

Termination of Pregnancy (Induced Abortion)

What is an induced termination of pregnancy?

Termination of pregnancy (TOP) is the act of ending a pregnancy intentionally. It uses surgery or medicine to prevent the live birth of a baby. It may also be called an induced or therapeutic abortion.

Most often, TOP is done because the pregnancy is unplanned or unwanted. However, sometimes there are medical or mental health reasons for doing a TOP.

Dealing with an unplanned or unwanted pregnancy is very difficult. Talking with your partner, family, clergy, friends, and healthcare provider may help you decide what to do. You may choose to:

- Continue the pregnancy and raise the child
- Continue the pregnancy and find someone to adopt the baby
- End the pregnancy by having a legal TOP

Specially trained counselors can help you explore your choices and answer questions. The goal of counseling is to provide information that will help you make the decision.

What types of procedures may be performed?

The type of procedure used for a TOP depends on the stage of pregnancy and state and federal laws. You should discuss your options with your healthcare provider. Be sure to ask if there are any special laws that might affect your ability to have TOP. Keep in mind that laws about TOP may be different depending on which state you live in.

- If it has been just 1 or 2 weeks since your period should have started, a procedure called a menstrual extraction might be done.
- If it has been less than 7 weeks since your last period, then a medicine, such as the oral medicine mifepristone (Mifeprex, or RU 486), may be used.
- If it has been 7 to 13 weeks since the first day of your last menstrual period, the most common procedure is dilation and vacuum curettage.
- The procedure most often used between the 13th and 21st weeks of pregnancy is called a dilation and evacuation (D&E). This procedure should be performed only by specially trained providers who are skilled in the technique.
- For pregnancies after 14 to 16 weeks, medicines may be used to make the uterus contract and deliver the baby and placenta. This is similar to inducing labor.

Be sure to talk to your healthcare provider about the possible side effects and complications of the type of procedure you are going to have. There are often medical reasons to choose one type of procedure over another.

What happens before the procedure?

Your healthcare provider will ask about your medical history and give you a physical exam, including a pelvic exam. You may have a Pap test and urine and blood tests. You may have an ultrasound exam to determine the stage of your pregnancy. If you decide to have a TOP, your provider will tell you about any special steps you need to take before the procedure.

How are these procedures performed?

Menstrual extraction

Menstrual extraction is a procedure that can be done only very early in pregnancy. It can be done in your healthcare provider's office.

Your provider will put a speculum into your vagina (just like when you have a PAP test). He or she will then place a small tube into your womb through the cervix. (The cervix is the opening to the womb.) The tube is used to remove the pregnancy tissue with suction.

Medicines used early in pregnancy

Mifepristone (Mifeprex or RU 486) is a medicine you can take by mouth to end a pregnancy. It is also called the abortion pill. It may be used within 7 weeks of the first day of your last period. It blocks one of the hormones you need to stay pregnant. The earlier in the pregnancy the medicine is taken, the more likely it is to be effective.

You will probably start having vaginal bleeding 1 or 2 days after you take mifepristone. Usually 2 days after taking the mifepristone you will take another medicine called misoprostol. This second medicine causes cramping of the uterus and helps empty the uterus.

After you have taken both medicines your healthcare provider may want you to have an ultrasound scan to make sure that all pregnancy tissue is gone.

If you have heavy bleeding after taking the medicine, you may need a procedure called a dilation and curettage (D&C). The D&C is a scraping of the inside of the uterus. It removes any remaining pregnancy tissue and blood clots. It stops heavy bleeding. Most women do not need to have a D&C after using mifepristone.

Mifepristone cannot be used if you have certain medical conditions. Discuss this with your healthcare provider.

Other combinations or types of medicines may be prescribed by your healthcare provider to end a pregnancy.

Vacuum curettage

A vacuum curettage is a surgical procedure usually done in an operating room, emergency room, or specially equipped procedure room in your healthcare provider's office. It is also called a suction dilation and curettage, or suction D&C. Before the procedure you will be given a local or general anesthetic to keep you from feeling pain during the procedure.

Your healthcare provider will dilate and open up the cervix just enough to allow a small plastic tube to be put into the womb. The tube will be attached to a vacuum pump. The pump will suction the pregnancy tissue out of the womb. Your provider may also use a spoonlike tool called a curette to scrape the walls of the womb and make sure that all pregnancy tissue has been removed.

