

# Information about In-clinic Abortions

Planned Parenthood of Waco Family Planning & Surgical Services (License #008245)

## **BEFORE YOU ARRIVE FOR YOUR ABORTION APPOINTMENT**

### **Time Frame**

In-clinic abortion procedures are done on Thursday mornings. Please plan to be at the health center for 3 to 6 hours. This time will be spent on lab work, consultation with staff, and a 30-40 minute recovery period, and possibly cervical preparation prior to the procedure. The abortion itself takes only about ten minutes. We ask that you bring a friend or family member to drive you home. If you elect certain medications to help you relax, you must have a ride home. A taxi can be called if needed.

### **Child Care Arrangements**

We have a limited amount of space in our lobby. For this reason and for the comfort of our other patients, we do not allow children in the health center on Thursdays.

### **Tell us About Medications You Take**

Be sure to let us know what medications you are taking. No alcohol, aspirin, ibuprofen, or street drugs should be used 24 hours before the abortion.

### **Other important instructions:**

1. If you have a blood card or a card showing your Rh status (positive or negative), please bring that to the health center. You may be able to avoid an additional blood test.
2. If you are having an in-clinic (surgical) abortion, it is important that you not eat anything the day of your abortion. You should not consume any solid food or milk products for 6 hours prior to the procedure. Clear liquids are OK up to two hours prior to the procedure. Eat a normal dinner the night before you are scheduled. You should drink plenty of non-caffeinated fluids the day before your abortion and avoid alcoholic beverages. If you will be taking the abortion pill, there are no restrictions on food.
3. Wear loose, comfortable clothing. The health center is usually very cold, so you should dress in layers or bring a sweater. In the exam room, you will be asked to undress from the waist down. You may keep your socks on. Wear comfortable underwear because you will be sent home wearing a sanitary pad.
4. Purchase or borrow an oral thermometer so you have one at home after the abortion. Bring it with you if you have any trouble reading it. You may also want to have a heating pad or hot water bottle at home.
5. You may bathe or shower before your appointment. You may also brush your teeth.
6. Be prepared to use sanitary pads for 3 weeks.

**IN-CLINIC (SURGICAL) ABORTION COSTS**

The cost of an in-clinic abortion includes:

Pregnancy Test	Osmotic dilators and/or Misoprostol (as indicated)
Options Education	Post-operative antibiotic
Pelvic exam	1 pack of birth control pills
Ultrasound	Prescriptions for birth control and Plan B “the morning after pill”
Rhogam (if indicated)	Other tests as needed
Rh Type and Hemoglobin testing	Follow-up visit
Pre-operative medication for relaxation & discomfort	
IV fluids as indicated	

Please refer to our website for pricing information.

**BEFORE OF THE ABORTION**

When you check in on the day of the abortion, you will be asked to complete a medical history form and other paperwork. **To save time, you can print and fill out the forms ahead of time by accessing the Patient Forms section of our website.**

You will spend time with a staff member who will explain the procedure, answer any questions you may have, and get your written consent. A number of tests will be done, including a pregnancy test (if you haven’t already had one) and a blood test to check your Rh type and to make sure that you are not anemic. Various medications for pain will be discussed and offered to make you more comfortable during your procedure.

Next a nurse will go over your medical history. After a routine pelvic exam to check the size of your uterus, a vaginal ultrasound will be done.

Ultrasound is a procedure that helps the clinician to see the pregnancy in order to tell the age of the embryo or fetus and to look at your uterus. This is done with an instrument that sends sound waves through the tissues. This ultrasound is being done only to determine the age of the embryo or fetus and its location and not to detect abnormalities of the pregnancy, fetus, or reproductive tract. If more studies are needed, you will be referred to an appropriate provider. There are limitations to all imaging techniques, and none is 100% accurate or reliable.

The final decision about the abortion will depend on your medical history, your physical examination, the results of your laboratory tests, the ultrasound, and your wishes.

**Pre-Operative Medications**

In addition to an antibiotic to reduce the small chance of post-abortion infection and the local anesthetic, the following medication is available to help reduce anxiety and discomfort.

