General Information for Pregnancy Options

PREGNANCY SYMPTOMS

Early pregnancy symptoms include bloating, sore breasts, upset stomach, and feeling tired. These symptoms can also be caused by other things, like premenstrual syndrome (PMS) or being sick. Symptoms alone can't tell you what's going on—the only way to know for sure if you are pregnant is to take a pregnancy test. Pregnancy tests are available at any pharmacy and at most retailers. You can also get a pregnancy test at your health care provider's office or a reproductive health clinic. Pregnancy tests available at retailers have the same accuracy as tests used in clinics and doctor's offices.

If your pregnancy test is positive and this pregnancy is unplanned, that can be a very anxiety provoking or stressful time. Remember, unplanned pregnancy is quite common and you have choices. About half of all females in the US have an unplanned pregnancy in their life.

OPTIONS RELATIVE TO A PREGNANCY

There are three options for women who become pregnant:

- Continuing the pregnancy to term and retaining parental rights.
- Continuing the pregnancy to term and placing the child for adoption.
- Terminating the pregnancy (review Iowa Code chapters 146, 146A, 146B, 146C and 146D for Iowa's abortion laws).
    - Iowa Code section 146B.2, prohibits abortions after 20 weeks post-fertilization (22 weeks after last menstrual period) unless the pregnant woman has a condition which the physician deems a medical emergency. Please note that Iowa law includes other restrictions on abortion that are currently not in effect because of ongoing litigation. This is an evolving area of law and healthcare practitioners with specific questions about the status and applicability of these statutes are encouraged to contact their own legal counsel for guidance.

The section below includes:

- Indicators, contra-indicators, and risk factors of abortion.
- Methods of abortion.

COMMON FIRST TRIMESTER ABORTION PROCEDURES

In the United States, over 90% of abortions are done in the first trimester (the first 14 weeks from a woman's last menstrual period). About 7% are done between 14 and 20 weeks and approximately 1% are later in pregnancy[1]. The below methods for abortion are the safe and medical options for abortion in the first trimester.

It is important to discuss your health history with your health care provider to determine the best option for you. There are reasons that medication abortion or procedural abortion may not be the best option for you. This document provides general, medically accurate information about options for pregnancy termination. For more information, ask your medical provider.

MEDICATION ABORTION

Description of the procedure:

A medication or medical abortion is a way to induce abortion by using medicines to end a pregnancy. This procedure is effective up to 70 days or 10 weeks after the last menstrual period (8 weeks after fertilization). There are two steps. First, a medication called mifepristone is given. This medication blocks the action of progesterone in the uterus and cervix. By blocking progesterone, the medicine prepares the uterus to respond to the second medication. Mifepristone is not reversible. After mifepristone, most patients do not have any symptoms and feel the same as they did prior to taking it. The second step is a medication called misoprostol that you will take at home to complete the process. Misoprostol is a prostaglandin medication that causes the uterus to cramp and the cervix to open[2]. After taking misoprostol, you will experience vaginal bleeding and cramping and will pass the fetus at home. There are different options for how to take this medication. Your provider can help you choose which option is best for you.

A follow-up appointment or telephone call with your health care provider is needed approximately three weeks after a medication abortion to ensure that the abortion is complete.

A medication abortion does not require anesthesia or surgery. Medication abortions end the pregnancy without requiring additional treatment over 95% of the time[2]. Rarely, women who have a medication abortion need a procedure to remove fetal tissue that has remained in the uterus or because the medication abortion fails.

Risks and side effects of first trimester medication abortion:

- Bleeding and cramping are necessary for completion of the medication abortion process. Bleeding is often heavier than a period for up to 2 hours. It is common to see clots and tissue during this time. If the bleeding soaks more than one maxi pad per hour for over two hours, you should contact your provider. You may have lighter bleeding for up to 30 days after the medication abortion procedure, but the average duration of bleeding is about two weeks.
- Other side effects from the second medication may include nausea/vomiting, diarrhea, dizziness, mild fever, headache, and/or chills. These side effects vary from woman to woman.
- You can take over-the-counter medications for cramping and other side effects. Your provider may also give you a prescription for medications to treat these symptoms.

PROCEDURAL ABORTION

A procedural abortion is also called a suction dilation and curettage or D&C. In the case of a procedural abortion, this procedure involves opening the cervix and removing the fetus from the uterus. The same procedure can also be used to remove remaining fetal tissue from the uterus after a miscarriage or delivery of a baby. The procedure is performed in a healthcare facility.

Description of the procedure:

During a procedural abortion, you are asked to lay on an examination table. Medications for pain management may be offered. A pelvic exam is performed and the cervix and vagina are cleaned. Local anesthetic is usually injected near the cervix. The opening of the cervix is then slowly opened and a tube is inserted into the uterus and suction is used to remove the fetus from the uterus. When the provider has confirmed the uterus is empty, the procedure is complete and all instruments are removed. This procedure takes 5-10 minutes.

