UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

# Overview of Pregnancy Termination

*Termination of pregnancy (abortion) or early pregnancy loss (miscarriage) management*

*This handout answers common questions about early pregnancy loss (miscarriage) management and the termination of a pregnancy (abortion).*

## Common Questions

### *What is an abortion?*

*Abortion* is a medical term for the termination of a pregnancy. This term includes:

- **Abortion:** when a person chooses to end a pregnancy, often called a *termination of pregnancy*, or TOP. An abortion can be managed with medications or by emptying the uterus with a procedure called *uterine aspiration*.
- **Spontaneous abortion:** more commonly known as an early pregnancy loss, or *miscarriage*. Spontaneous abortion is sometimes managed by "watching and waiting" under the supervision of your healthcare provider. This is also called *expectant management*.

### *Who has an abortion?*

About 30% (30 out of 100) of people who identify as women in the United States will have at least 1 abortion in their lifetime. A person may have an abortion for many different reasons.

You may or may not have a range of emotions about your abortion, even when the decision is right for you. You may continue to have mixed feelings even after having the procedure. Feeling sadness, grief, or uncertainty after your procedure does not mean it was the wrong decision.

Early pregnancy loss occurs in about 15% to 20% of all confirmed pregnancies (15 to 20 out of 100). The risk for early pregnancy loss in the future does not increase after just 1 early pregnancy loss.

### *Does my partner or parent need to know?*

No. Legally, your partner or parent does not need to know about your abortion or early pregnancy loss. However, many people come to the


UWMC Patient Care Services
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clinic with their partner. Many teenagers involve a parent before getting an abortion and find their support helpful.

### *When are abortions done?*

Most people (90%, or 90 out of 100) who decide to have an abortion have it in the *first trimester* (the first 3 months of pregnancy). Most other abortions occur in the *second trimester* (4 to 6 months of pregnancy).

### *What about long-term complications?*

An early abortion does not mean you are more likely to have a miscarriage, tubal (*ectopic*) pregnancy, or infertility in the future, unless an infection or some other complication develops. This case is rare. Abortion does not increase your risk of breast cancer.

## Medication Abortion

Medication abortion, or medical abortion, is a way to end pregnancy using medication instead of surgery. In the United States, medication abortions are most often done up to 77 days gestation (up to 11 weeks after the start of your last menstrual period).

### *How does medication abortion work?*

Medication abortion uses 2 medications. The first medication, *mifepristone*, is usually given in the clinic. Mifepristone stops the pregnancy from growing and prepares the uterus and cervix to empty. The second medication, *misoprostol*, is used at home. Misoprostol makes the uterus contract and empty.

### *How long does a medication abortion take?*

With mifepristone and misoprostol, most people (90%, or 90 out of 100) complete their abortion the same day that they use the misoprostol, but it can take up to 1 week.

### *How effective is medication abortion?*

Medication abortion is 98% effective. This means that it works 98 out of 100 times and that it does not work 2 out of 100 times. If it does not work, a uterine aspiration may need to be done to completely empty the uterus.

Continuing a pregnancy after using these medicines can increase the risk of miscarriage or other pregnancy complications, including a low risk of birth defects.

### *What will happen during a medication abortion?*

At your first clinic visit, you will:

- Have counseling.
- Give your medical history.
- Have a physical exam, including an ultrasound.
- Have lab tests.
- Sign a consent form.
- Take 1 dose of mifepristone.
- Receive misoprostol tablets to use at home.

You may use the misoprostol medication either by placing it in your vagina or inside your cheek (*buccally*) You may choose either method, depending on what you prefer.

#### Vaginal Method

In 24 to 72 hours, place 4 misoprostol tablets in your vagina as far as you can reach, similar to placing a tampon.

#### Buccal Method (between your cheek and gum)

In 24 to 72 hours, place 4 misoprostol tablets (2 on each side) between your cheek and gum (*buccally*) and allow them to dissolve. If they are not fully dissolved in 30 minutes, you may swallow the remainder with water.

**With medication abortion you may have:**

- Stronger cramps and heavier vaginal bleeding than during your menstrual period.
- Nausea, vomiting, or diarrhea.
- A rise in your body temperature for a short time after using the misoprostol. If you have a fever higher than 100.4°F (38°C) more than 8 hours after taking misoprostol, **call the clinic**. A fever can be a sign of infection.
- Continued bleeding or spotting for 4 weeks or longer.

You may return to the clinic in 1 to 2 weeks or take a home pregnancy test in 4 weeks. Call the clinic if the test is positive.

### *Are there any problems that might occur with a medication abortion?*

Medication abortion is safe and effective. Sometimes, a person will need a uterine aspiration because the medication abortion did not work (up to 5 out of 100). Rarely, a person will have very heavy bleeding (1 out of 1,000) and may need a blood transfusion.

### *Who cannot have a medication abortion?*

**You cannot have a medication abortion if you:**

- Have an increased risk for bleeding because you are taking blood-thinning medicine or have a bleeding disorder.
- Are too far along in pregnancy for medication to be effective.
- Have an *ectopic pregnancy* (when the fertilized egg grows outside the uterus). This is sometimes called a *tubal pregnancy*.
- Have a problem with your liver or kidneys.
- Have certain other serious health problems.

