PROCEDURE

Abortion - medication

Medication abortion uses medicines to end an early pregnancy without surgery.

PURPOSE
To end a pregnancy using medicines

PROCEDURE TYPE
Therapeutic; outpatient medication procedure

WHERE IT IS DONE
Outpatient clinic, telehealth service, or home

ANAESTHESIA
None; pain-relief medicines are usually offered

HOW LONG IT TAKES
Usually 1-2 days from the first medicine

PREPARATION
Pregnancy assessment, medication review, and an agreed follow-up plan

RECOVERY
Usually days; avoid driving if dizzy or sedated

MAIN RISKS
Heavy bleeding, infection, incomplete abortion, ongoing pregnancy

RESULTS
Usually confirmed within 1-2 weeks

Overview

A medication abortion uses medicines to end a pregnancy without instruments being placed inside the uterus. It is also called a medical abortion or "the abortion pill."

The usual method uses two medicines. Mifepristone blocks progesterone, a hormone needed for pregnancy to continue. Misoprostol then softens the cervix and makes the uterus contract and empty. In some settings, misoprostol is used alone.

Treatment may take place through a clinic, at home, or through telehealth. Availability depends on pregnancy duration, your health, local law, and the service providing care. Cramping and bleeding are expected and are usually strongest after misoprostol.

Why the procedure is performed

Medication abortion is performed when someone chooses to end an intrauterine pregnancy, meaning a pregnancy developing inside the uterus.

It avoids surgery and can often be completed privately. However, it takes longer and is less predictable than a procedural abortion, and you remain awake during the cramping and bleeding.

Medication may also be used when a pregnancy has stopped developing, although assessment and follow-up may differ.

Who should and should not have it

Medication abortion may be suitable within the pregnancy limit treated by the service. Later medication abortions are possible but use different protocols and may require clinic or hospital care.

It may not be suitable, or may need to be delayed, if:

An ectopic pregnancy grows outside the uterus, usually in a fallopian tube, and abortion medicines do not treat it. Ultrasound is not required for everyone but may be recommended if pregnancy dates are uncertain or symptoms suggest an ectopic pregnancy.

An IUD can usually be removed before treatment. Other health conditions may change where or how treatment is provided.

- An ectopic pregnancy is suspected
- You are allergic to either medicine
- An intrauterine device, or IUD, remains in place
- You have certain bleeding disorders or take anticoagulants like warfarin or apixaban
- You have chronic adrenal failure or use long-term corticosteroids like prednisone or hydrocortisone
- You have inherited porphyria
- You cannot obtain urgent care if a serious problem develops

How to prepare

The treating facility's own instructions take priority over general information in this article.

Your healthcare team will review your last period, medical history, allergies, and medicines. Tell them about steroids, anticoagulants or "blood thinners," bleeding conditions, and any previous ectopic pregnancy.

You may need a pregnancy test, blood tests, or an ultrasound. Blood-group testing and anti-D treatment depend on pregnancy duration and local guidance.

Arrange access to:

A trusted person nearby may help. Ask how to contact the service after hours, where to obtain emergency care, and how you will confirm that the abortion is complete.

- A phone and emergency transport
- Sanitary pads
- Recommended pain relief
- A comfortable place to rest

What happens during the procedure

You usually take mifepristone first. Light bleeding or cramping can occur, but many people notice little immediately.

Misoprostol is taken later according to the service's instructions and may be placed in the mouth or vagina. Do not change its timing or route without advice.

Cramping and bleeding usually begin within several hours. Bleeding is often heavier than a period and may include clots or visible pregnancy tissue.

Nausea, diarrhoea, chills, headache, dizziness, and a temporary fever may occur and commonly settle within a day. Some people need more misoprostol. A small number need a procedural abortion because tissue remains, bleeding is too heavy, or the pregnancy continues.