1. **Diazepam** (valium) – Many women who have an abortion find that this drug helps reduce anxiety. It is a mild muscle relaxant. It will not cause you to be less aware of what is happening,

although it can make you drowsy, slightly dizzy, or feel like you have a dry mouth. You will not be given this medication if you do not have someone to drive you home.

2. **Ibuprofen** (Motrin) – Many women who have an abortion find this drug helps reduce cramping or discomfort. It works by blocking the release of prostaglandins, which cause painful uterine cramps. You should not take this drug if you are sensitive to aspirin or have ulcers, ongoing stomach problems, or nasal polyps.
3. **Acetaminophen** (Tylenol) – This drug can be taken to help reduce cramping or discomfort.

Most women do very well with the above medications. However, you may wish to consider the following medication, as well:

4. **Fentanyl** (Sublimaze) – This is an injection by a needle into a vein in the arm. It is a strong narcotic that helps relieve pain, reduces anxiety, and aids in relaxation, but it does not put you to sleep. It begins acting immediately after injection and wears off in 30-60 minutes, although some people will feel slightly drowsy for several hours. The most common side effect is dizziness. Occasionally, there will be nausea and vomiting afterwards. A rare but potentially serious side effect is respiratory depression (slower, more shallow, or difficult breathing). Medications are available to counteract this problem when necessary. Remember, it is extremely important for you to share with us any recent drug (legal or illegal) and/or alcohol use. You will not be given this medication if you do not have someone to drive you home.
5. **Midazolam** (Versed) – This is a strong narcotic that reduces anxiety and aids in relaxation. It does not put you to sleep. It begins acting immediately after injection and wears off in 30-60 minutes, although some people will feel slightly drowsy for several hours. The most common side effect is dizziness. Occasionally, there will be nausea and vomiting afterwards. A rare, but potentially serious side effect is respiratory depression (slower, more shallow or difficult breathing). Medications are available to counteract this problem when necessary. Remember, it is extremely important for you to share with us any recent drug (legal or illegal) and/or alcohol use. You will not be given this medication if you do not have someone to drive you home.

### Cervical Preparation

In some cases, the cervix may need to be prepped before the abortion with medication to soften the cervix. This is more likely to be necessary for women who are further along in the pregnancy and/or have never had a vaginal delivery. When this is necessary, pills will be inserted into the back of the vagina so that they can be absorbed near the cervix. You will be asked to rest in the waiting room for about 2 hours while this process takes place. As the pills are absorbed, the cervix will become softer, which will make passage of instruments through the cervix during the abortion much easier. While this process is taking place, you may have some cramping. Medication will be available to ease discomfort if needed. Less frequently, small dilators may have to be placed in the cervix along with these pills to help dilate the cervix before the abortion. If necessary, these small dilators, which are about the size of a matchstick, will be placed in the cervix along with the pills. As these dilators absorb fluids from the cervix, they will gradually swell to open the cervix. Like the pills, this process will take place over about a 2-3 hour waiting period. Menstrual-like cramping is the most common effect you may experience during this process.

### **THE ABORTION PROCEDURE – EARLY SURGICAL ABORTION (UP TO 13 WEEKS, 6 DAYS)**

The safest method for an early surgical abortion is a procedure called vacuum aspiration. This ends an early pregnancy by gently suctioning the lining of the uterus and removing all of the tissues of the pregnancy. This method is used for pregnancies up to 14 weeks, counting from the first day of the last menstrual period.

To begin the abortion, we will give you a local anesthetic (numbing medication) in your cervix and other medication by mouth or intravenously to make the procedure more comfortable. Next, the opening of the cervix is gradually stretched with a series of narrow instruments called dilators, each a little larger than the one before. When the cervix is open wide enough, a small plastic tube is inserted into the uterus and is connected to a suction machine or a syringe. The tube is moved along the inside of the uterus for 2-3 minutes in order to remove all of the pregnancy tissue with gentle suction. During and after the procedure, you may feel cramping as the uterus shrinks down to its normal size.

### **RECOVERY**

After the abortion, you will be taken to the recovery area for rest and observation for 30-40 minutes. You will be given written follow-up instructions that our staff will review with you. Because you may feel a little weak, it is best to arrange for someone to drive you home. If you have Valium or IV medications, it will be necessary for someone to drive you. Staff is available to answer any questions or concerns that you may have before, during, and after your visit.

