PROCEDURE

Abortion

Abortion ends a pregnancy using medication or a procedure that removes pregnancy tissue from the uterus.

PURPOSE
To end a pregnancy

PROCEDURE TYPE
Therapeutic: medication-based or minimally invasive surgical procedure

WHERE IT IS DONE
Home, outpatient clinic, or operating theatre

ANAESTHESIA
None for medication; local, moderate sedation, deep sedation, or general

HOW LONG IT TAKES
5-30 minutes procedural; hours to several days medication-based

PREPARATION
Medication review; possible tests, fasting, and arranged transport

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Incomplete abortion, heavy bleeding, infection, uterine injury

RESULTS
Immediate procedural assessment; follow-up may confirm medication abortion

Overview

Abortion is healthcare used to end a pregnancy. It may use medication or a procedure that removes pregnancy tissue through the cervix, the opening of the uterus.

The method depends on pregnancy length, your health and preferences, available services, and local law. Pregnancy length is usually counted from the first day of your last menstrual period. Ultrasound may be used if dates are uncertain or there are concerns about the pregnancy's location.

Medication abortion usually involves mifepristone followed by misoprostol. Misoprostol may also be used alone. Procedural abortion commonly uses gentle suction, called vacuum aspiration. Later in pregnancy, dilation and evacuation, or D&E, may use suction and instruments.

Why the procedure is performed

People seek abortion for personal or medical reasons, including:

Similar medications or procedures may be used when a pregnancy is no longer developing. Everyone deserves respectful, confidential care without having to justify their decision.

- Not wanting or being unable to continue a pregnancy
- A pregnancy that threatens physical or mental health
- A serious fetal condition
- Pregnancy after sexual violence
- Changes in family, financial, or personal circumstances

Who should and should not have it

Suitability depends on pregnancy length, health, symptoms, and preferences.

Medication abortion does not treat an ectopic pregnancy and may be avoided or require specialist planning if one is suspected. It may also be unsuitable with certain bleeding disorders, some blood thinners like warfarin or apixaban , chronic adrenal failure, long-term systemic corticosteroid use, inherited porphyria, or allergy to the medicines. An intrauterine device may need removal first.

Procedural abortion may be recommended when medication is unsuitable, you prefer clinic-based care, or tissue remains after medication. Hospital care or delay may be needed with an unstable medical condition, significant anemia, serious infection, or increased bleeding or anaesthesia risk.

Tell the team about previous ectopic pregnancy, caesarean birth, uterine surgery, bleeding problems, allergies, and all medicines and supplements.

How to prepare

Follow the treating facility's instructions because preparation varies by method, pregnancy length, and anaesthesia plan.

You may be asked about your health and last menstrual period. Testing may include pregnancy and blood tests, infection screening, or ultrasound, although ultrasound is not always required.

Ask which regular medicines to take. Do not stop a prescribed blood thinner without

instructions. If receiving sedation or general anaesthesia, you may need to stop eating and drinking beforehand.

Arrange transport home after sedation or general anaesthesia. Have sanitary pads, recommended pain relief, a phone, and a private recovery place available. For medication abortion, know whom to contact if the process does not occur as expected.

What happens during the procedure

For medication abortion, mifepristone is taken first and misoprostol later according to the prescribed schedule. Misoprostol causes cramping and bleeding that empty the uterus. Bleeding may be heavier than a period and include clots. Nausea, diarrhea, chills, or a brief fever can occur.

For vacuum aspiration, a speculum is placed in the vagina. The cervix may be numbed and gently opened. A thin tube then removes the pregnancy tissue with suction. The procedure usually takes several minutes.

D&E requires more cervical preparation, using medication or small dilators. Suction and instruments are then used to empty the uterus.

Pain control may include oral medicine, local anaesthetic, sedation, or general anaesthesia.

Recovery and what to expect afterward

Cramping is common and is often strongest during medication abortion. Use only recommended pain medicines. Bleeding or spotting may continue for days or several weeks.

Eat when you feel ready; fluids and light food may help if you are nauseated. Resume gentle activity as able, and follow instructions about exercise, vaginal sex, tampons, menstrual cups, bathing, and swimming.

