

Making a decision about your pregnancy

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About Abortion Methods

The first step to making an informed decision concerning the outcome of your pregnancy is to make sure you are pregnant. See a health care provider for a pregnancy test, a physical examination, and possibly an ultrasound procedure to accurately determine how far along you are. The stage of pregnancy will affect pregnancy decisions. If you decide on abortion, the stage of pregnancy will affect the method your doctor uses to terminate your pregnancy.

A careful assessment of your health history may also reveal information important to your decision-making about abortion. For example, are you in good health now? What is your blood type? Do you have an illness or condition, such as diabetes or high blood pressure, which would complicate a pregnancy? Is there a genetic family trait that could affect your fetus? Has the fetus been exposed to toxic substances like alcohol or "street drugs" that can cause damage? Is this pregnancy the result of rape or incest? And, it is vitally important to know what your options are for this pregnancy: adoption, abortion, or continuing the pregnancy and parenting a child.

Abortion Risks

Prior to any abortion procedure, it is important to make sure that the [pregnancy is in the uterus](#). Generally speaking, the earlier in pregnancy an abortion is performed the safer it is for the woman. The risk for complications increases with advancing fetal age. According to year 2000 data from the Centers for Disease Control and Prevention (CDC), the overall risk of dying as a direct result of a legal abortion in the U.S. is less than 1 per 100,000 procedures. According to year 2000 data from the Centers for Disease Control and Prevention (CDC), the overall risk of dying as a direct result of a legal abortion in the U.S. is less than 1 per 100,000 procedures.

Some of the risks and possible complications of different abortion procedures are listed in the next section. More descriptive comments can be found at the end of this section.

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Possible Medical Risks or Complications of Abortion

Infection

Bacterial infection is an uncommon complication of abortion. Rates are low: less than 1% in vacuum aspiration abortion, but may be slightly higher for later abortion procedures. Bacteria from the vagina can enter the dilated cervix and from there, go upward into the uterus and fallopian tubes. Antibiotics are often given at the time of abortion to "head off" potential infections. Antibiotics will be used to treat any infection that develops. Rarely, repeat suction or surgery may be needed. Prompt reporting by the woman of any infection symptoms is important to reduce the seriousness of an infection and potential complications. Symptoms of infection may include fever and chills, increasing pain, odorous vaginal discharge and increased bleeding.

Incomplete abortion

Fetal tissue or other products of pregnancy may not be completely emptied from the uterus. When this occurs, heavy or irregular bleeding and infection may result. Incomplete abortion often requires a repeat procedure such as a D&C. The reported rate of this complication is low: less than 1%.

Cervical injury

Injury to the cervix (the opening to the uterus) can occur during abortion procedures. This may be either a surface cut or a deeper tear in the tissue. The risk of damage to the cervix is made smaller by gradual dilation techniques. Multiple abortion procedures may result in future pregnancy complications such as incompetent cervix (weak cervix), that could lead to a pre-term birth. Injury to the cervix occurs in less than 1% of all abortions and is rarely permanent.

Uterine perforation

A medical instrument used in the abortion procedure can go through the wall of the uterus. Depending on the location of the injury and the depth of the perforation, there may be bleeding or injury to surrounding organs. Perforation can also provide an entry point for an infection. An assessment for possible injury must be done. Occasionally surgery is needed but often, observation of the woman is all that is needed. The risk of perforation is related to the stage of the pregnancy and the experience of the abortion provider.

Heavy bleeding (hemorrhage)

Some bleeding will be noted following all abortion procedures. Heavy bleeding, however, is not common. Following an abortion, the woman is observed in the doctor's office for any immediate signs of problems and she will be instructed about what to watch for after she leaves the doctor's office. Heavy bleeding may be treated by repeat suction or medication. Surgery or blood transfusion is very rarely needed.

Retained blood clots in the uterus

Bleeding within the uterus can clot before it is expelled. This results in severe uterine cramping. It occurs in less than 1% of all abortions. The clots are usually removed by a repeat vacuum aspiration procedure or medication.

