

Medication Abortion v. Abortion Procedure

The following information is intended for patients eligible for medication or abortion procedure, up until 11 weeks of pregnancy. Please use this information to help you decide which procedure is right for you. If you have questions, please call us at 618-451-5722 or text us at 618-248-8048.

So... what are the differences?

Medication Abortion: A medication abortion is a multi-step process that involves taking 2 medications, mifepristone and misoprostol, to induce what would happen if you had a miscarriage. This process involves passing the pregnancy from the comfort of your own home. From the time of your visit to the clinic, a medication abortion takes 2-3 days from start to end, depending on timing of medication. The actual expulsion of the pregnancy takes a couple of hours and occurs after taking misoprostol (24-48 hours after taking Mifepristone). Prescriptions for pain medication are provided. A follow-up is needed to confirm that the abortion was successfully completed. This can be completed remotely or at an in-person visit with a healthcare provider.

Abortion Procedure: A procedural, in-clinic, or surgical abortion involves the dilation of your cervix and the removal of the pregnancy through a vacuum aspiration procedure (slightly stretching the opening of your cervix and removing pregnancy tissue with a gentle suction) by your healthcare provider. This process requires 1 visit to the clinic and the procedure itself is usually over within 5 minutes. Moderate sedation is available for patients who have someone to drive them to and from the clinic. After this procedure you will be monitored at the clinic for 30 minutes to an hour to make sure you are recovering well before you leave.

What is the same?

Pain & Cramping: Both types of abortion involve cramping that can range from mild to severe. Pain medication is offered to help reduce discomfort, no matter which type of abortion you choose.

Bleeding: Vaginal bleeding is normal after both medication and procedural abortion. You can expect to bleed for anywhere from a couple of days, up until about 6 weeks, following an abortion. Specific guidelines on how much bleeding is appropriate will be provided for you at the time of your appointment, but generally bleeding is considered normal so long as you are not soaking 2 or more menstrual pads in 1 hour.

Risks: Risks associated with medication abortion and the abortion procedure are very similar. Aside from the failure rate, which is higher for medication abortion, all risks associated with these procedures occur in less than 1% of our patients.

Is there anything that would prevent me from getting to choose my preferred method of abortion?

Unless there are risks to your safety such as the health risks identified below, the choice between medication abortion and procedural abortion is up to you. If you have specific concerns regarding your situation, please contact our office.

Please keep in mind that there are some medical conditions or health problems that may make you ineligible for medication abortion. Rarely, certain health conditions require in-patient abortion care as opposed to the out-patient care offered by Hope Clinic.

Please see below for more detailed information about possible conditions that might influence whether or not you are able to have a medication abortion.

The following conditions are contraindications to medication abortion:

- Inherited porphyria
- A blood or bleeding disorder (including blood clotting problems, sickle cell anemia, hemophilia, or a thalassemia.
- Any condition that requires you to take “blood thinners” such as Coumadin (warfarin) or heparin
- Adrenal failure
- An IUD in place
- Allergy to mifepristone or misoprostol (Cytotec)
- Long-term use of corticosteroids (such as prednisone)
- Known or suspected ectopic or tubal pregnancy

The following conditions may be contraindications to medication abortion, depending on your medical history and physician’s discretion:

- Liver disease
- Kidney disease
- Heart disease (such as angina, arrhythmia, valvular disease)
- Respiratory disease (besides mild or moderate asthma)
- Inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
- Seizure disorder or epilepsy
- High blood pressure not controlled with medication

What if I can’t decide?

The decision on whether or not to have an abortion is a big one! And, if you’ve already decided to have an abortion, the hard part is done! Some people feel overwhelmed and choosing which method of abortion is best for them can sometimes be difficult. At the time of your visit a patient educator can go through all of your options and help you decide which one is better for you. We aim to provide you with all of the information so you can make an informed decision for yourself.

The **BIG** Question:

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“What would you do?” or “What should I do?” - Every one of us is so different, with a completely different life story and set of circumstances. We all have very different lives, even us here at Hope! Our job is to help guide you in figuring out which procedure might be best for you, not tell you what to do or what we would do personally. This is *your decision*, and we’re here to support that.

Neither the medication nor the abortion procedure is objectively “better” than the other. Both come with advantages and disadvantages based on your preferences and circumstances. We are here to help you explore those in order to make an informed decision about which process would be best for *you*.

Here are some questions to consider before choosing a medication abortion or abortion procedure:

- What are you looking for in your abortion experience? Are you looking to have it completed as quickly as possible or would you rather experience the process?
- How do you feel about your role in the process? Do you want to be under the care of a provider or would you prefer to manage the abortion at home while miscarrying?
- Do you have people you really value being with your during the process?
- Are you able to take multiple days to complete the process?
- If you have children, are you able to have someone else help watch your children for an extended period of time?
- Do you feel comfortable with unpredictability in bleeding/pain or do you need to have clear expectations?
- Do you have safety concerns in your home-life that may interfere with your recovery?
- Will you be able to/are you willing to be seen by a doctor or complete a remote follow-up for a check-up after your abortion?
- Can you come back to the clinic if the abortion is not successful?