### **Possible Problems with Early Abortion:**

Early abortion by vacuum aspiration is a very safe procedure. Fewer than 1 woman in 100 will have a serious complication following an early abortion. However, as with any surgery, there are certain problems that can arise during or after an abortion:

- There is a 1 in 100 chance that an infection of the uterus will develop after the abortion. While this problem routinely is treated with antibiotics, there is a small chance that a repeat aspiration, a D&C, hospitalization, or even surgery may be necessary.
- In 1 in 100 cases, tissue is left inside of the uterus, leading to an “incomplete” abortion. This problem may lead to excessive bleeding, infection, or both. If this complication occurs, you could require a repeat aspiration or a D&C in a health center or hospital, or other tests or treatment.
- There is about a 1 in 500 chance that the uterus will be perforated (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Treatment may consist of observation, laparoscopy, or abdominal surgery. The likelihood of hysterectomy (removal of the uterus) in this setting is 1 per 10,000 procedures.

### **Other Risks Include:**

- Allergic reaction, which can be due to an allergy to the local anesthetic or any other medications used. All medications and drugs, including street drugs, may cause serious reactions during anesthesia. It is important that you use only medically necessary drugs and avoid alcohol or

## Planned Parenthood of Waco Family Planning & Surgical Services

other non-prescription drugs on the day of the abortion and that you tell the clinicians about all drugs or medications you have taken.

- Hemorrhage (excessive bleeding), which may require treatment by medications, repeat aspiration, D&C, or rarely surgery (including possibly hysterectomy). Hemorrhage severe enough to require transfusion occurs in fewer than 1 per 1,000 cases.
- Blood clots in the uterus, which may cause severe cramping and abdominal pain. The risk is about 1 in 100 cases and the treatment is a repeat aspiration.
- Cervical tears occur in fewer than 1 in 100 cases; they may be treated with medicines, or rarely, stitches in the cervix.
- Failure to end the pregnancy, which occurs in 1 in 500 cases and may be due to a divided uterus, very early pregnancy, or other causes. Another aspiration procedure is recommended when this happens. A tubal (ectopic) pregnancy is not ended by abortion and usually requires an abdominal operation to remove.
- Emotional reactions after abortion are uncommon, and when they happen, usually go away quickly. Most women report a sense of relief, although some experience depression or guilt. Serious psychiatric disturbances (such as psychosis or serious depression) after abortion appear to be less frequent than after childbirth.
- Impact on future pregnancies, which is unlikely with an uncomplicated early abortion.
- Death, which occurs in fewer than 1 per 100,000 abortions. This may be compared with the risk of death from a full-term pregnancy and childbirth, which is seven times greater than that from an early abortion.

### **MID-TRIMESTER DILATION AND EVACUATION (D&E) ABORTION (BETWEEN 14 WEEKS AND 15 WEEKS, 6 DAYS)**

If you are between 14 weeks and 15 weeks, 6 days into the pregnancy, the abortion process will be the same as described in the early abortion procedure above, along with the following additional procedures and risks:

- You will be more likely to need cervical preparation before the abortion (this process is described above);
- Before the abortion, an IV will be inserted in your arm or hand to administer fluids to you during the procedure and to give you medication to ease discomfort and to relax you.

Additional risks associated with D&E Abortion:

- About a 3 in 1000 chance that the uterus will be perforated (an instrument may go through the wall of the uterus and could damage internal organs such as intestines, bladder, or blood vessels). Hospitalization is required, and an abdominal operation usually is performed to repair the damage. The likelihood of hysterectomy (removal of the uterus) in this setting is less than 1 per 1000 D&E abortions.
- Death – The risk of death from D&E is about equal to that of death from full-term pregnancy and childbirth

When you leave the health center, you will be given a phone number to reach the health center or nurse on call should these or any other problems occur. If emergency medical care is needed in a hospital or

## **Planned Parenthood of Waco Family Planning & Surgical Services**

from a provider other than Planned Parenthood of Waco, you will be responsible for paying for that care.