Risks and side effects of first trimester procedural abortion:

- Cramping during the procedure is expected.
- Bleeding like a menstrual period for up to two weeks after the procedure is expected.
- Antibiotics may be prescribed to prevent infection.

OVERALL RISKS OF FIRST TRIMESTER ABORTION (PROCEDURAL OR MEDICATION):

- Abortion is a low-risk and safe procedure[3].
- The risk of death from abortion is less than 1 in 100,000, similar to the risk from a minor dental or cosmetic procedure.
- Major complications that require hospitalization are rare[5] and depend on many things, including the provider's level of experience, anesthesia used, your health and the abortion method used but can include:
    - Hemorrhage or heavy bleeding: this occurs after less than 1% of abortions[6].
    - Allergic reactions to anesthetics or other medications: one in 5,000 people can experience a serious reaction to general anesthesia that could include high fever, seizures, cardiac arrest, or other life-threatening symptoms. Minor reactions to medications may cause rash, discomfort or mild fever.
- Cervical laceration (tear): damage to the cervix during a first trimester procedural abortion is rare, occurring in less than 1 in 1000 procedural abortions.
- Perforation of the uterus: an injury in which an instrument goes through the wall of the uterus. This occurs in less than 3 in 1000 procedural abortions. A perforation can cause heavy bleeding and severe pain and may require surgery to repair the damage. Extremely rarely, perforation of the uterus can result in removal of the uterus (hysterectomy)[6].
- Incomplete abortion: the rates of retained fetal tissue vary significantly depending on the type of first trimester abortion but is uncommon. If there is retained fetal tissue, a second procedure may be needed to completely empty the uterus[5].
- Infection: mild infection of the uterus after a first trimester abortion occurs in less than one in 200 individuals who take antibiotics as recommended at the time of a first trimester abortion. Severe infections requiring hospitalization very rare[5].

OTHER THINGS TO KNOW

- Rh Factor Blood Test
    - A blood test called an Rh test is standard of care in the United States if you are more than 8 weeks pregnant by last menstrual period. You may be asked to have this test performed at a lab or to obtain records of your blood type prior to an appointment for an abortion.
    - If you are Rh negative, which means your blood lacks a certain protein found on the surface of red blood cells, you will be offered and encouraged to receive an injection of a blood product called Rh immune globulin.
- Ectopic Pregnancy
    - An ectopic pregnancy is a pregnancy that implants outside the uterus – most commonly an ectopic pregnancy implants in the fallopian tube. An ectopic pregnancy cannot survive outside the uterus and requires immediate medical treatment to prevent life-threatening complications[7].
    - To prevent complications, treatment is needed. In the early stages, medications may be sufficient. Later stages require surgery.

    - Symptoms of an ectopic pregnancy can include abdominal or pelvic pain, dizziness or fainting from blood loss, pain during sex, and heavy vaginal bleeding.
    - You should call your provider immediately if you have symptoms of an ectopic pregnancy.
- Psychological expectations
    - After an abortion patients can experience a wide range of emotions. It is possible to have both negative and positive emotions about the decision to have an abortion. The American Psychological Association and the National Academies of Sciences, Engineering and Medicine have concluded that abortion does not cause or increase the risk of depression, anxiety or post-traumatic stress.
    - Some women may have feelings of sadness, guilt, anger, trouble sleeping or doing daily activities after their abortion[8-9]. If these feelings are strong or longer lasting, it is important to care for your mental health and please discuss any concerns you might have with your provider or local community mental health team.
- Future fertility and pregnancy health
    - Most studies show no impact of uncomplicated abortion on fertility or subsequent pregnancies, although there are fewer studies on second trimester abortion than first trimester[10].
    - The National Academies of Sciences, Engineering and Medicine found that having an abortion does not increase risk of infertility, or issues in a subsequent pregnancy such as high blood pressure, abnormal placental attachment, preterm birth or breast cancer[3].

SECOND TRIMESTER ABORTION PROCEDURES

A second trimester abortion is a process that interrupts a pregnancy after 12 weeks' gestation. The method of abortion recommended depends on how far along the pregnancy is and the pregnant woman's health. In the United States, more than 90% of all abortions are done in the first 14 weeks after the last menstrual period. Some reasons a pregnant woman may have an abortion in the second trimester are:

- Lack of early access to abortion.
- Unable to recognize pregnancy earlier.
- The pregnant woman or the pregnancy itself was diagnosed with a complication that could not be recognized earlier, such as a fetal abnormality.