Currently, Hope Clinic provides medication abortion up until 11 weeks, or 77 days, of pregnancy. If you measure over 11 weeks, you will not be eligible for medication abortion.

Procedure v. Medication Abortion

	In-Clinic Abortion Procedure	Medication Abortion (the abortion pill)
What is it?	A surgical or in-clinic abortion is a procedure performed by a physician that involves the dilation of the cervix and removal of the pregnancy with vacuum aspiration/suction	A medication abortion is a three step process managed by the pregnant person that involves taking a series of medication over the course of two days in order to terminate the pregnancy and induce what would happen during a miscarriage. This process involves passing the pregnancy tissue at home and completing a follow-up to determine success.
When?	<ul style="list-style-type: none"> 6 - 14 weeks 	<ul style="list-style-type: none"> 6 - 11 weeks
How often does it fail?	<ul style="list-style-type: none"> Rarely Less than 1% chance of failure <ul style="list-style-type: none"> Failure occurs in less than 1 out of every 100 patients. 	<ul style="list-style-type: none"> Occasionally 2% - 7% chance of failure Failure occurs between 3 to 7 times out of every 100 patients. Failure rate increases with gestational age, a second dose of abortion inducing medication is used after 9 weeks to reduce failure rate.:
How long does it take?	<ul style="list-style-type: none"> Procedure length is typically about 5 minutes for pregnancies under 10 weeks. 30 minute post-abortion recovery in clinic 	<ul style="list-style-type: none"> 3 Step Process <ul style="list-style-type: none"> Mifepristone (today) Misoprostol/Cytotec (24-48 hours after mifepristone) (tomorrow afternoon/evening; must be at home for 24 hours) Follow-Up
Does it Hurt?	<ul style="list-style-type: none"> Most will experience mild to strong cramping during procedure 	<ul style="list-style-type: none"> Most will experience mild to strong cramping during abortion
Pain Management	<ul style="list-style-type: none"> Pain medication provided before and after procedure <ul style="list-style-type: none"> Pain medication will help with, but not necessarily get rid of, pain and cramping Additional IV (intravenous) sedation available for patients with a driver 	<ul style="list-style-type: none"> Pain medication prescribed as needed Pain medication will help with, but not necessarily get rid of, pain and cramping
Bleeding	<ul style="list-style-type: none"> During Procedure: Doctor removes contents of uterus in-clinic After Procedure: bleeding is common for several hours up to 2-6 weeks Menstruation likely to begin 4-8 weeks from procedure 	<ul style="list-style-type: none"> During abortion, moderate to heavy bleeding, passing small and large clots at home Fetal tissue may or may not be seen at home Afterward miscarriage: lighter bleeding for 2-6 weeks Menstruation likely to begin 4-8 weeks from abortion
Complications	<ul style="list-style-type: none"> Occur in less than 1% of our patients 	<ul style="list-style-type: none"> Occur in less than 1% of our patients
Follow-Up Visit	<ul style="list-style-type: none"> Optional Can be completed at Hope Clinic or with your own provider 	<ul style="list-style-type: none"> Necessary for verification that abortion was successful. Can be completed at Hope Clinic or with your own provider; no additional cost for follow-up visit at Hope Clinic

Advantages & Disadvantages of Abortion Procedure & Medication Abortion

	In-Clinic Abortion Procedure	Medication Abortion (the abortion pill)
Advantages	<ul style="list-style-type: none"> • Shorter process than medication abortion • Short, intense predictable period of cramping • Can be done later in pregnancy • Physician removal of pregnancy • Presence of medical staff • Optional IV sedation (with driver) • Can use tampons/have sex sooner after procedure (after 48 hours) 	<ul style="list-style-type: none"> • Induces a miscarriage, some people say it feels more “natural” • No shots (unless your blood type is Rh-) • Ability to be at home during abortion • Any support person can be present during miscarriage at home
Disadvantages	<ul style="list-style-type: none"> • Some people are uncomfortable with pelvic exams • Possible side-effects of anesthetics • 1 day off work/school • Cannot end a tubal pregnancy 	<ul style="list-style-type: none"> • Longer Process than abortion procedure • Heavy Bleeding • Strong Cramping • More time off required (48-72 hours from mifepristone dosage in clinic) • Higher Failure Rate than abortion procedure • Side Effects of Misoprostol/Cytotec <ul style="list-style-type: none"> • Nausea/Vomiting • Diarrhea • Fever • Follow-Up Needed • Cannot end a tubal pregnancy

