Information for informed consent for Medical (Elective) Abortion

What is a medical abortion?
It is a way to end a pregnancy within the first two months by using medications. In a medical abortion, two medications are used. One, called Mifepristone, is given by mouth. It blocks a hormone needed to carry a pregnancy. The other medicine is called Misoprostol. Misoprostol is a pill that you will let dissolve in between your cheek and gum in your mouth. Misoprostol causes the cervix to soften and dilate (open) and causes the uterus to contract and push out (expel) the pregnancy. This usually happens during the three days after you take the Misoprostol. A medical abortion is only possible during the first 63 days of your pregnancy.

What happens if I decide to end my pregnancy before 63 days of gestation?
First, your clinician will recommend that you talk to a counselor to help you decide if ending your pregnancy is right for you. Part of your evaluation will include an ultrasound. This will show how long you have been pregnant.

What are my choices for treatment?
If you are less than 63 days pregnant and if, after careful consideration, you decide that you want to end your pregnancy, you have two choices: medical abortion or a surgical abortion.

In a surgical abortion, you clinician would do a procedure called dilation and curettage (or D & C) to scrape or vacuum out the pregnancy tissue.

A medical abortion (Mifepristone followed by Misoprostol) is usually 95 to 97 percent effective in ending pregnancy.

It is important to understand that if the procedure is unsuccessful in causing the abortion, and the fetus continues to grow after you have taken the Mifepristone, there is a risk to the growing fetus of severe birth defects. If you choose to end your pregnancy using medication, it is essential that you complete the entire treatment.

What are the benefits of a medical abortion?
The benefits of a medical abortion include:
- Privacy. Many women prefer to go through the process at home rather than in their clinician’s office.
- Avoids a surgical procedure.
- Emotionally, it is sometime easier for women to go through the process gradually and naturally.
- Options for pain management can be discussed with your provider.
What are the side effects and risks of a medical abortion?
Like any procedure there are some risks associated with a medical abortion. They include:

Common side effects
- Abdominal pain and cramping. Your provider will be sure that you have pain relievers to help you manage the pain.
- Nausea, vomiting and diarrhea are common.

Rarely
- Headache, dizziness, back pain, fever, chills, and fatigue can occur.
- Your cervix or uterus may become infected. Medication or another procedure could be needed to treat an infection.
- Heavy or prolonged bleeding can occur.
- Some women are allergic to the medication. In very rare cases, you can die from a serious allergic reaction.
- If the medication does not work, repeat treatment or surgical abortion is required.
- Rarely there can be tissue left behind that would require a second procedure.

Very Rarely
- Heavy bleeding can lead to the need for a blood transfusion.
- Severe infection in the uterus can lead to blood infection (sepsis).
- Severe infection can lead to death.

Are there alternatives to a medical abortion?
Yes, you may choose instead to have a surgical abortion, or D & C, as described above. Some women prefer to have a D & C because:
- They do not have to experience a miscarriage at home.
- What happens is more predictable.
However, there are also some risks, which include:
- Can lead to heavy bleeding requiring transfusion.
- Very rare possibility of injury to the uterus, infection, or medication reaction that can be life threatening.

Tell your clinician if you have...
- A bleeding disorder
- An IUD
- A vaginal infection
- An active herpes virus infection
- Pelvic inflammatory disease (PID)

How can I manage pain during the medical abortion?
Ask your clinician if it is OK to use Motrin or Advil or a stronger pain medication like Vicodin. If you are very concerned about pain control, talk to your clinician about all of your options.

**What happens during the medical abortion?**
The procedure for a medical abortion requires two or three office visits. At the first visit, your clinician or nurse practitioner will ask you questions about your health and medical history. He or she will also do a physical exam, perform a limited vaginal ultrasound, and order any needed lab tests. Your provider will discuss the risks and benefits of both the medical method and the surgical procedure for abortion. If you decide that you want a medical abortion, your provider will give you the Mifepristone tablet. After you take the medication, you may be asked to go to the lab to get blood drawn if you have not already done so. **Please do not leave the facility until we know your blood type.**

You will also be given antibiotics to take by mouth starting the first day of your treatment. It is very important to take the antibiotics as directed to reduce the risk of developing an infection.

The second step in the medical abortion is taking the Misoprostol. The Misoprostol is dissolved in your mouth between your cheek and gums. The process of pushing out the pregnancy tissue could begin as early as a couple of hours after the placement of the tablets. The pregnancy tissue is usually expelled within six hours, but expulsion may take two to three days to occur. In about 5 percent of women, the process will even take longer and may require a second dose of the four Misoprostol tablets. Most women will be able to tell when they have passed the pregnancy tissue, but only the placenta and blood are visible to the naked eye.

The follow-up appointment confirms the completion of the abortion. A vaginal ultrasound is necessary to confirm completion of the medical procedure. About 5 percent of women will need another dose of Misoprostol and a fourth visit one week later. If the abortion is not complete, you can make an appointment with your clinician for a surgical abortion to complete it. About 4 percent of women will need a surgical procedure to complete the abortion.

**What happens after the procedure is over?**
Most women have moderate cramping and it is common to have milder cramps in your lower belly for several days afterwards. (It is OK to use Tylenol, Motrin, or Advil for pain relief.) Your clinician may also give you a prescription for a stronger pain medication.

It is normal to have bleeding similar to or heavier than your normal menstrual period. Do not use tampons as they increase the risk of infection. Only use pads. Continue using any form of birth control or hormones you were using before you had the medical abortion unless your clinician tells you not to. You may shower
or take a bath any time after the procedure. You can eat a normal diet. You will probably be able to get back to most of your normal activities in 1 to 2 days.

Make sure you have made plans for birth control with your clinician. You can expect your next menstrual cycle to come between 4 to 8 weeks after the completion of the process.

Avoid the following:
- Strenuous exercise for the next 2-3 days
- Tampons for the next 2-3 weeks
- Sexual intercourse or anything in the vagina for the next 2-3 weeks
- Douching for the next 2-3 weeks

Follow up after the medical abortion procedure
- It is necessary to have a follow up appointment about 2 weeks after the procedure to make sure the process is complete.

Call our advice center right away if you have any of these symptoms:
- Vaginal bleeding greater than 1 pad per hour for more than 3 hours
- Vaginal bleeding for more than 3 weeks
- Pain that is not controlled with Tylenol, Advil, or the prescription pain medication that might have been given after the procedure
- A temperature greater than 100.4 degrees Fahrenheit
- Pus (yellow or green discharge) coming from the vagina
- If you are experiencing sadness after the procedure

Where can you learn more?
Go online to kp.org and enter the code B832 in the search box to learn more about “Deciding Between Medical and Surgical Abortion.”