

Termination of Pregnancy

What is termination of pregnancy?

Terminating or ending a pregnancy is usually done within the first 12 weeks after you become pregnant. Also called abortion, this procedure ends the pregnancy before the fetus can live outside the womb. Although it can be done up to the first 20 weeks, ending a pregnancy sooner is safer.

What are my options for ending pregnancy?

There are 2 different options. Terminations can be done with medications (medical termination) or by a vacuum procedure. The type of procedure you have depends on:

- Your medical history.
- How long you have been pregnant.
- Personal preferences.

Medical Termination

If you have a medical termination, it can be done up to 9 weeks of pregnancy. You will have a physical exam and ultrasound to confirm that your pregnancy is less than 9 weeks. Then your medical practitioner will give you two medications.

- The first medication is called **mifepristone** (it blocks the hormone progesterone and stops the pregnancy). You will be given the mifepristone pill to take orally (by mouth) during the medical office visit.
- The second medication is called **misoprostol**. It makes the uterus expel the fetal tissue as if you were having a miscarriage. You will be given 4 misoprostol pills to take home. You will place the pills in your vagina 24 to 72 hours after your clinic visit. If you are not comfortable doing this, another clinic appointment can be set up.
- The medical termination will complete 6 to 48 hours after placing the pills in your vagina. You will be given prescription oral medication for pain control. Some women prefer to have a medical termination because it can be done in the privacy of their home. Medical terminations work 95 percent of the time. If the medical termination does not work, you will have to come to the clinic for a vacuum procedure.

Vacuum Procedure

If you have a vacuum procedure in the first 12 weeks of pregnancy, it involves dilating, or widening the cervix (the opening to the uterus) slightly. Before the procedure you will have a physical exam and an ultrasound, and possibly other tests. There are several different ways the procedure can be done:

- Your doctor may place a sterile plastic tube into the uterus. Then, the pregnancy tissue and the uterine lining are removed by suction.
- In some cases, you may be asked to come in the day before your procedure to have a laminaria (seaweed stick) placed into your cervix. Or, you might be given some misoprostol tablets to put in the vagina before the procedure. Both these methods can help the cervix to soften. They can also make the procedure safer.

- For pain control during the procedure, your doctor may give you medication to numb the area as well as oral pain medication to put you in a light sleep.
- The vacuum termination is usually done as an outpatient procedure. This means that you can go home a short time afterwards if there are no complications. There is no overnight stay in the medical facility. Some women may prefer to have a vacuum termination because the procedure is faster.

If a vacuum termination is done later in a pregnancy (after 12 weeks), the procedure usually used is called dilation and evacuation. This is similar to an early vacuum termination, except the cervix must be more widely dilated. It is also done as an outpatient procedure.

What are the risks?

In general, ending a pregnancy is less risky than giving birth to a child. Complications from terminations are very rare. They occur in less than 2 out of every 100 cases. Most of these complications occur when terminations are performed after 14 weeks of pregnancy, and may include:

- Blood clots can collect in the uterus, but this is very rare.
- If all of the tissue is not taken out, then you will have to have a repeat vacuum procedure.
- Other risks such as bleeding, infection, injury to the uterus or other internal organs, or difficulty becoming pregnant in the future.
- With some very rare complications, it may be necessary to receive a blood transfusion, perform abdominal surgery, or remove the uterus.

What should I do if I think I'm pregnant and I want to end the pregnancy?

If you think you may be pregnant, you can test yourself using a home pregnancy test. Or, you can come into any Kaiser Permanente laboratory for a pregnancy test. Most home pregnancy tests are very accurate even within only a day or two after a missed menstrual period. Since these products are not all the same, you should follow the directions on the box carefully.

If your pregnancy test is positive, call to schedule an appointment to confirm the pregnancy. This will also let you know how many weeks pregnant you are. This would be a good time to talk about your pregnancy options with a health care professional.

Before deciding to end your pregnancy, you may want to talk to a trained counselor. If you decide to have an abortion, arrangements will be made for you to have a physical exam. You may also have a pelvic exam and possibly an ultrasound. Laboratory tests may be done as well. You should also call the Business Office at your local Kaiser Permanente facility to find out if your Health Plan coverage pays for termination of pregnancy or if there is a fee. Fees are different for patients whose coverage does not pay for abortion.

If you are pregnant and are considering ending the pregnancy, it's important to give it serious thought. Make sure to consider all your options. Here are three questions you might think about:

1. Are you sure you don't want to continue your pregnancy?
2. Would you consider continuing the pregnancy and adoption?
3. Are there any other possible solutions to your situation?

Remember that there is no “right” or “wrong” answer to these questions. The right choice is the one that you believe is best for you and your circumstances.

What should I expect after ending a pregnancy?

If you have a medical or vacuum termination and there are no complications, you can usually begin normal activities within a few days after the procedure. However, you should avoid strenuous activity, swimming, douching, and intercourse for at least 2 weeks. You may experience cramping and vaginal bleeding for several days.

You will need to use pads—not tampons—for the first 2 weeks. You can become pregnant again immediately, so you should start using an effective method of birth control right after the procedure. If you have a medical termination, it is very important to return for a follow-up ultrasound and exam. This will help make sure that you completely expelled the pregnancy and are not developing any signs of infection. Regardless of whether you have a medical or vacuum abortion, call your health care professional if you have:

- A fever over 100.4°F.
- Heavy bleeding that soaks through 2 sanitary pads for 2 hours or more.
- Severe cramps or abdominal pain.

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Additional resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Check your *Kaiser Permanente Healthwise Handbook*.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.