

First Trimester Abortion: A Comparison of Procedures

Procedure	Early Medical Abortion	Uterine Aspiration
How it Works	<ul style="list-style-type: none"> Mifepristone is an oral medication that blocks the action of progesterone, a hormone needed to sustain a pregnancy. Mifepristone causes changes to the uterine lining so that the pregnancy can detach. It also causes the cervix—the opening to the uterus or womb—to soften and dilate (open). A second medicine called misoprostol, which causes the uterus to contract and expel the pregnancy, is commonly taken 1 day after mifepristone. Misoprostol can be placed inside the mouth between the cheeks and gums, placed in the vagina, or swallowed. 	<ul style="list-style-type: none"> The cervix—the opening to the uterus or womb—is gently opened with dilators that gradually increase in size. A straw-like tube called a cannula is inserted through the cervix into the uterus. Suction is then used to remove the pregnancy from the inside of the uterus. The procedure usually takes 3-10 minutes.
Advantages	<ul style="list-style-type: none"> High success rate (95-98%). The pregnancy is expelled within 24 hours of using misoprostol in 90% of women. Ability to take misoprostol and pass the pregnancy at home may offer women more privacy. A partner, loved one, or friend can be with the woman after she takes misoprostol. Can be used very early in pregnancy. Resembles a "natural miscarriage" or a heavy menstrual period. Approved in the U.S. for abortion up to 10 weeks of pregnancy. 	<ul style="list-style-type: none"> Very low risk of continuing pregnancy (<0.1%). High success rate (approximately 99%). Only requires one clinic visit. Procedure is completed within minutes. Anesthesia or sedation can be used if desired. Can be used early or later in pregnancy.
Disadvantages	<ul style="list-style-type: none"> Uterine cramping and opening of the cervix can be very painful for some women. About 2-5% of women will need a uterine aspiration after medical abortion. Bleeding after medical abortion may last longer than after uterine aspiration. Women often see blood clots and may see pregnancy tissue. Requires two clinic visits. Success of the abortion may not be known until the follow-up appointment one to two weeks later. Risk of continuing pregnancy 0.5%. 	<ul style="list-style-type: none"> Involves a procedure in which medical instruments enter the uterus. May seem less private to some women. Partners and loved ones are not usually permitted in the procedure room. Some providers are reluctant to perform uterine aspiration in very early pregnancy because of slightly increased risk of a continuing pregnancy.