

# ABORTION PROCEDURES AND RISKS

## **ABORTION PILL** – (Time frame varies with provider, up to 10w after LMP)

### **Procedure**

- The abortion pill induces a chemical abortion. It involves 2 medications.
- The first medication, Mifepristone, blocks progesterone and interrupts pregnancy development. This causes the implanted embryo to detach.
- The second medication, Misoprostol, is taken up to 48 hours later. It induces contractions to empty the uterus.
- Expect strong cramping, bleeding, nausea and vomiting.
- A final visit to a clinic is recommended to ensure the abortion is complete.
- *8%-10% of women will require a surgical intervention to complete the abortion process.*

### **Risks & Side Effects**

- Abortion Failure (Incomplete Abortion)
- Bleeding & Hemorrhage
- Infection (Nausea/Vomiting/Diarrhea/Fever/Chills/Headache/Dizziness) Misoprostol suppresses the immune system
- Severe Pain/Cramping

### **Caution**

- *A chemical abortion occurs in private; as such, you may not be expecting to see the results of ending your pregnancy. For example, viewing a discernable head and limbs.*
- The abortion pill is not advised for women who have anemia, or an intrauterine device (IUD) in place.

### **May be Unsafe if Bought over the Internet**

- Mifepristone/Misoprostol should not be bought over the internet because important safeguards designed to protect your health are not strictly enforced.
- Medicines purchased from foreign internet sources may not be the FDA-approved formulation. In addition, they are not subject to FDA-regulated manufacturing controls or FDA inspection of manufacturing facilities.

### **Abortion Pill Reversal**

- If you change your mind after taking the first abortion pill, Mifepristone, you can call the rescue hotline (877) 558-0333 or chat online at <https://www.abortionpillreversal.com>. It may be possible to reverse the effects of this medication.

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## *IN-CLINIC ABORTION - 1<sup>ST</sup> TRIMESTER*

### **Manual Vacuum Aspiration** - (~7 weeks)

- The cervix is stretched with dilators to insert the abortion instruments in the uterus.
- A hand-held syringe is then attached to tubing that is inserted into the uterus and the fetus is suctioned out.

### **Suction Curettage** - most common in-clinic abortion (~6 to 16w6d)

- The cervix is stretched with a dilator for up to 14 weeks.
- Tubing is connected to a suction machine and inserted into the uterus.
- The suction pulls the fetus's body apart and then empties the uterus.
- Between 14 weeks and 16 weeks 6 days, the cervix may be softened by giving Misoprostol, orally or vaginally. This makes it easier for a larger fetus to be emptied from the uterus.

## *IN-CLINIC ABORTION - 2<sup>ND</sup> TRIMESTER*

### **Dilation & Evacuation** -“D&E” (~13 to 20w6d)

- The cervix is softened by giving Misoprostol, orally or vaginally, so the cervix can be opened wider.
- Fetal parts are removed by a combination of suction, curette and/or with forceps.
- The fetus's skull may be crushed to ease removal from the uterus.

## *IN-CLINIC ABORTION - 3<sup>RD</sup> TRIMESTER*

### **Late Term Abortion** – “Induction Abortion” (~25w to full term)

- A lethal dose of Digoxin is injected into the fetus's heart or amniotic fluid to cause a fatal heart attack.
- Then the cervix is treated with medication for 2-3 days to prepare it for delivery of the deceased fetus.
- On the final day of the procedure, Oxytocin may be given to induce labor and a vaginal delivery.

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## *IMPORTANT CONSIDERATIONS AND RISKS*

### **Some Risks Associated with an Abortion**

- Heavy or continued bleeding; infection; damage to cervix; death.
- Abortion may be linked to subsequent preterm births.

### **Potential Effects on Future Pregnancies**

- Scarring or other injury during an abortion may prevent or place at risk any future pregnancies.

*Reminder- It is important to know your blood type & STD status before a chemical or surgical abortion.*