



Facts for Women:

Termination of Pregnancy

What is an abortion?

A spontaneous abortion, or miscarriage occurs when the fetus stops growing and the body expels it. An induced abortion occurs when a woman chooses to end a pregnancy. There are two ways that an induced abortion can happen: medical and surgical.

Who chooses an abortion?

Half of all women in the United States will have an abortion in their lifetime. A woman may choose to have an abortion for many different reasons, including:

- She is not ready to become a parent.
- She cannot afford a baby.
- She doesn't want to be a single parent.
- She doesn't want anyone to know she has had sex or is pregnant.
- She has all the children that she wants.
- She or the fetus has a health problem.
- She was the victim of rape or incest.

Does my partner or parent need to know?

No, they do not need to know. However, most women come to the clinic with their partners. More than half of teenagers talk with at least one parent before getting an abortion.



When are abortions preformed?

Most women have abortions in the first trimester (the first 3 months of pregnancy). A few abortions occur in the second trimester (4 to 6 months of pregnancy). Third trimester abortions are done only for life-threatening reasons.

The earlier the abortion the better, because it is safer, cheaper and easier.

What about future pregnancies?

An early abortion does not make it more likely that you will have a miscarriage, tubal pregnancy, or infertility in the future, unless an infection develops, which is rare. Abortion has not been proven to increase your risk of breast cancer.

What is a medical abortion?

It is a way to end pregnancy without surgery. In the United States, it is approved by the FDA for up to 49 days of pregnancy.

How does medical abortion work?

First you receive an injection (methotrexate) or take a pill (mifepristone or RU-486). This ends the pregnancy. Second, a few days later, you take a pill or vaginal suppository (misoprostol). This causes the uterus to contract and empty.

How long does a medical abortion take?

With methotrexate, half of women have an abortion the same day they take the misoprostol. The other half of women usually have the abortion within a week, but it can take up to 2 weeks. With mifepristone, it takes less time – most women (90%) have the abortion the same day, although it can take up to 1 week.

How effective is medical abortion?

Both methods are 95% effective. However, if it does not work, it is important to get a surgical abortion since these medicines can cause birth defects.

What will happen during a medical abortion?

At your first clinic visit, you will:

- Have counseling;
- Sign a consent form;
- Give a medical history;
- Have a physical exam, including an ultrasound;
- Have lab tests, and
- Receive the first pill or injection.

If you take mifepristone, one to three days later you will insert 4 pills in your vagina or swallow 2 pills.

If you take methotrexate, four to six days later you will insert 4 pills in your vagina or swallow 2 pills.

For both mifepristone and methotrexate, you:

- Will experience bleeding like a period and strong cramps;
- May have some bleeding up to 2 weeks later; and
- May feel nauseated or vomit or have diarrhea.

1 – 2 weeks later, you will return to clinic to make sure that the abortion is finished. If it is not, you will be given more medicine or you will have a surgical abortion.

Are there any potential problems with a medical abortion?

Medical abortion is safe and effective. Rarely, a woman will need a blood transfusion because she bleeds too much (0.1%). Uncommonly, a women will need a surgical abortion because the medical abortions did not work (1-5% for mifepristone and 3-9% for methotrexate).

Who cannot choose a medical abortion?

- Women who are more than 49 days pregnant.
- Women who have an increased risk for bleeding (e.g. taking blood thinning medicine or have a bleeding disorder).
- For mifepristone, women who have an ectopic (or tubal) pregnancy, or a problem with their liver or kidneys.

- For methotrexate, women who have problems with their liver, kidneys, bowel or immune system, or women who have seizures more than once a week.

Why do some women prefer medical abortion?

Surgery is not needed, so the abortion may feel less invasive. It can be done earlier than most surgical abortions – often as soon as a woman knows that she is pregnant. It occurs in the privacy of your home. Many women say it feels like a miscarriage. Most women who have a medical abortion would recommend it to a friend.

What is a surgical abortion?

It is a way to end pregnancy with surgery.

How does surgical abortion work?

First the cervix is dilated. Then, by either MVA (manual vacuum aspiration) or D&C (dilation and curettage), the uterus is emptied of the pregnancy. This is done for first trimester pregnancies. For second trimester pregnancies, a 2-day procedure is required.

How long does a surgical abortion take?

The abortion itself takes about 10 minutes. However, the visit will take longer because of counseling, a medical history, a physical exam, lab tests and a recovery period.

How effective is a surgical abortion?

It is nearly 100% effective.

What will happen during a surgical abortion?

At your first clinic visit, you will:

- Have counseling;
- Sign a consent form;
- Give a medical history;
- Have a physical exam, including an ultrasound; and
- Have lab tests.

Usually within one week, you will return to clinic for the abortion.

Two weeks later, you will return to clinic for a post-abortion checkup.

Are there any potential problems with a surgical abortion?

Surgical abortion is safe and effective. Rarely (<0.1%) a woman needs a blood transfusion and another surgery because she bleeds too much. Uncommonly (<1%), the surgical abortion needs to be repeated because it was not finished the first time. Uncommonly, (<1-2%), the cervix tears and needs to be fixed. Also uncommonly (<3%), an infection develops which requires antibiotics or even hospitalization. Rarely (<0.1%), the uterus is torn and surgery is needed to repair damage to internal organs. The risk of death of a first trimester abortion is extremely low (less than 1 in 100,000). A first trimester abortion is 10 times safer than continuing the pregnancy.

Who cannot choose a surgical abortion?

There are no health conditions that prevent a woman from choosing a surgical abortion.

Why do some women prefer surgical abortion?

The cramping and bleeding is finished faster than a medical abortion. Women do not experience the nausea, vomiting and diarrhea that they can with a medical abortion.

Web Resources

Planned Parenthood

<http://www.plannedparenthood.org/>

National Abortion Federation

<http://www.prochoice.org/>

The Alan Guttmacher Institute

<http://www.agi-usa.org/>

The Early Option Pill

<http://www.earlyoptionpill.com/>

Questions ?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

To find a UW Physicians clinic near you, please call 1-800-UW-DOCS.



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