Facts for Women

Termination of pregnancy, abortion, or miscarriage management

This handout answers common questions about miscarriage management and the termination of a pregnancy, also known as *abortion*.

Common Questions

What is an abortion?

Abortion is a medical term for the termination of a pregnancy. This term applies to:

- **Induced abortion** – when a woman chooses to end a pregnancy, often called a *termination of pregnancy*, or TOP.
- **Spontaneous abortion** – more commonly known as a miscarriage.

Induced abortion can be managed medically or surgically. Spontaneous abortion is sometimes managed by "watching and waiting" under the supervision of your health care provider. This is also called "expectant management." It can also be managed by emptying the uterus with a medical or surgical procedure.

This handout mostly addresses induced abortion. But, many of the procedures used for managing miscarriage are the same.

Who has an abortion?

About 40% of all women (40 out of 100) in the United States will have at least 1 abortion in their lifetime. A woman may choose to have an abortion for many different reasons.

It is rarely an easy decision to have an abortion, even if the decision is right for you. Having the procedure also may not end your mixed feelings about your decision. Being sad, grieving, or feeling unsure after your procedure does not mean it was the wrong decision.

Spontaneous abortion occurs in about 15% to 20% of all confirmed pregnancies (15 to 20 out of 100). The risk for miscarriage in the future is not higher after just 1 miscarriage, but the risk does go up after more than 1 miscarriage.

Does my partner or parent need to know?

No. Legally, your partner or parent does not need to know. However, most women come to the clinic with their partner. More than half of teenagers talk with at least 1 parent before getting an abortion, and younger teens are even more likely to involve a parent in their decision.

When are abortions done?

Most women (90%, or 90 out of 100) who decide to have an abortion have it in the first trimester (the first 3 months of pregnancy). Most other abortions occur in the second trimester (4 to 6 months of pregnancy). Third-trimester abortions are done only very rarely, less than 1% of the time, or less than 1 out of 100 times.

An abortion done earlier in pregnancy is usually safer and less costly. And, in most cases, recovery is easier than in later-term abortions.

What about future pregnancies?

An early abortion does **not** mean you are more likely to have a miscarriage, tubal pregnancy, or infertility in the future, unless an infection develops, which is rare. Abortion does **not** increase your risk of breast cancer.

Medical Abortion

Medical abortion is a way to end pregnancy using medication instead of surgery. In the United States, medical abortions are most often done up to 63 days gestation (up to 9 weeks after the start of your last menstrual period).

How does medical abortion work?

Medical abortion uses 2 medications to end the pregnancy. The first medication, mifepristone, is given in the clinic. Mifepristone stops the pregnancy from growing. The second medication, misoprostol, is used by the woman at home. Misoprostol makes the uterus contract and empty.

How long does a medical abortion take?

With mifepristone and misoprostol, most women (90%, or 90 out of 100) complete their abortion the same day that they use the misoprostol, but it can take up to 1 week.

How effective is medical abortion?

Medical abortion is 95% effective. This means that it works 95 out of 100 times and that it does not work 5 out of 100 times. If it does not work, a surgical abortion must be done to completely empty the uterus.

Continuing a pregnancy after using these medicines can increase the risk of miscarriage or other pregnancy complications, including a possible risk of birth defects.

What will happen during a medical abortion?

At your first clinic visit, you will:

- Have counseling.
- Give your medical history.
- Have a physical exam, including an ultrasound.
- Have lab tests.
- Sign a consent form for the procedure.
- Take 1 dose of mifepristone to stop the pregnancy from growing.
- Receive 8 total misoprostol tablets to use at home. This medicine will cause the uterus to contract and empty. Use the method checked below:

  ❑ Place 4 tablets in your vagina at home, 6 to 72 hours after your dose of mifepristone, as advised by your doctor.

  OR

  ❑ Place 4 tablets inside your cheek (*buccally*) at home, 24 to 72 hours after your dose of mifepristone, as advised by your doctor. Allow them to dissolve.

  If you do not have bleeding in 12 to 24 hours, you may use the second 4 misoprostol tablets. Use the same method you used the first time (in your vagina or in your cheek).

With medical abortion you may have:

- Stronger cramps and heavier vaginal bleeding than during your menstrual period.
- Nausea, vomiting, or diarrhea.
- A rise in your body temperature for a short time after using the misoprostol. If you have a fever higher than 100.4°F (38°C) for more than 4 hours, **call the clinic**. A fever that lasts longer than 4 hours can be a sign of infection.
- Continued bleeding or spotting for 2 weeks or longer.

You will return to clinic 1 to 2 weeks later to make sure that the pregnancy is over and your uterus is empty. If it is not, you may choose to take more medication or have a surgical abortion.

Are there any problems that might occur with a medical abortion?