In addition to the methods described below, there are other, less common methods of abortion. You may have questions or preferences about abortion methods, and you should discuss this with your health care provider. Your health care provider knows your medical history and condition and is the best person to discuss any contraindications to the procedures. This document provides only general, but medically accurate information about abortion options. For more information, ask your health care provider.

DILATION AND EVACUATION (D&E) for SECOND TRIMSTER ABORTION

The most common method of second trimester abortion is by a procedure called Dilation and Evacuation (D&E). Approximately 95% of second trimester procedures are completed by this method. This is due to the safety of D&E and patient preference for this method over alternatives. The standard D&E technique usually requires cervical preparation before the procedure with dilators (often called laminaria) that are placed in the cervix or with medications.

Cervical preparation is recommended before a D&E to make the procedure safer and more efficient, although the risk of any complications is very low. Cervical softening and dilation can be achieved by placement of dilators before the procedure or by the use medications. After the cervix is dilated and pain medication or sedation is given, standard D&E is accomplished by using a combination of suction and grasping instruments to remove the fetus, usually in portions, through the cervix and vagina.

The American College of Obstetrics and Gynecology (ACOG) reports that the mortality rate associated with abortion is extremely low (0.6 per 100,000 legal, induced abortions)[11]. Abortion-related mortality increases with each week of gestation, with a rate of 0.1 per 100,000 procedures at 8 weeks of gestation or less, and 8.9 per 100,000 procedures at 21 weeks of gestation or greater[11]. Rare complications associated with both D&E include hemorrhage, cervical laceration, uterine perforation retained products of conception, and infection. The D&E procedure takes about 15-20 minutes to complete.

Women who have a second-trimester abortion by D&E can expect:

- Cramping during and after the procedure.
- Bleeding like a menstrual flow for several days following the procedure.
- Antibiotics may be prescribed for a few days.

Complications with a second trimester abortion by D&E are rare. One study showed that major complications with second trimester abortion happen in only 0.41% of patients[13]. Possible complications of a second trimester abortion procedure are rare and usually can be taken care of in the clinic, and may include:

- Infection.
- Heavy bleeding, also called hemorrhage.
- Hole or tear in the wall of the uterus (called perforation).
- Injury or cut to the cervix.
- Allergic reaction to medication.

INDUCTION OF LABOR FOR SECOND TRIMESTER ABORTION

Second-trimester abortion also can be accomplished through medical induction of labor, however this is rare. Compared with D&E, termination by induction with misoprostol is more expensive and has greater risk of complications. Induction in the second trimester may be prolonged. Induction is usually carried out in a hospital and is not available in outpatient clinic settings. Prior to inducing labor, patients meet with a health care provider and may receive medications such as mifepristone or have dilators placed in the cervix to help prepare for labor. The pregnant woman is admitted to a hospital and prostaglandin medications, misoprostol, are placed in the vagina to cause uterine contractions and cervical dilation. Alternatively, IV medication such as oxytocin, can be used to induce labor in the second trimester. The time from the beginning of the induction to delivery varies greatly and can be more than 24 hours. Often the placenta does not separate from the uterus and a uterine aspiration procedure is necessary to completely remove the placenta. In rare cases where the induction method fails or cannot be used, a D&E (see above) is necessary to remove the fetus. Due to the increased risk of the placenta being retained, the risk for hemorrhage and blood transfusion are much higher than with a D&E[14]. Other rare complications associated with induction in the second trimester

include cervical laceration, uterine rupture, need for blood transfusion, needing additional procedures to remove remaining fetal tissue, and infection.

Women who have an induction for second trimester abortion can expect:

- Heavy cramping and labor pains which usually last several hours during the induction and delivery.
- Nausea, diarrhea, chills, and fever due to medications used to induce uterine contractions.
- An overnight stay in the hospital.
- Bleeding like a menstrual flow for several days or weeks following the procedure.

PSYCHOLOGICAL EXPECTATIONS

Following an abortion procedure, patients can experience a wide range of emotions. It is possible to have both negative and positive emotions about the decision to have an abortion.

Some women may have feelings of sadness, guilt, anger, trouble sleeping or doing daily activities after their abortion. If these feelings are strong or long-lasting, it is important to care for your mental health. You are strongly encouraged to discuss any concerns you might have with your health care provider or local community mental health team.

IMPACT ON FERTILITY AND PREGNACY HEALTH

Most studies show there is no negative impact of uncomplicated abortion on fertility or subsequent pregnancies, although there are fewer studies on the impact of second trimester abortions[10]. The National Academies of Sciences, Engineering and Medicine found that having an abortion does not increase a risk of infertility, or issues in a subsequent pregnancy such as high blood pressure, abnormal placental attachment, preterm birth or breast cancer[3].

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