

Considering an early medical abortion

A medical abortion is an option for women who are less than 9 weeks pregnant (on the day the first pills are taken). A medical abortion brings on a miscarriage similar to a natural miscarriage.

As for all abortions, you are offered the opportunity of talking with a counsellor before making your decision. You also have to talk with 2 certifying doctors to make the abortion legal.

Two medications are taken on different days, usually 2 days apart. You have to be at the Family Planning clinic when you take them.

Once you have taken the second medication, you miscarry the pregnancy, usually within a few hours.

You are likely to have heavy bleeding and some cramps (which may be strong) at the time the miscarriage happens. You need to have a support person who can stay with you, and access to a telephone.

You must have a blood test a week later to check that the abortion is complete. You may bleed for a few weeks after the miscarriage.

Occasionally the medication doesn't work. In that case, you would be referred for a surgical abortion.

So there are several visits to the clinic – at least one more than if you have a surgical abortion.

Family Planning provides confidential and non-judgemental sexual and reproductive health and education services. For more information about Family Planning resources, clinics and health promotion services, go to our website familyplanning.org.nz

Comparison between early medical and surgical abortion

EARLY MEDICAL ABORTION	SURGICAL ABORTION (FIRST TRIMESTER)
Up to 9 weeks (63 days) pregnancy	Up to 12 weeks 6 days
Same legal requirements	
Same pre-abortion tests: at Family Planning or primary health care provider	
Abortion takes more visits to Family Planning and 2 blood tests: - Day 1 medicine and blood test - Day 2 medicine (24 to 48 hours later) - Day 5 blood test - Follow-up within 2 weeks	Abortion takes fewer visits: - Operation (in a clinic or hospital) - Follow-up within 2 weeks
Miscarriage occurs at home	Abortion occurs in clinic or hospital
Difficult to predict how long it will take and how much pain and bleeding there will be – depends on woman and how many weeks pregnant	More predictable: most women experience similar effects in a similar timeframe
Miscarriage occurs over several hours or days	Procedure takes 3-5 minutes (total clinic time 2-3 hours)
Bleeding usually lasts longer, can be heavy with clots for 2 weeks or longer	Bleeding finishes more quickly, usually within 2 weeks, and is lighter
Cramping ranges from mild to very strong. There are usually strong cramps during the miscarriage itself, which is usually within 4-6 hours of having the second medicine	Procedure carried out with medicine to help pain. Some women don't feel anything, others find procedure causes cramps and discomfort; a few find it painful
Procedure is usually successful (97-99% depending on how many weeks pregnant). It is important to make sure there is no ectopic pregnancy (in the tube). If the procedure fails a surgical procedure may be recommended	Procedure is usually successful (99%). If it fails it needs to be repeated
Both methods are very safe. Serious complications are very rare. It is extremely rare for future fertility to be affected	
Some women prefer this method as: - It may seem more natural, like a miscarriage - It can be carried out very early in pregnancy - It can occur at home with support people - No operation (unless it fails)	Some women prefer this method as: - It is quick, over in a few minutes, with less time, cramping and bleeding (during and afterwards) - It is highly successful
Some women dislike this method as: - It takes several days and several visits to the clinic - How long it takes can't be predicted - Cramping can be severe and last for longer - It fails slightly more often (depending on how many weeks pregnant)	Some women dislike this method as: - It may not be done as early in pregnancy - There is an operation - They have less control over the procedure