MEDICAL ABORTION

What is it?
Medical abortion is an abortion caused by medicine rather than surgery. In Canada, two medications are used in medical abortions: methotrexate and misoprostol. Methotrexate is given first, followed in a few days by misoprostol.

When and where is it available?
A medical abortion is available only to women who are less than 7 weeks pregnant from the first day of their last period or 5 weeks from the date of conception. The medication is administered in a clinic or doctor’s office.

Is it safe?
Methotrexate has been used for over 50 years to treat certain types of cancer. It has been studied and used as a safe method of medical abortion since the early 1990s. It stops the implantation of the embryo that occurs during the first several weeks after conception.

What happens before the abortion?
An ultrasound will be done to confirm the actual date of the pregnancy prior to the procedure.

How is it done?
There are three steps involved in a medical abortion.

1. You will take the first medication, methotrexate, at the clinic in a shot or by mouth. This is the medication that stops the pregnancy. It isn’t unusual to have some bleeding after this medication is given, but the procedure is not complete.

2. Within the next few days, your clinician will tell you how and when to take the misoprostol. This is the medication that empties your uterus. You will probably start to have strong cramps and bleeding, similar to a heavy period. Pain medicine or a heating pad can help with the cramps. You may also have nausea, vomiting, diarrhoea, fever, chills, or feel tired. If you soak more than two maxipads an hour for two hours in a row, you should call your clinician. Your clinician will tell you what number to call for advice.

3. It is important that you return to the clinic for a follow up to make sure that the abortion is complete. The clinician will usually do a pelvic examination or ultrasound at this visit. In the rare case that your abortion is incomplete, you may need to take an additional dose of misoprostol or simply wait and return for another visit in a week or two.
How effective is it?
For about 1 to 2% of the women, this procedure will not work. Another 4 to 5% of women choose surgery because they are having delayed reactions to the medications and don’t want to wait. Less than 1% have complications such as serious infections or serious bleeding.

What if it doesn’t work?
If you are still pregnant when you return for your visit, you will need a surgical abortion. At this point, it is not feasible to continue with the pregnancy, as the medications would have affected the development of the fetus.

Will it affect future pregnancies?
The medications leave your body within one week and do not affect future pregnancies or your general health.

Who shouldn’t get a medical abortion?
A medical abortion may not be the best option for women:

- with certain physical conditions or women currently using an IUD
- who want the abortion over quickly
- who cannot return for follow up visits
- who cannot understand the instructions because of language or comprehension barriers.

It is very important to tell the abortion provider of any allergies or drug sensitivities you have, any medications or supplements you take, and any health problems or diseases you have.

What if I have sex and don’t use Birth Control?
Did you know that ...for up to 120 hours (5 days)...after sex...you can take emergency pills to avoid becoming pregnant? (The sooner they are taken after an episode of unprotected intercourse the more effective they are)...AND for 7 days...after sex...you can have an IUD put in, so you won’t become pregnant. Not all doctors know about this. If you need to know more or would like the phone numbers of doctors or clinics near you that have emergency birth control, call the 1-800 SEX SENSE Life line at 1-800-739-7367 or 604-731-7803 in the lower mainland.

www.optionsforsexualhealth.org