Allergic reactions and Anesthesia-related complications

Any surgical procedure that requires anesthesia or medications carries with it a small risk due to the human response to the drugs. Adverse drug reactions can be allergic reactions and cause rashes, shortness of breath, nausea, vomiting, or swelling. These reactions may occur with medications or local and general anesthesia. If a woman is allergic to "Novocain" it is important to alert the abortion provider because lidocaine is the most commonly used anesthetic drug. Locally applied anesthetics are much safer than general anesthetics (the kind

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that make a person sleep). General anesthetics are almost never used for first trimester abortion procedures. They are frequently used in the second trimester.

Other considerations:

- Rh immune globulin therapy: Protein material found on the surface of red blood cells is known as the Rh factor. If a woman and her fetus have different Rh factors, the woman must receive medication to prevent the development of antibodies that would endanger future pregnancies.
- Infertility: Most causes of infertility have nothing to do with abortion. Occasionally, getting pregnant may be difficult after an abortion, especially if there were complications.

Breast cancer

The American College of Obstetricians and Gynecologists (ACOG) reported, in their June 2009 *Committee Opinion Induced Abortion and Breast Cancer Risk*, that: "...prospective studies conclude there is no association between induced abortion and breast cancer" and that: "Early studies of the relationship between prior induced abortion and breast cancer risk were methodologically flawed. More rigorous recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk."

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) supports the view that there is a causal relationship between breast cancer and the termination of pregnancy. The subject can be explored in more detail by referring to the reference lists in this website.

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Methods used prior to 12 weeks (14 weeks from the last menstrual period)

Early Medical Abortion

Medical abortion is achieved by the action of drugs that interfere with the growth and continued development of the fetus.

Over 29% (29.3%) of abortions done in Alaska in 2009 were done by medical (non-surgical) means.

The first drugs given will:

- cause the placenta to separate from the uterine wall
- stop the fetal cells from growing and dividing

A second drug is given within a few days to cause the uterus to contract and expel the uterine contents of pregnancy.

This method takes longer than surgical abortion procedures. The entire procedure generally takes place over the space of a week or less but could take longer. A follow up visit is needed to be certain the uterus is completely empty.

Possible complications and side effects:

- [incomplete abortion](#), which may require a D&C (about 3 per 100 procedures)
- [allergic reactions](#) to the medications
- nausea and/or vomiting
- painful cramping
- diarrhea
- fever or chills
- [infection](#)
- [heavy bleeding](#)

Vacuum Aspiration

- Seventy-two percent of all abortion procedures done in Alaska in 2009 were done by the vacuum aspiration method.
- A visit to the doctor's office will be required before the procedure for a preliminary examination, ultrasound, laboratory testing, and to obtain informed consent.
- This procedure can sometimes be accomplished during one long office visit or may require a second visit to complete the procedure. The actual vacuum aspiration procedure generally takes 10-30 minutes plus one to two hours for recovery.

There are several steps involved:

- A local anesthetic is used to block pain at the cervix (opening to the uterus).
- The cervix is gently opened to about the diameter of a fountain pen. This may be accompanied by menstrual-like cramps.
- A cannula (a small, hollow tube) is inserted into the uterus.
- A vacuum is applied and the uterine contents are extracted by this suction. This may cause some cramping.

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- A follow-up appointment should be made for two to three weeks later.

Possible complications:

- [incomplete abortion](#) (more likely in the very early weeks of gestation) requiring a D&C
- [infection](#)
- [retained blood clots](#) in the uterus
- [heavy bleeding](#)
- [uterine perforation](#)
- [cervical injury](#)

Dilation and Curettage (D&C)

- Although D&C was traditionally used for abortions, most surgical abortions are now done by vacuum aspiration. This procedure can be accomplished within 24 hours, including recovery time at the clinic.
- No D&C abortion procedures were reported done in Alaska in 2009.

