



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ043

SPECIAL PROCEDURES

Induced Abortion

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What is induced abortion?

An induced abortion is a procedure that is done to end a pregnancy. Most induced abortions are done in the first 12 weeks of pregnancy.

Before the procedure, a test is done to confirm the pregnancy. The health care provider will ask questions about your health and perform a physical exam. Blood tests will be done. An **ultrasound** exam may be done to confirm the date of the pregnancy. In most cases, a counselor is available to answer any questions.

What is menstrual aspiration?

Menstrual aspiration can be done within 1–3 weeks after a missed period. With this method, a syringe is used to remove the pregnancy from the lining of the **uterus**.

What is suction curettage?

Suction curettage is the most common type of abortion. The contents of the uterus are removed by a suction device that is inserted into the uterus. It also may be called vacuum curettage. It can be done up to 12 weeks of pregnancy. After that time, this procedure may be called dilation and evacuation (D&E).

What are the risks of this type of abortion?

Abortion is a low-risk procedure; however, on rare occasions the following complications may occur:

- Incomplete abortion—Although rare, in some cases the pregnancy is not removed completely. Bleeding and infection may occur.

- Infection—An infection can occur if bacteria from the vagina or the cervix get into the uterus after an abortion.
- Hemorrhage—Some bleeding after an abortion is normal.
- Damage to the uterus—During a surgical abortion, the tip of a device may pass through (perforate) the wall of the uterus or tear the cervix. If this happens, further surgery may be needed. Other organs, such as the bowel and bladder, also can be injured if this occurs.
- Death—The risk of death from abortion is lower than 1 in 100,000 women who have suction curettage. For women who have a medical abortion, the risk of death is about 1 in 100,000.

What are some of the side effects of suction curettage?

Some of the side effects that may occur with induced abortion include the following:

- Abdominal pain and cramping
- Nausea
- Vomiting
- Diarrhea
- Bleeding

If any of the following problems occur, it may be necessary to contact your health care provider:

- Severe abdominal or back pain
- Bleeding that is heavier than a normal period
- Foul-smelling discharge
- A fever (above 100.4°F)

What is medical abortion?

With a medical abortion, certain drugs are taken to cause an abortion. It only can be done early in pregnancy. For this option, a woman must be no more than 9 weeks pregnant. A medical abortion does not require surgery or anesthesia, but multiple visits to a health care provider are needed.

What are the types of medical abortion?

There are four types of medical abortion:

1. Mifepristone and misoprostol pills
2. Mifepristone pills and vaginal misoprostol
3. Methotrexate and vaginal misoprostol
4. Vaginal misoprostol alone

What are some of the side effects of medical abortion?

The drugs used in a medical abortion will cause bleeding and cramping. They also may cause side effects such as nausea, vomiting, fever, and chills. The health care provider will explain what can be expected in terms of pain, bleeding, and passing tissue. Signs that may require care include heavy bleeding, severe abdominal pain, or fever. If a woman is still pregnant after she has tried a medical abortion, she will have to have a surgical abortion.

When is labor-inducing abortion performed?

For abortions later in pregnancy, labor may be induced with drugs that can be put in the vagina, injected into the uterus, or given through an intravenous (IV) line. These drugs usually cause labor within 12 hours and the abortion usually occurs within 12–24 hours. Labor-inducing drugs may cause side effects such as nausea, fever, vomiting, and diarrhea.

Where is an abortion performed?

Where an abortion is done depends on a number of factors:

- How it will be done
- The length of the pregnancy
- The health of the woman

Early surgical and medical abortions can be done safely in a health care provider's office or clinic. Later abortions often are performed in hospitals or in special clinics.

When will I get my menstrual period after an abortion?

Normal menstruation usually starts again 4–6 weeks after an abortion. Pregnancy is possible soon after the abortion, so birth control is needed right away. Choosing a method depends on many factors, such as age, health, and how likely it is

to be used consistently and correctly. Among the most effective methods are birth control pills and the intrauterine device. Condoms also should be used to prevent sexually transmitted diseases.

Do I need anyone's permission to have an abortion?

In some states, there are special legal requirements and waiting periods. For instance, most states require that minors get consent from their parent(s), tell their parent(s), or gain court approval before they can have an abortion.

Do all health care providers perform abortions?

Although abortion has been legal in the United States since 1973, no health care provider is required to perform an abortion.

Can having an abortion affect my ability to have children in the future?

Most experts agree that one abortion does not affect future pregnancies.

Does having an abortion increase my risk of getting breast cancer?

There is no evidence that having an abortion increases the risk of getting breast cancer.

Glossary

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FAQ043: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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