### **CARING FOR YOURSELF AFTER THE ABORTION**

This information describes what usually occurs after an abortion to help you decide whether your experiences are normal or if you need additional medical attention. Keep this information until your next period and refer to it if you have questions.

If you are unsure whether the symptoms you are having are normal or if you are having a problem, please call the health center where you had the abortion.

### **WHAT IS NORMAL?**

#### **Normal Bleeding**

- Light or heavy bleeding, or no bleeding
- Scant, spotty, dark brown, or red discharge
- Heavier than a period
- Lasts 1-14 days
- Often, there will be no bleeding for a few days after the abortion, and then bleeding (as heavy as a period) may begin around the 3<sup>rd</sup> to 5<sup>th</sup> day after the abortion. This bleeding is caused by hormonal changes and medicines, and you may have more cramps.
- You may not bleed at all

#### **Normal Clotting**

- Small clots as large as a quarter are normal

#### **Normal Discharge**

- Brown-tinged or dark brown to black
- Mucus

#### **Normal Cramping**

- Cramping is due to the uterus returning to its smaller non-pregnant size
- Menstrual-like cramps for the first few days
- May increase as bleeding increases – particularly on the 3<sup>rd</sup>-5<sup>th</sup> day as mentioned above
- 2 ibuprofen tablets every 4 hours usually helps cramps
- Use of a heating pad may also help

#### **Normal Temperature**

- May fluctuate up to 101 degrees

#### **Normal Nausea**

- Nausea usually goes away within 48 hours

#### **Normal Breast Soreness, Swelling, and Nipple Discharge**

- Should go away in a few days to two weeks. Wear a supportive bra and avoid breast stimulation.

**CALL US IF ANY OF THE FOLLOWING OCCUR:**

- Heavy bleeding; soaking 2 full-sized pads in an hour
- Clots larger than a quarter
- Vaginal itching/and or pain
- Foul (bad-smelling) or pus like vaginal discharge
- Severe cramps that keep you from normal activity
- Cramps not relieved by Tylenol or Ibuprofen
- Constant cramping or pain
- Fever greater than 101
- Chills or shaking
- Nausea that continues for more than 3 days or breast soreness or swelling that lasts for more than 14 days

And when you call, be ready to tell us...

- Your temperature within the past hour
- The number of sanitary napkins you have soaked in the past 2 hours
- The medications you've taken and when you took them in the last 6 hours.

**POST ABORTION MEDICATION**

**Methergine:** Some patients will receive a 3-day supply of Methergine.

- Do not take Methergine if you have high blood pressure (tell the doctor or the nurse if you do).
- Take a pill three times a day – morning, noon, and bedtime.
- Methergine helps your uterus return to a normal size and controls bleeding. It does this by making the muscle of the uterus cramp.
- SIDE EFFECTS: It is normal to have menstrual-like cramps and you may have back or leg pain from the Methergine. A mild headache, nausea, vomiting, and dizziness are also normal. Expect your bleeding to be heavier in the morning when you first get up and for a few days after you finish Methergine.
- Call the health center if you have a severe headache, severe cramps, ringing in the ears, rapid heartbeat, unusual sweating, chest pain, or trouble breathing.
- Take 2 (500 mg) Tylenol or 2 Ibuprofen every 4 hours to help cramps or a headache. Avoid taking aspirin.

**PREVENTING INFECTION**

Infection in the uterus and fallopian tubes is the most common complication following an abortion. You need to be aware of the signs of an infection: fever above 101, abnormal pain, foul smelling discharge. Call us if these occur.

To prevent infection:

## Planned Parenthood of Waco Family Planning & Surgical Services

1. Take your temperature twice daily for the first week – once in the morning and once before dinner. Call us if it is above 101.
2. To prevent germs from moving into your vagina to the uterus, for the next two weeks after your abortion: DO NOT put anything into your vagina – this includes NO SEX, NO TAMPONS, NO DOUCHING.
3. Only take showers: NO sit-down baths. Do not go swimming or sit in a hot-tub.

### EXERCISE AND REST

Most women prefer to take it easy on the day following an abortion, and then are able to return to normal activity. Some women feel fine immediately, while others require more time – let your body be your guide. No matter how well you are feeling, you should not exercise strenuously for the first week. Heavy exercise will cause bleeding to be heavier and may cause more cramping.

