
- Medications cause a process similar to a miscarriage

Surgical Abortion

- High success rate (about 99%)
- Instruments inserted into the uterus
- Can be done in one visit
- Procedure is completed in 5-10 minutes
- May be used early in pregnancy
- Anesthesia/Sedation can be used
- Procedure is done in a medical office or clinic
- Health care provider performs the procedure

What Can I Expect to Happen During a Medical Abortion?

There are a number of steps in medical abortion

Step 1

A clinician or counselor will explain the process to you and answer all your questions. A doctor or other clinician will review your medical history, do a physical examination and a pregnancy test. The clinician may also do other tests (e.g. blood tests or an ultrasound). After you sign a consent form, you will take the first medicine. (In some states, you may have to wait a specific period of time before you can take the first medication). You may have some bleeding after the first medication, but very few women will have a complete abortion without taking the second medication.

Step 2

Unless your clinician tells you the abortion is complete, you will take misoprostol sometime during the next few days. Your clinician will tell you how and when to take the misoprostol. Within a few hours, you will probably start to have strong cramps and bleeding, more than with your period. You may pass some blood clots. Pain medicine or a heating pad can help with the cramps. You may also have nausea, vomiting, diarrhea, fever, or chills or feel tired. These symptoms usually last a short time and stop on their own. If you soak more than two maxipads an hour for two hours in a row, you should call your clinician. Your clinician will tell you what number to call for advice.

Step 3

It is very important to come back to the office within the next 2 weeks to make sure that the abortion is complete. The clinician will usually do a pelvic examination or ultrasound at this visit. A small number of women, even if they've had bleeding, may need to take more misoprostol or wait several more days or, rarely, a few weeks for the abortion to be complete. If the pregnancy is still growing, surgical abortion is strongly advised because the medicine can cause birth defects. A counselor or clinician can talk with you about birth control methods to use once your abortion is complete.

For more information and referrals in your area, please call: The National Abortion Federation Hotline at (800) 772-9100 or visit www.prochoice.org or www.EarlyOptions.org.



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