These are the steps involved:

- A local anesthetic is used to block pain at the cervix (opening to the uterus)
- The cervix is gently opened to about the diameter of a fountain pen. This may be accompanied by menstrual-like cramps.
- A curette, a tiny metal loop, is used to gently scrape the walls of the uterus to remove the uterine contents of pregnancy. This may cause some cramping.
- A follow-up appointment should be made for about two to three weeks later.

Possible complications:

- [incomplete abortion](#) (more likely in the very early weeks of gestation)
- [infection](#)
- [retained blood clots](#) in the uterus
- [heavy bleeding](#)
- [uterine perforation](#)
- [cervical injury](#)

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Methods used after 12 weeks (14 weeks from the last menstrual period)

Dilation and Evacuation (D&E)

This procedure can usually be done within 24 to 48 hours.

D&E procedures accounted for 2.6% of all the abortion procedures done in Alaska in 2009.

The steps involved are:

- The cervix must be opened up (dilated) a bit wider for procedures in the second trimester. This takes a little longer. Often an absorbent material is placed in the cervix. As the material absorbs moisture, it slowly dilates the cervix. This may take several hours; sometimes overnight. This may cause some cramping.
- After the cervix is dilated, anesthesia is given. This is often a combination of local anesthesia at the cervix as well as intravenous medication to reduce cramping and promote relaxation. This procedure can also be done under general anesthesia, that is the woman will be "sleeping".
- The uterine contents of pregnancy are then removed by [vacuum aspiration](#).
- After 14 weeks gestation, medical instruments such as forceps, curette (a scraping tool), or suction are often used to grasp and remove the uterine contents of pregnancy. It is not always possible to remove an intact fetus using this procedure.

Possible complications:

- [incomplete abortion](#)
- [infection](#)
- anesthesia-related complications, like [allergic reaction](#)
- [retained blood clots](#) in the uterus
- [heavy bleeding](#)
- [uterine perforation](#)
- [cervical injury](#)

Labor Induction

- Abortion by labor induction is a procedure generally used after 16 weeks' gestation. It also might be done when the fetus has already died in the uterus or has a fatal defect. Labor is started early and a fetus is delivered in much the same way as a full term pregnancy and delivery occur. The process generally takes 1-2 days. Hospitalization is almost always required.

The steps involved in starting early labor are:

- The cervix is prepared by "softening" so it will open easily as labor progresses. To do this, a medicated suppository, a gel, absorbent material, or a combination of these, is placed in the vagina or cervix.
- Labor (uterine contractions) is then started by giving additional medications. This can be done in several ways:
 - Vaginal suppository (most often used method)
 - By intravenous administration, that is, through an "IV" into an arm vein (often used method)
 - By intramuscular injection, that is, a "shot" (sometimes used method)
 - By administration directly into the uterus (almost never used method; a last resort)
- The duration of labor depends on the size of the fetus and the strength of uterine contractions.

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- The fetus will be pushed out of the uterus and delivered vaginally as a result of the contractions.

Possible complications:

- [incomplete abortion](#) requiring D&C for extraction of the placenta or retained fetal tissue
- [infection](#)
- [heavy bleeding](#)
- reactions to medication, such as nausea, vomiting, diarrhea, or [allergic reaction](#)
- [retained blood clots](#) in the uterus
- uterine rupture (rare)

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The Emotional Side of Abortion

Each woman having an abortion will experience the procedure differently from an emotional perspective based on the facts of her decision and circumstances such as her age, stage of pregnancy, and her religious beliefs. Women often report having both positive and negative feelings after having an abortion. Women who say they feel comfortable with their decision before the procedure are less likely to report regret later. Some women say they have had conflicting feelings lasting a longer time. These feelings may include anger, grief, emptiness and guilt, or sadness, as well as relief. Women may be more likely to experience negative feelings or have difficulty after the procedure if they were forced into a decision they didn't want or they had previous depression or other mental health issues.

Counseling or support before and after an abortion is very important. If family or friends are not supportive of the woman's decision, the feelings that appear after an abortion may be harder to handle. This is also true if the procedure was undertaken in secrecy or isolation. Talking with a counselor before having an abortion can help a woman understand the factors that are part of her decision and the feelings she may have afterward.