### MENSTRUAL CYCLE AND PREGNANCY

Immediately after your abortion, your body will begin to prepare for your next menstrual period. Your first period will usually come 4-8 weeks after the abortion. **YOU COULD BECOME PREGNANT AGAIN AT ANY TIME, EVEN BEFORE YOUR NEXT PERIOD.**

Some women find their first period after an abortion is heavier or lighter than usual, and periods may be slightly irregular for the first two or three months. Most women find that their cycles return to normal right away, and are the same as they were before the abortion.

### BIRTH CONTROL

If you have intercourse and don't want to become pregnant, you need to use some method of birth control. If you know about the different methods and have made a choice, we can provide you with that method at the time of your abortion or at your follow-up appointment. If you need more information about birth control, we will provide this at your appointment. Any time you have questions or concerns about birth control or pregnancy, you are encouraged to call the health center. Staff are available to talk with you.

If you were given birth control pills, you should start them the first Sunday following the abortion. Spotting and breakthrough bleeding are very common during the first package of birth control pills used after pregnancy. It should go away by the second cycle, as the lining of the uterus repairs itself.

### SUCCESSFUL COPING AFTER AN ABORTION

Women experience a variety of emotions when they are pregnant and when they have an abortion. Feelings of relief, elation, sadness, depression, and/or a sense of loss are common. Some of these feelings do not last very long. It may be helpful to talk with someone close to you, or you may want to return to the health center and talk further with a Planned Parenthood staff member. In addition, your partner or someone else close to you may have feelings or concerns they would like to discuss. Staff is available during health center hours for them, as well.

## Planned Parenthood of Waco Family Planning & Surgical Services

The decision whether or not to have an abortion is a very personal matter. Any woman considering having an abortion needs to feel that an abortion is the best choice for her at the time, even if the decision is a very difficult one.

There is no “right” way to feel after an abortion. There may be a number of feelings, both positive and troublesome, and it is important to know that your feelings are valid, no matter what they are. Planned Parenthood encourages discussion of these feelings before and after the abortion.

There is a false belief that women sink into depression, guilt, and grief after an abortion. According to research, the majority of women who have abortions have no regrets and would make the same choice again in similar circumstances. 91% report a sense of relief after the abortion. It can present an opportunity to reconsider attitudes and relationships. Many are happy to have a fresh start in life and be back to normal.

For some women, there is a mixture of both positive and negative feelings. Relief, mixed with sadness, guilt, or anger is not unusual. Sometimes hormonal changes after an abortion can result in a period of “the blues.” Most women cope well and move on in a short period of time.

Occasionally, some women do have very negative feelings after an abortion. If you should be one of these women, do not think there is something wrong with you. Your feelings are valid and need to be expressed. Sharing feelings with your partner, a close friend, or a counselor may help.

Serious emotional problems (such as severe depression or psychosis) after an abortion appear to occur less frequently than after childbirth. For fewer than 5% of women, abortion will bring serious sadness, guilt, anger, or regret. These feelings are troublesome because many people do not know how to cope in positive ways when experiencing these feelings.

Before you have an abortion, you need to look at your feelings. Pretending they are not there or that they will go away on their own can be a mistake.

There are some situations that indicate emotional problems after an abortion:

- Women who have had a psychiatric illness in the past have a higher chance of serious emotional problems after the abortion, especially if they quit taking their medications for their illness during the pregnancy. It is important for anyone with a psychiatric illness to see their psychiatrist or therapist before and after an abortion.
- Extreme difficulty making up one’s mind about choosing abortion may mean problems afterward. Ambivalence is a normal part of the process, but when it becomes so painful that a clear choice cannot be made, it may indicate later problems.
- Women who are persuaded by partners, parents, or others to have an abortion against their own wishes experience greater feelings of guilt and regret. If you have an abortion to please someone else, it is the wrong reason. You may blame them later and regret the decision. It must be your own choice.

Planned Parenthood staff are available to help you successfully cope with feelings after an abortion. We can help you find a therapist or a member of the clergy who can help you with ongoing concerns or problems.