Do not drive after sedation or general anaesthesia, while dizzy, or while affected by pain medicine. Many people resume usual activities within one or two days, but later procedures or physical work may require more time.

Emotions may include relief, sadness, grief, or a mixture. Confidential support is available if wanted.

Risks and possible complications

Abortion is generally safe when an appropriate method and follow-up care are available. Complications may include:

Uncomplicated abortion does not usually reduce future fertility. Ovulation can return before the next period.

- Remaining pregnancy tissue requiring medication or a procedure
- Ongoing pregnancy after medication abortion
- Heavy bleeding requiring urgent treatment or, rarely, transfusion
- Infection requiring antibiotics like amoxicillin or doxycycline
- Injury to the cervix or uterus
- Anaesthesia or sedation complications
- Failure to identify an ectopic pregnancy

Results and follow up

Procedural abortion is usually assessed immediately. After medication abortion, completion may be checked through symptoms, a home pregnancy test at a specified time, blood tests, ultrasound, or an appointment. Follow the exact schedule because pregnancy hormones can remain detectable temporarily.

Contact the clinic if bleeding or pregnancy symptoms do not change as expected, you are unsure whether treatment worked, or you want contraception or emotional support. The next period often returns within several weeks.

Alternatives

The main alternative is continuing the pregnancy to parent or make an adoption plan. Adoption changes parenting arrangements but does not avoid pregnancy, childbirth, or their medical risks.

If choosing abortion, options may include:

Availability depends on pregnancy length, health needs, services, and law.

- Medication abortion: More privacy and no uterine instruments, but less predictable timing and bleeding outside the clinic

- Vacuum aspiration: Usually completed quickly with immediate assessment, but requires an in-person procedure
- D&E: Available later in pregnancy and usually faster than medication induction, but requires cervical preparation and specialist care
- Medication induction in a hospital: Involves labour and delivery and generally takes longer

When to call your healthcare team

Contact your healthcare team promptly for bleeding, pain, fever, discharge, or pregnancy symptoms that do not match your instructions. Also call if you vomit soon after taking medicine or think you missed a dose.

Seek urgent or emergency care for:

Bring your care instructions and medicine information if possible. Do not delay emergency treatment if you cannot reach the abortion provider.

- Bleeding that soaks two large pads an hour for two hours, or your facility's threshold
- Fainting, severe weakness, confusion, or difficulty breathing
- Severe or worsening abdominal pain not relieved by recommended medicine
- One-sided pain, shoulder-tip pain, or faintness, which may indicate ectopic pregnancy
- Fever that persists, starts well after misoprostol, or occurs with worsening pain
- Foul-smelling discharge with fever or feeling seriously unwell

Common questions

Will I be asleep?

Medication abortion requires no anaesthesia. Procedural abortion may use local anaesthetic, sedation, or general anaesthesia.

Can I drive home?

Not after sedation or general anaesthesia. After medication abortion, do not drive if dizzy, in severe pain, or affected by pain medicine.

How painful is it?

Medication abortion often causes strong cramps. Procedural abortion may cause pressure and cramping, reduced by anaesthesia and pain relief.

When will I know it worked?

Procedural abortion is usually assessed immediately. Medication abortion may require symptom review, testing, or ultrasound over the following days or weeks.

Can I get pregnant again afterward?

Yes. Fertility can return before the next period. Ask about contraception if wanted.

Will anyone be told?

Healthcare services generally protect confidentiality, but laws, insurance records, and health portal access differ. Ask the facility about information and billing.

Sources

- World Health Organization. Abortion care guideline . 2022
- American College of Obstetricians and Gynecologists. Medication Abortion Up to 70 Days of Gestation , Practice Bulletin No. 225. 2020
- National Institute for Health and Care Excellence. Abortion care , guideline NG140
- Royal College of Obstetricians and Gynaecologists. Best practice in abortion care . 2022
- U.S. Food and Drug Administration. Mifeprex prescribing information . 2023
- National Academies of Sciences, Engineering, and Medicine. The Safety and Quality of Abortion Care in the United States . 2018