Recovery and what to expect afterward

Cramping is usually strongest while the pregnancy passes and then becomes milder. Use only recommended pain medicines; a heating pad may help. Eat and drink normally, choosing small, plain meals if you feel nauseated.

Rest while symptoms are strong, then return gradually to normal activity. Bleeding or spotting may continue for days or longer but should generally become lighter.

Do not drive if you feel faint, dizzy, distracted by pain, or affected by sedating medicine. Many

people return to work or study within one or two days, although physical work or ongoing pain and bleeding may require more time.

Emotional responses vary and may include relief, sadness, mixed feelings, or little change. Support is available if wanted.

Risks and possible complications

Medication abortion is generally effective, but possible complications include:

If pregnancy continues after misoprostol exposure, discuss your options promptly with your healthcare team. Further treatment or specialist assessment may be advised because misoprostol can affect fetal development.

Medication abortion does not usually reduce future fertility.

- Heavy bleeding requiring urgent treatment or, rarely, transfusion
- Pregnancy tissue remaining in the uterus
- An ongoing pregnancy requiring further treatment
- Infection requiring antibiotics like amoxicillin or doxycycline
- An unidentified ectopic pregnancy
- An allergic reaction

Results and follow up

Follow the service's plan to confirm completion. This may involve a home pregnancy test at a specified time, telephone review, blood tests, ultrasound, or an in-person visit.

Pregnancy tests can remain positive for a while after a successful abortion, so do not test earlier than instructed. Contact the service if the test remains positive when it should be negative, pregnancy symptoms continue, or you had little or no bleeding after misoprostol.

Fertility can return quickly. Discuss contraception if wanted; some methods can begin during or soon after the abortion.

Alternatives

A procedural abortion removes the pregnancy through the cervix using suction and sometimes

other instruments. It is generally faster and more predictable but requires a clinic or hospital procedure and may involve local anaesthetic, sedation, or general anaesthesia.

Continuing the pregnancy is another option and should include prenatal care, whether you later choose parenting or adoption.

If uncertain, ask about counselling or additional decision-making time. Waiting may reduce the methods available, so ask how timing affects your options. Consider privacy, pain, bleeding, travel, anaesthesia, and whether you prefer to avoid or complete treatment in a clinic.

When to call your healthcare team

Some cramping, bleeding, clots, nausea, chills, and tiredness are expected.

Contact your healthcare team promptly if:

Seek urgent or emergency care if:

Tell emergency staff that you are pregnant or recently used abortion medicines so they can assess bleeding and possible ectopic pregnancy quickly.

- Pain does not improve with recommended medicine
- You have no bleeding after misoprostol
- Fever, abdominal discomfort, vomiting, diarrhoea, or weakness continues beyond the timeframe in your instructions
- Bleeding remains heavier than expected or smells unpleasant
- Pregnancy symptoms continue or your planned test remains positive
- You soak two full-size sanitary pads an hour for two consecutive hours
- You faint, feel severely weak, or have trouble breathing
- You have severe or worsening abdominal pain, especially on one side
- You have shoulder-tip pain with dizziness or abdominal pain
- You develop facial swelling, wheezing, or other signs of a severe allergic reaction

Common questions

Will I be asleep?

No. Medication abortion does not usually involve anaesthesia or sedation.

Can I drive home?

You can usually drive after mifepristone if you feel well and your service agrees. Do not drive during strong cramping, while dizzy, or after sedating medicine.

How painful is it?

Most people have moderate to strong cramps, often worse than a usual period. Pain usually peaks as the pregnancy passes and then improves.

When will I know it worked?

Bleeding and passing tissue suggest the medicines are working but do not confirm completion. Follow the planned test, ultrasound, blood test, or review, usually within one or two weeks.

Will I see the pregnancy?

You may see clots and tissue. What is visible mainly depends on the pregnancy duration.

Can I get pregnant again afterward?

Yes. Ovulation may return before your next period. Ask about contraception if you do not want another pregnancy now.

Sources

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