Medical abortion is safe and effective. Rarely, a woman will have very heavy bleeding (1 out of 1,000 women) and may need a blood transfusion. Sometimes, a woman will need a surgical abortion because the medical abortion did not work (up to 5 out of 100 women). Very rarely, a severe infection results in injury or death (less than 1 out of 100,000 women).

Who cannot have a medical abortion?

You cannot have a medical abortion if you:

- Are more than 63 days pregnant.
- Have an increased risk for bleeding because you are taking blood-thinning medicine or have a bleeding disorder.
- Have an *ectopic* (tubal) pregnancy, or a problem with your liver or kidneys.
- Have certain other serious health problems.

Why do some women prefer medical abortion?

Medical abortion can be done earlier than some surgical abortions – often as soon as a woman knows she is pregnant. It occurs in the privacy of your home. Many women say it is like a heavy menstrual period. Most women who have a medical abortion would recommend this method to a friend.

Surgical Abortion

Surgical abortion is a way to end pregnancy with surgery.

How does surgical abortion work?

A *suction dilation and curettage* (suction D & C) is done for first-trimester abortions. This is done using *manual vacuum aspiration* (MVA) or *electric vacuum aspiration* (EVA) to empty the uterus of the pregnancy tissue.

First, a local *anesthetic* (numbing medicine) is applied to the cervix, then the cervix is dilated. Next, a thin, flexible plastic tube is gently inserted into the uterus. The tube is attached to a suction device and then carefully moved back and forth inside the uterus for a few minutes to remove the pregnancy tissue.

For second-trimester pregnancies, a 2- or 3-day procedure is needed. These procedures are done at University of Washington Medical Center.

How long does a surgical abortion take?

The surgical procedure itself takes about 5 to 10 minutes. But, the visit usually lasts 3 or more hours because of counseling, lab tests, exams, and recovery time in the clinic.

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.
- Give your medical history.
- Have a physical exam, including an ultrasound.
- Have lab tests.
- Meet with a genetics counselor and/or social worker, if needed.
- Sign a consent form for the procedure.
- Take medication for discomfort (if you are having the procedure that same day).

The surgical procedure will be done either that day, or within 1 week.

You will not be able to drive or travel alone after a surgical abortion. Arrange for a responsible adult to drive you home or ride with you in a taxi or bus. You will not be allowed to leave the clinic without someone to travel with you.

You will return to the clinic **2 weeks after the abortion** for a checkup.

Are there any problems that might occur with a surgical abortion?

Surgical abortion is safe and effective, but these rare problems can occur:

- In fewer than 1 out of 100 surgical abortions:
  - An infection develops that requires antibiotics or possibly a hospital stay.
  - The abortion needs to be done again because the uterus was not emptied completely the first time.

Questions?

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

- **UWMC Maternal and Infant Care Clinic:**
  206-598-4070
  Box 356159
  1959 N.E. Pacific St.
  Seattle, WA 98195

- **UWMC Women's Health Care Center:**
  206-598-5500
  Box 354765
  4245 Roosevelt Way N.E.
  Seattle, WA 98195

- **UWMC Family Medicine Center:**
  206-528-8000
  University of Washington Neighborhood Clinic - Northgate
  314 N.E. Thornton Pl.
  Seattle, WA 98125

- **Harborview Family Medicine Clinic at the Pat Steele Building:**
  206-744-8274
  401 Broadway, Suite 2018
  Seattle, WA 98104

- **Women's Clinic at Harborview:**
  206-744-3367
  325 Ninth Ave.
  Ground Floor, West Clinic
  Seattle, WA 98104

- In fewer than 1 out of 1,000 surgical abortions:
  - A woman has very heavy bleeding and needs a blood transfusion and possibly another surgery.
  - The cervix tears and needs to be repaired.
  - A hole is made in the uterus. This is called *uterine perforation*. Often it is managed by watching closely to make sure the hole heals on its own. Rarely, more surgery is needed to examine or repair other organs.

The risk of dying from a first-trimester surgical abortion at or before 8 weeks gestation is very low (less than 1 out of 1 million times). This is a much lower risk than carrying the pregnancy to term.

The risk of dying from a surgical abortion increases with the length of pregnancy. At 16 to 20 weeks, death occurs 1 time out of 29,000. At 21 or more weeks, it occurs 1 time out of 11,000.

Who cannot have a surgical abortion?

No health conditions prevent a woman from having a surgical abortion.

Why do some women prefer surgical abortion?

Cramping and bleeding often last for a shorter time than with a medical abortion. Women do not have the nausea, vomiting, and diarrhea that may occur with a medical abortion. And, surgical abortion is completed in 1 day.

Helpful Websites

Planned Parenthood
www.plannedparenthood.org

National Abortion Federation
www.prochoice.org

The Alan Guttmacher Institute
www.agi-usa.org

The Early Option Pill
www.earlyoptionpill.com

Published: 05/2002, 01/2010, 02/2012
Clinician Review: 02/2012
Reprints on Health Online: http://healthonline.washington.edu