

Medical Abortion

Medical Abortion

What are the differences between medical and surgical abortions?

	Medical abortion	Surgical abortion
How it works	<ul style="list-style-type: none"> You take two medications. The pregnancy will end and the uterus will push out the tissue (like a miscarriage). The first pill stops the pregnancy. The second pills are taken 24-48 hours (1-2 days) later, at a convenient time for you. 	<ul style="list-style-type: none"> A doctor will gently open your cervix (the opening to the uterus or womb) with dilators that gradually get bigger. A cannula (straw-like tube) is inserted through the cervix into the uterus. Suction (like a vacuum) is used to remove the pregnancy from the uterus. The procedure usually takes 3-10 minutes.
Advantages	<ul style="list-style-type: none"> High success rate (95-98%). The pregnancy is expelled (pushed out of the body) within 24 hours of using misoprostol in 90% of women. It is more private, since it is done at home. You can choose to have someone with you for support. Can be used very early in pregnancy. Similar to a natural miscarriage or a heavy menstrual period. 	<ul style="list-style-type: none"> Very low risk of continuing pregnancy (less than 1 in 100). High success rate (about 99%). Only needs one clinic visit. Procedure is finished within minutes. Sedation can be used if you wish. Can be used early or later in pregnancy.

	Medical abortion	Surgical abortion
Disadvantages	<ul style="list-style-type: none"> • Uterine cramping may be very painful. • About 2-5% of women will need a uterine aspiration procedure (D&C) after medical abortion. • Bleeding after medical abortion may last longer than after uterine aspiration. • You may see blood clots and pregnancy tissue. • Needs 2 clinic visits. • You may not know if the abortion was successful until the followup appointment 1-2 weeks later. • Risk of continued pregnancy is 1 in 20. 	<ul style="list-style-type: none"> • Medical instruments enter the uterus. • May feel less private. • You can't have someone with you for support, as partners and loved ones are not allowed in the clinic.

What is a medical abortion?

A medical abortion uses a combination of medications, together called Mifegymiso, to end a pregnancy.

Am I eligible for a medical abortion?

If your pregnancy is 9 weeks (63 days) or less, counting from the first day of your last normal menstrual period, you may be eligible for a medical abortion instead of a surgical abortion (uterine aspiration procedure or D&C).

What happens during a medical abortion?

- Before you receive the medication, you will have an ultrasound to confirm you are no more than 9 weeks (63 days) pregnant. You will also have blood work to check your blood type and pregnancy hormone level.
 - › If you are less than 9 weeks (63 days) pregnant, you will meet with a counsellor to talk about the procedure in detail.
- You will then meet with a doctor, who will take your medical history and give you a prescription for Mifegymiso.
- The prescription for Mifegymiso can be filled at a pharmacy. Mifegymiso is free for any woman with a Nova Scotia health card. The package will contain two medications; mifepristone (1 tablet) and misoprostol (4 tablets).
- After the treatment, you must go to a lab for a blood test to check if the abortion is complete.
- You must also be willing to have a uterine aspiration procedure (D&C) if the medication doesn't end the pregnancy, as the medications can cause fetal damage.

Day 1:

- You will swallow the tablet of mifepristone.
- **Once you take this medication, the effects are not reversible.**
- Mifepristone will destabilize the lining of your uterus and end the pregnancy.

Day 2 or 3:

- 24-48 hours after you take the mifepristone tablet, place the misoprostol tablets between your cheeks and teeth. Leave them there for 30 minutes. After 30 minutes you can swallow any pieces that remain with water. You will start to bleed within 1-4 hours.
- You can choose the time of day you take the misoprostol.
- You can expect to have heavy bleeding and strong cramping, so you should choose a time when you are able to stay home for the rest of the day.
- The bleeding and cramping may continue for several hours. After that, lighter bleeding may continue off and on for 1-2 weeks or more.

Day 7-14:

- You must go to a lab for a blood test to check if your pregnancy has ended.
- If the abortion is complete, then no further treatment or appointments are needed. You will be contacted by a nurse to confirm this.
- There is a 2-5% failure rate with these medications. If the medications have not worked, we recommend that you return for a uterine aspiration procedure (D&C) as the medications can cause fetal damage.

What are the possible side effects?

- You may need pain medications (e.g. ibuprofen or Tylenol®) to help with the pain.
- You may have heavy bleeding (soaking 1-2 large pads every hour) for several hours.
- Other common side effects include:
 - › nausea (feeling sick to your stomach)
 - › vomiting (throwing up)
 - › diarrhea
 - › fever
 - › chills
 - › headaches
 - › fatigue (feeling tired)

These side effects may be intense (very strong). If you are not sure that you can manage these symptoms at home, you may wish to choose a surgical abortion instead.

Go to the nearest Emergency Department if you have:

- › heavy bleeding (soaking more than 2 large pads an hour for more than 2 hours in a row)
- › dizziness
- › light-headedness
- › very fast heartbeat (feeling like your heart is “racing”)

**What are your questions? Please ask.
We are here to help you.**

**In Nova Scotia you can call 811 to talk with a registered nurse
about your health care questions 24/7.**

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Contact your local public library for books, videos, magazines, and other resources.
For more information, go to <http://library.novascotia.ca>
Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>
Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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