### *Why do some people prefer medication abortion?*

Medication abortion occurs in the privacy of your home. Many people say it is like a heavy menstrual period.

Most people who have a medication abortion are satisfied with their experience.

## Uterine Aspiration

*Uterine aspiration* is a procedure done to end pregnancy or empty a uterus.

### *How does uterine aspiration work?*

In the first trimester, the uterus is emptied using either a manual or electric suction device. You may have heard this procedure called *dilation and curettage* (D & C). This procedure is no longer completed using a sharp instrument (*curette*) and there is no scraping of the uterus, so we now use the term uterine aspiration.

The aspiration is done using *manual uterine aspiration* or *electric uterine aspiration* to empty the uterus of the pregnancy tissue.

First, a local *anesthetic* (numbing medicine) is applied to the cervix, then the cervix is gently opened.

Next, a thin, flexible plastic tube (like a straw) is placed into the uterus. The tube is attached to a gentle suction device and then carefully moved back and forth inside the uterus for a few minutes to remove the pregnancy.

For second trimester pregnancies, a 2- or 3-day procedure may be needed. These procedures are done at University of Washington Medical Center.

### *How long does a uterine aspiration take?*

The entire visit can last 3 or more hours due to counseling, lab tests, exams, and recovery time in the clinic. The procedure itself only takes about 5 to 10 minutes.

### *How effective is uterine aspiration?*

It is nearly 100% effective.

### *What will happen during a uterine aspiration?*

At your first clinic visit, you will:

- Have counseling.
- Give your medical history.
- Have a physical exam, including an ultrasound.
- Have lab tests.
- Meet with a genetics counselor and/or social worker, if needed.
- Sign a consent form.
- Take medication for discomfort and anxiety (if you are having the procedure that same day).

**The procedure will be done either that day or at a time that works for you and your provider.**

**If you choose to take medication for anxiety, you will not be able to leave the clinic alone after a uterine aspiration.**
Arrange for a responsible adult to drive you home or ride with you in a taxi or bus. You will not be allowed to leave the clinic without someone to travel with you.

We will offer you a return visit **1-2 weeks after the abortion** for a checkup.

### *Will I be asleep during my procedure?*

If you decide to have your procedure in the clinic, you will not be asleep. If you want to be asleep, talk with your doctor about options for having your procedure in the operating room or another clinic where you can receive more medication.

### *Are there any problems that might occur with uterine aspiration?*

Uterine aspiration is safe and effective, but the following rare problems can occur:

- In less than 1 out of 100 uterine aspirations:
  - An infection develops that requires antibiotics or possibly a hospital stay.
  - The aspiration needs to be done again because the uterus was not emptied completely the first time.
- In less than 1 out of 1,000 uterine aspirations:
  - There may be very heavy bleeding that requires a blood transfusion and possibly another surgery.
  - The cervix tears and needs to be repaired.
  - A hole is made in the uterus. This is called *uterine perforation*. Often it is managed by watching closely to make sure the hole heals on its own. Rarely, more surgery is needed to examine or repair other organs.

The risk of dying from a first trimester uterine aspiration at or before 8 weeks gestation is very low (less than 1 out of 1 million). This risk is much lower than carrying the pregnancy to term.

The risk of dying from uterine aspiration increases with the length of pregnancy. At 16 to 20 weeks, death occurs 1 time out of 29,000. At 21 or more weeks, it occurs 1 time out of 11,000.

### *Who cannot have a uterine aspiration?*

No health conditions absolutely prevent a person from having a uterine aspiration.

### *Why do some people prefer uterine aspiration?*

Cramping and bleeding often last for a shorter time than with a medication abortion. People do not have the nausea, vomiting, and diarrhea that may occur with a medication abortion. Uterine aspiration is completed in 1 clinic visit.

## Helpful Websites

**All-Options**

*www.all-options.org/resources*

**Connect & Breathe**

*www.connectandbreathe.org*

**Defending Grace**

*www.defendinggrace.com*

**Ending A Wanted Pregnancy**

*www.endingawantedpregnancy.com*

**A Heartbreaking Choice**

*www.aheartbreakingchoice.com*

**National Abortion Federation**

*www.prochoice.org*

**Planned Parenthood**

*www.plannedparenthood.org*

**Reproductive Health Access Project**

*www.reproductiveaccess.org*

**So I Had An Abortion**

*https://soihadanabortion.squarespace.com/*

**Termination for Medical Reasons**

*https://community.babycenter.com/groups/a6325/termination_for_medical_reasons*

## Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

- ☐ **UWMC Maternal and Infant Care Clinic:** 206.598.4070
  1959 N.E. Pacific St.
  Seattle, WA 98195
- ☐ **UWMC Women's Health Care Center:** 206.598.5500
  4245 Roosevelt Way N.E.
  Seattle, WA 98195
- ☐ **UWPC Northgate Family Medicine:** 206.528.8000
  314 NE Thornton Pl
  Seattle, WA 98125
- ☐ **Harborview Family Medicine Clinic at the Pat Steele Building:**
  206.744.8274, option 2
  401 Broadway, Suite 2018
  Seattle, WA 98104
- ☐ **Women's Clinic at Harborview:**
  206.744.3367
  325 Ninth Ave., Ground Floor,
  West Clinic, Seattle, WA 98104


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