

Abortion Procedures and Risks

Abortion Pill - medication abortion (up to 11 weeks after LMP in NE and 6 weeks in IA)

FDA approved for use up to 10 weeks after LMP

The abortion pill involves 2 medications. The first medication is Mifeprex, which blocks progesterone and interrupts pregnancy development prompting detachment of the implanted embryo. Secondly, Misoprostol is taken up to 48 hours later, inducing contractions to empty the uterus. Expect strong cramping, bleeding, nausea and vomiting. A final visit to the clinic may be scheduled to ensure the abortion is completed. *(Some women may require a surgical abortion to complete the process. The percentage of this occurring increases with gestational age)*

Risks & Side Effects:

- *Incomplete Abortion * Bleeding/Hemorrhaging * Infection *Severe Pain/Cramping * Nausea/Vomiting/Diarrhea *Fever/Chills/Headache/Dizziness
*Not advised for women with anemia, bleeding disorders, liver or kidney disease, seizure disorder, acute inflammatory bowel disease, or an IUD

CAUTION: A medication abortion occurs in private; as such, you may not be expecting to see the results of ending your pregnancy. For example, viewing a discernable head and limbs.

**For information on the abortion pill reversal: Call the rescue hotline (877) 558-0333 or chat online <https://www.abortionpillreversal.com>*

Do Not Buy Mifeprex Over the Internet

You should not buy Mifeprex over the Internet because you will bypass important safeguards designed to protect your health.

Mifeprex has safety restrictions on how it is distributed to the public. In addition, drugs purchased from foreign Internet sources are not the FDA-approved versions of the drugs, and they are not subject to FDA-regulated manufacturing controls or FDA inspection of manufacturing facilities.

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>

Suction Curettage - surgical in-clinic abortion (up to 16w after LMP) *Not available in NE after 12 weeks *Not available in IA after 6 weeks

The cervix is opened with a dilator and the doctor inserts tubing connected to a suction machine into the uterus. The suction pulls the fetus's body apart and empties the uterus. After 14 weeks, the cervix will be softened by giving Misoprostol, orally or vaginally, so dilation is easier for the larger fetus.

Dilation & Evacuation - D&E (16w to 25w after LMP) *Not available in NE or IA

In this procedure, the cervix is softened by giving Misoprostol, orally or vaginally, so the cervix can be opened wider than in a first trimester abortion, allowing the doctor to pull out the fetal parts by combination of suction, curette and/or with forceps. The fetus's skull is crushed to ease removal.

Late Term Abortion – Induction Abortion (25w after LMP to full term) *Not available in NE or IA

A lethal dose Digoxin is injected into the fetus's heart or amniotic fluid initiating a fatal heart attack. The cervix is treated for 2-3 days to prepare the deceased fetus for delivery. On the final day, the woman is given Oxytocin to induce labor leading to vaginal delivery.

Risks of Abortion: Heavy or continued bleeding, infection, sepsis (infection entering blood), incomplete abortion, allergic reaction to drugs, damage to cervix, scarring of uterus lining, perforation (causing a hole) of the uterus, damage to internal organs, increasing risk of breast cancer, death. Abortion is linked to subsequent preterm births and increased risk for mental health issues.

Effect on Future Pregnancies: Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women post abortion.

Reminder- It is important to know your blood type & STD's before receiving a chemical or surgical abortion.