

## Common First Trimester Abortion Procedures

The method of abortion used depends on how far along the pregnancy is and the woman's health. More than 90 percent of all abortions are done in the first 14 weeks after a woman's last menstrual period (first trimester). About 7 percent of abortions occur between 14 – 20 weeks gestation. Only 1 percent of abortions are performed after 21 weeks. In addition to the methods described below, there are other, less common methods of abortion. Your provider knows your medical history and condition and is the best person to discuss any contraindications and risks to the procedures. This page provides only general, but medically accurate information about unintended pregnancy options. For more information, ask your physician.

### **MEDICAL ABORTION**

#### Description of the procedure:

A medical abortion is a way to induce abortion by using medication to end a pregnancy. The abortion pill is provided in a clinic or doctor's office. A second medication will be given to take later at home or you may be asked to return to the clinic in a couple of days for the second medicine. You may also be given antibiotics to be taken later. An abortion by abortion inducing drugs does not require anesthesia or surgery. According to the American Congress of Obstetrics and Gynecology, there are different ways to take the medication. Your provider will determine which is best for you.

Medical abortions end the pregnancy 95-97 percent of the time. Because the drugs used for the abortion are not always effective, you may still need a surgical abortion procedure to end the pregnancy. The need for surgical abortion varies. In most studies of medical abortion of gestations up to 63 days with mifepristone 200 mg followed by misoprostol, less than 5% of patients undergo surgical evacuation (ACOG Practice Bulletin 143, 2014, reaffirmed 2016).

In addition to bleeding and cramping, you may experience dizziness, nausea, diarrhea, or vomiting; feel temporary abdominal pain; or have a mild fever or chills. How often the side effects occur is based on the way the medicine is prescribed, the dose and route of administration and the gestational age.

Some things to know about medical abortion are that an invasive procedure is usually avoided, and anesthesia is not usually necessary. However, the procedure may take longer (days or weeks) to complete. The procedure is available early in pregnancy with a high success rate. A follow up appointment, usually two weeks later, is required to ensure the abortion is completed.

Women who undergo medical abortion need to have access to emergency surgical intervention. In women who receive mifepristone and vaginal misoprostol, emergency curettage within the first 24 hours of treatment is rare, occurring in less than 1% of patients (ACOG Practice Bulletin 143, 2014).

#### **Risks and Side effects:**

Bleeding and cramping will be experienced by most women undergoing medical abortion and are necessary for the process to occur. The bleeding may last up to 30 days after the abortion. Bleeding may include visible clots and tissue. Women are likely to have bleeding that is much heavier than a period (and potentially with severe cramping) and is best described as similar to

a miscarriage. Bleeding that soaks a pad an hour for two hours should be reported to your provider.

Cramping may be managed by over the counter medications but your provider may give you a prescription.

### **Other things to know:**

- You should have a blood test known as an RH test. Rh testing is standard of care in the United States, and if you are RH negative a shot should be administered if indicated. Discuss this with your provider.
- It is possible to have an undiagnosed ectopic (tubal) pregnancy that isn't found until after an abortion procedure. The risk of ectopic pregnancy in any pregnancy depends on many factors. Ask your provider if you are concerned about this risk. In cases of ectopic pregnancy, the pregnancy test before the procedure is positive, the pregnancy is not in the uterus. So the abortion method does not end the pregnancy. Symptoms of an ectopic pregnancy that occur after an abortion procedure can include belly or pelvic pain that gets worse. pain with intercourse. vaginal bleeding, or lightheadedness or fainting caused by blood loss. Ectopic pregnancy requires urgent medical care. Call your doctor immediately if you have symptoms of a possible ectopic pregnancy.

## **SURGICAL ABORTION**

### **Suction curettage**

A surgical abortion is a procedure that ends a pregnancy by removing the fetus and placenta from the mother's womb (uterus). This type of abortion procedure is also used for first trimester abortions. Surgical abortions are performed in a health care facility such as a hospital or abortion clinic. During a surgical abortion you will be asked to lie down on an examination table. A pelvic examination is performed and medication for pain offered. The vagina is washed and a local anesthetic may be injected into or near the opening of the uterus (cervix). General anesthesia may be used but is less common. Talk to your provider about pain control.

The opening of the cervix is gradually stretched. The most common type of surgical abortion procedure is called aspiration or vacuum aspiration. A tube attached to a suction machine is inserted into the womb and the uterus is emptied. After the suction tube is removed, another instrument called a curette (a spoon-like instrument) is used to scrape the walls of the womb to be certain that everything is removed. This scraping is called curettage.

The procedure takes about 30 minutes.

Women who have a first-trimester abortion can expect:

- Cramping during and after the procedure.
- Bleeding like a menstrual flow for several days following the procedure.
- Antibiotics may be prescribed for a few days.

### **Risks and Side effects**

Abortion is a low-risk procedure. Major complications that require 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. But as with any medical procedure, problems sometimes can occur.

**Complications of first trimester abortion depend on many things, including the skill of the physician, anesthesia used, your health and the abortion method used, but may include:**

- Allergic reactions to anesthetics or other medications.  
About one woman in 5,000 may experience a serious reaction to anesthesia, including high fever, seizures, cardiac arrest, or other life-threatening symptoms.
- General anesthesia is linked to higher rates of bleeding and perforation of the womb.
- Minor reactions to medications may cause rash, discomfort or mild fever.
- A cut or torn cervix.  
Cervical damage occurs in one in 500 to one in 100 suction abortions. Stitches may be required. There may be increased risk for premature delivery in future pregnancies.
- Perforation of the wall of the womb and/or other organs.  
Perforation of the womb occurs in one in 500 women undergoing early abortions. Serious perforations are usually marked by heavy bleeding and pain. Surgery is needed to repair the damage, and if bleeding cannot be stopped the womb must be removed.
- Blood clots in the womb.  
One woman in 100 experiences large clots.
- Incomplete abortion.  
One woman in 300 may retain tissue in the womb. A second procedure is performed to completely empty the womb.
- Heavy bleeding requiring medical treatment.  
After a suction procedure, one woman in 1500 has bleeding severe enough to require a transfusion and possible hospital stay.
- Infection.  
One woman in 150 develops an infection and fever which must be treated with antibiotics. Untreated infections may cause infertility or, in rare cases, be life-threatening and require hospitalization.

### **Psychological complications of abortion**

Some reports suggest that some women experience reactions such as sadness, grief, regret, anxiety and guilt after an abortion.

One review of 250 studies showed that mental health before an abortion is the strongest predictor of mental health after an abortion. The Report of the American Psychological Task Force on Mental Health and Abortion in 2008 showed no evidence to support the claim of an association between abortion history and mental health. In other words, the mental health issues were not caused by the abortion per se, as opposed to other factors.

### **Effects of abortion on fertility and future pregnancies**

Most studies show no impact of first trimester abortion on fertility or subsequent pregnancies. The effect of second trimester abortion is undetermined. Having more than one abortion may increase the risk for future complications such as a premature delivery, especially if the abortions are performed after the first trimester.