Dilation and evacuation (D&E)

A D&E is a surgical procedure that may be done if you are 13 to 21 weeks pregnant. Because the baby is larger at this stage of the pregnancy, the cervix needs to be opened more than for a vacuum curettage. To do this safely, the cervix may need to be prepared 24 to 48 hours before the procedure. To prepare the cervix, your healthcare provider will gently place some special material in the shape of very small sticks inside the cervix. The sticks are called laminaria and are made from a type of seaweed. The sticks absorb water from the body, which makes them swell. This causes the cervix to gently open up and helps make the procedure safer. After placement of the sticks, you will usually go home. Your provider will examine your cervix the next day. If it has opened enough, the D&E can be done. If not, a second set of sticks may be inserted and the D&E may be done the next day.

The D&E is done in an operating room. General anesthesia is usually used, so you are asleep during the procedure. The procedure is similar to a suction curettage. After the sticks are removed, the cervix may be gently opened more with metal rods. The pregnancy tissue will be removed with instruments and suction. The uterus will be scraped to be sure the tissue has been removed. You will then be given medicine through an IV to contract the uterus.

Medicines used for second-trimester TOPs

Certain medicines may be used for TOPs after the 14th to 16th weeks of pregnancy. These medicines cause contractions that lead to labor and delivery. The medicine is usually given at the hospital. This method is often used when there is a need to examine a baby after a TOP. This happens most often when there is a suspected severe birth defect in the baby and examination of the baby will help provide an explanation for why the problem happened.

The 2 medicines used most often are dinoprostone and misoprostol. Your healthcare provider puts a series of tablets or suppositories of the medicine in your vagina until the baby and placenta are delivered. The medicine may cause some nausea, fever, and diarrhea. These side effects are temporary and can be controlled with other medicines. Your provider will give medicine to relieve any pain. Nearly all women deliver the baby within 24 hours after starting the medicine.

After the baby is delivered by any of these procedures, you may still need to have a dilation and curettage (D&C) to remove any pregnancy tissue left in the womb.

What happens after the procedure?

After each of these procedures, you are observed for 1 or more hours to check for complications. The length of time in recovery depends on the type of procedure you had and the kind of anesthetic you were given.

If your blood is Rh negative, you will be given a shot of medicine that will help prevent problems with incompatible blood types in future pregnancies.

Before you go home, you may be given an antibiotic to prevent infection. You may also be given a medicine to contract the uterus. Your healthcare provider will tell you how long to wait before having sex again. You should discuss ways to prevent an unplanned pregnancy using one of the many choices for safe birth control. Your provider may prescribe a method for you. Someone should drive you home.

It's normal to have some cramping for a few days after the TOP while the uterus contracts to its normal size. It is also normal to have some small amounts of bleeding for several days. Other possible side effects from a TOP and the medicines used during the process include:

- Headaches
- Nausea and vomiting
- Feeling warm or having chills
- Dizziness
- Tiredness

Most women are able to return to their normal daily activities within a day or so after the TOP if there are no complications. Recovery time may be longer if the TOP was done after 16 weeks of pregnancy.

Make sure you follow all of your provider's instructions for taking care of yourself and for a follow-up visit.

What are the possible complications of a TOP?

TOPs done by licensed healthcare providers are generally safe. The rate of complications from TOPs done by experienced providers is very low. Possible complications include:

- A tear in the uterus if a surgical tool goes through the wall of the uterus and possible injury to another nearby organ, such as the bowel or bladder, which would require more surgery
- Infection
- Excessive bleeding
- An unsuccessful procedure that does not end the pregnancy
- Psychological or emotional problems after the TOP
- Scar tissue inside the uterus
- Trouble getting pregnant after several TOPs or after a complicated TOP
- Problems with the baby's development if a TOP fails and the pregnancy continues, although this is rare

