

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Induced Abortion

When a procedure is done or medication is taken to end a pregnancy, it is called an induced abortion. An estimated 3 in 10 women will have an abortion by age 45 years. Abortion is a safe procedure, especially when it is done early in pregnancy.

This pamphlet explains

- pregnancy choices
- the medical facts about induced abortion
- the types of abortion
- the possible risks
- what to expect after an abortion

Pregnancy Choices

If you are pregnant, it is important to know what all of your options are. You can choose to raise the child, place the child for adoption, or have an abortion. Talking with your partner, a family member, or a trusted friend can be helpful as you decide what to do. Professional counseling may be available at clinics that provide abortions. If it is not, your health care provider can refer you to a counselor.

Understanding Induced Abortion

Induced abortions can be done in several ways. Some are done by surgery. Others are done with medication. The type of abortion you have depends on the following factors:

- Your health
- Your preferences

- How far along in the pregnancy you are
- Where the abortion is performed

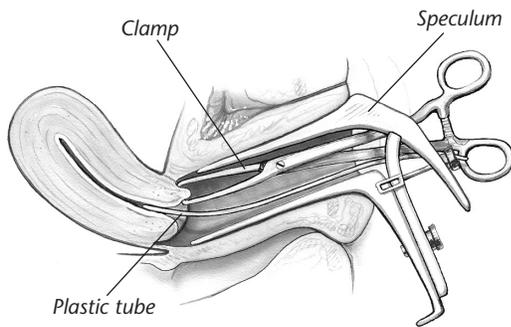
Early abortions can be done safely in a health care provider's office or clinic. Later abortions often are performed in hospitals or in special clinics.

Before an abortion, a pregnancy test is done. The health care provider will ask questions about your health and give you a physical exam. An **ultrasound exam** may help confirm how far along in the pregnancy you are. After the abortion, you will receive further counseling, information about birth control, and instructions about what to expect and how to care for yourself after the procedure.

First-Trimester Abortion

Most abortions are performed during the first **trimester** (up to 13 weeks of pregnancy). Abortion during the first trimester is one of the safest medical procedures.

First-Trimester Abortion



In a first-trimester abortion, a speculum is inserted into the vagina, and the cervix is held in place with a clamp. A thin, plastic tube, which removes the pregnancy, is inserted into the uterus.

Surgical Abortion

Suction curettage is the most common type of abortion. A thin suction device is inserted into the **uterus** to remove its contents. This type of abortion can be done up to 13 weeks of pregnancy.

Procedure. Just before the procedure, **local anesthesia** is given to numb the **cervix**. **Sedatives** may or may not be used. It may be possible to have **general anesthesia**. **Antibiotics** are given to help prevent infection.

For the procedure, a **speculum** is inserted into the **vagina** to hold it open. The cervix usually needs to be dilated (opened) so the suction tube can fit through it. The cervix is dilated either at the time of the procedure or before the procedure. When it is done at the time of the procedure, a series of dilators are inserted into and withdrawn from the cervix to gradually increase the size of the opening. When it is done before the procedure, different techniques can be used. **Laminaria** are thin disposable dilators that are inserted into the cervix. They absorb moisture and swell. This slowly opens the cervix, which can happen over several hours or overnight. Another way to dilate the cervix is with a drug taken by mouth or placed in the vagina. It may be given a few hours before the procedure.

After the cervix is dilated, a thin, plastic tube is inserted into the uterus. It is attached to a suction or vacuum pump, which removes the pregnancy.

What to Expect. After the procedure, you will rest in a recovery area while your vital signs are checked. You may be able to go home as soon as an hour afterward. You can expect to have soreness or cramping for a day or two afterward. Bleeding may last for up to 2 weeks.

Medical Abortion

A medical abortion uses certain medications to cause the abortion. Medical abortion is most commonly done in the first trimester.

Some women cannot have a medical abortion because they have certain health conditions or are taking certain medications. A medical abortion also may not be the best choice if you

- do not think you can follow the instructions.
- are not willing or able to see your health care provider afterward for follow-up.
- want to complete the abortion quickly (a medical abortion can take several days or weeks to complete).

Procedure. A medical abortion does not require surgery or anesthesia, but multiple visits to the health care provider are needed. Some drugs that induce abortion are taken by mouth. Others are inserted into the vagina. Sometimes the drugs can be taken at home.

What to Expect. The drugs used in a medical abortion will cause bleeding that is much heavier than a menstrual period. There may be severe cramping. Nausea, vomiting, fever, and chills may occur. Your health care provider will explain what to expect in terms of pain, bleeding, and passing tissue. You can take over-the-counter pain medication. Your health care provider also may prescribe stronger pain medication if needed.

You will need to follow up with your health care provider within 2 weeks to make sure the abortion is complete. It may take a few weeks for all of the tissue to pass. If you are still pregnant after taking the medication, you may be given another dose of medication or you may need to have a surgical abortion. Continuing the pregnancy is not recommended because the drugs used for medical abortion are known to cause severe birth defects.

Abortion Regulations

Abortion has been legal in the United States since 1973. However, no health care provider is required to perform an abortion. If your health care provider declines to perform an abortion, he or she should refer you to a health care provider or facility that will. In some states, there are special rules and waiting periods. In addition, most states require that minors get their parent's or court approval before they can have an abortion. For more information about the regulations in your state, go to www.guttmacher.org/statecenter/spibs/spib_OAL.pdf.