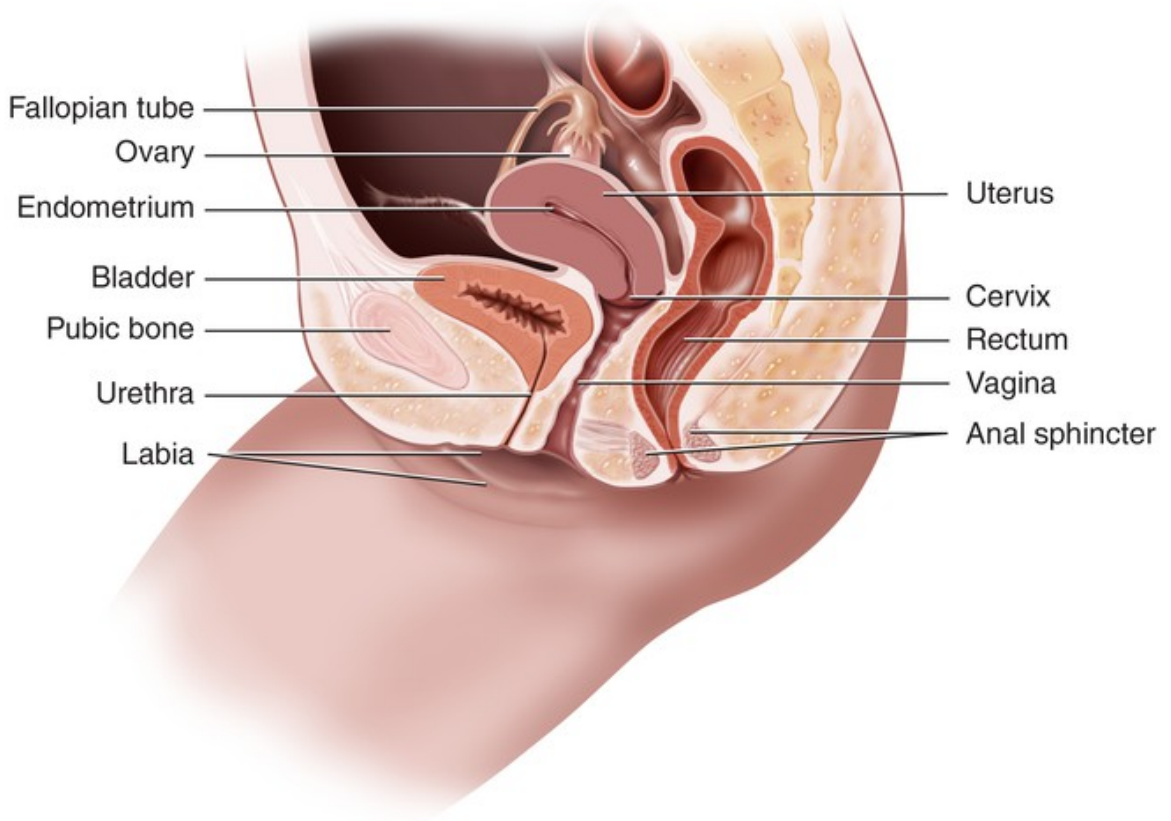
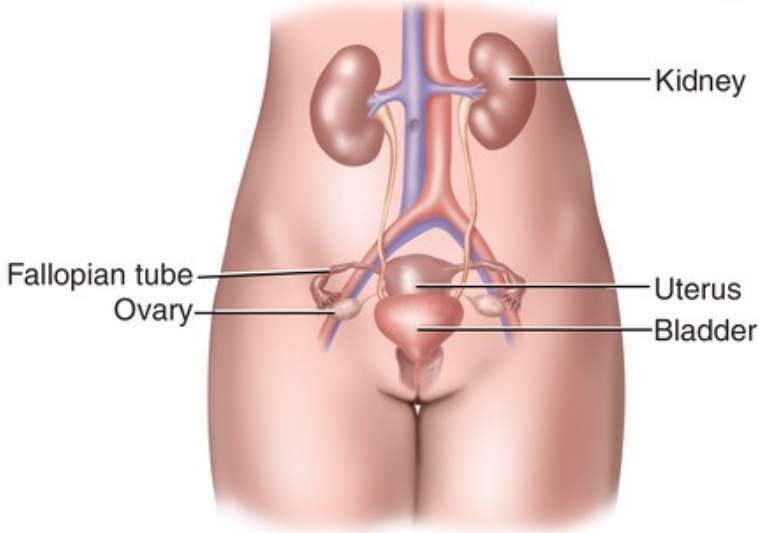
Some women are depressed after having a TOP. This may happen right after the TOP or weeks or months later. If you are feeling depressed, tell your healthcare provider. Your provider can help you find support and counseling.

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Female Pelvis

(Female Pelvis)



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