Second-Trimester Abortion

A second-trimester abortion is one that takes place after 13 weeks of pregnancy. It can be performed with medication or surgery. In the second trimester, a surgical abortion has fewer complications than a medical abortion. Most women who have a second-trimester abortion have a surgical abortion.

Surgical Abortion

A surgical abortion done in the second trimester is called **dilation and evacuation (D&E)**. D&E usually can be done as outpatient surgery, meaning that you can go home the same day. You may need to visit your health care provider the day before to take medications or start having your cervix dilated.

Procedure. General anesthesia or **regional anesthesia** is used for a D&E. The cervix is dilated, either with dilators, laminaria, or medication. The **fetus** is removed through the vagina. Suction is used to remove any remaining tissue.

What to Expect. Your health care provider will give you antibiotics to help prevent infection. Soreness or cramping may occur for a day or two after the procedure. Bleeding may last for up to 2 weeks.

Medical Abortion

Second-trimester medical abortion also is available. It usually is done in a hospital or clinic where you can be monitored throughout the procedure.

Procedure. The medications used to cause the abortion may be put in the vagina, taken by mouth, injected into the uterus, or given through an intravenous (IV) line. These drugs cause the uterus to contract and expel the fetus. Sometimes more than one drug is used. Drugs to relieve pain usually are given. Regional anesthesia often is an option.

What to Expect. The drugs usually cause the abortion to begin within 12 hours. The abortion usually is complete within 12–24 hours, although the timing can be unpredictable. The drugs may cause side effects such as nausea, fever, vomiting, and diarrhea. Medications to manage these side effects can be given as needed.

Possible Risks

Abortion is a low-risk procedure. Major complications requiring hospitalization are rare. The risk of death from abortion is lower than 1 in 100,000 but increases slightly with every week of pregnancy. The risk of dying from giving birth is 14 times greater than the risk of dying from an early abortion.

As with any medical procedure, problems sometimes can occur. These can include the following:

- Incomplete abortion—In rare cases, the pregnancy is not removed completely. If the abortion is incomplete, the health care provider may need to perform a follow-up procedure. This is more likely to happen with medical abortion.

- Infection—Your health care provider will prescribe antibiotics to prevent this. Antibiotics also can be used to treat an infection if one occurs.
- Heavy bleeding—Some bleeding after an abortion is normal. Bleeding is rarely heavy enough to require a blood transfusion.
- Injury to the uterus and other organs—Rarely, the uterus can rupture (tear) during a second-trimester medical abortion. During a surgical abortion, the uterus, bowel, or bladder can be injured. If this happens, additional surgery may be needed. The risk of these complications occurring during a second-trimester abortion is less than 1 in 1,000. The risk increases with the length of the pregnancy.

After an Abortion

Some side effects may occur soon after an induced abortion:

- Abdominal pain and cramping
- Nausea
- Vomiting
- Diarrhea
- Bleeding
- Headache
- Dizziness

Your health care provider will advise you about what medications to take for pain. Usually ibuprofen is fine. You may get a prescription for stronger pain relief if needed. In most cases, it is safe to resume normal activities after an abortion. Your health care provider will explain any limits to activity.

If any of these problems occur, call your health care provider:

- Severe abdominal or back pain
- Heavy bleeding (soaking two maxi-pads per hour for 2 consecutive hours)
- Foul-smelling discharge
- A fever (above 100.4°F)

Birth Control

Your menstrual period usually resumes 4–6 weeks after an abortion. You can get pregnant soon after an abortion, even before your period returns, so birth control is needed right away. Choosing a method depends on many factors, such as your health, how effective it is, and how likely you are to use it correctly.

Most birth control methods can be started right away, even on the same day. These methods include the following:

- **Intrauterine device** (except after an abortion with an infection)
- Implant
- Birth control pills

- Patch
- Vaginal ring
- Injection

You should not use a cervical cap or a diaphragm right after a second-trimester abortion. You need to wait about 6 weeks after the procedure to use either of these methods to give the cervix time to return to its normal size.

Other Health Concerns

Some women worry that having an abortion could affect their future health. Abortion does not increase the risk of any of the following conditions:

- **Infertility**—Most health care providers agree that one abortion does not affect future pregnancies.
- **Breast cancer**—Recent studies have shown no link between abortion and breast cancer.
- **Depression**—For women with an unplanned pregnancy, there is no difference in the risk of depression or other mental health problems between those who have an abortion and those who have the baby.

Finally...

If you are considering having an abortion, the earlier you seek advice, the better. Get care as soon as possible. Make sure that all your questions are answered before, during, and after the procedure.

Glossary

Antibiotics: Drugs that treat certain types of infections.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Depression: Feelings of sadness for periods of at least 2 weeks.

Dilation and Evacuation (D&E): A surgical procedure in which the cervix is dilated and the contents of the uterus are removed.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Infertility: A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

Intrauterine Device: A small device that is inserted and left inside the uterus to prevent pregnancy.

Laminaria: Slender rods made of natural or synthetic material that expands when it absorbs water; they are inserted into the opening of the cervix to widen it.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Sedatives: Agents or drugs that ease nervousness or tension.

Speculum: An instrument used to hold open the walls of the vagina.

Suction Curettage: Removal of the contents of the uterus using a suction device inserted through the cervix.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

Copyright April 2015 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

This is EP043 in ACOG's Patient Education Pamphlet Series.

ISSN 1074-8601

American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920