

IN-CLINIC ABORTION

Planned Parenthood Northern California 1-925-676-0300

What is an in-clinic abortion?

The way an abortion is done depends on how long a person has been pregnant. This is figured out by counting from the first day of the last period or by ultrasound. There are 2 kinds of in-clinic abortion.

- **In-clinic suction abortion:** suction is used to take the pregnancy out of the uterus.
- **In-clinic D&E abortion:** both suction and surgical tools are used to take the pregnancy out of the uterus.

At Planned Parenthood Northern California, we offer both kinds of in-clinic abortion.

Before having an in-clinic abortion, you need to know the most common benefits, risks, side effects, and other choices you have. We are happy to answer any questions you have.

What are the benefits of in-clinic abortion?

- It is a safe and effective way to end a pregnancy.

How well does in-clinic abortion work?

- It almost always works – over 99% of the time.

What are the risks of in-clinic abortion?

Abortion is very safe. But, there are risks with any medical procedure. Your risk may be higher if you had a C-section or other surgery on your uterus.

Risks of an in-clinic abortion are

- The pregnancy doesn't end — Sometimes the in-clinic abortion does not end the pregnancy. If the pregnancy is still in the uterus, you may need a suction procedure.
- Incomplete abortion — This means some of the pregnancy may be left inside the uterus. This may lead to heavy bleeding, infection, or both. If this happens, you may need a suction procedure, other tests or treatments.
- Blood clots in the uterus — Clots may cause cramping and belly pain. If this happens, you may need a suction procedure.
- Heavy bleeding — This may require treatment with medicine, a suction procedure, blood transfusion, and/or surgery — including possible hysterectomy (removal of the uterus).
- Infection of the uterus — Most infections can be treated with medicines. But, there is a small chance that you may need a suction procedure. You may have to go to the hospital, or even have other surgery to treat the infection.
- Injury to the cervix (opening to the uterus) — This may be treated with medicine or rarely with stitches.
- Injury to the uterus or other organs — A surgical tool may go through the wall of the uterus, which could damage organs inside the body like the intestines, bladder, or blood vessels. Treatment may mean just watching and waiting for a while or surgery on your belly. There is a small chance that hysterectomy (removal of the uterus) may be needed. Afterwards, scars may develop inside the uterus, which may need to be treated.
- Allergic reaction — Some women may be allergic to the medicines that are used.

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- **Death** — Death from an in-clinic abortion is very rare. The risk of death from an abortion goes up the longer you are pregnant. When an abortion is done when a woman is less than 20 weeks pregnant (about 4 ½ months), the risk of death from childbirth is higher than the risk of abortion. After 20 weeks of pregnancy, the risks are about the same.

What are the side effects of in-clinic abortion?

Side effects don't usually last long and don't need to be treated.

- Light or medium bleeding
- Cramping

Besides an in-clinic abortion, what other choices do I have?

If you are pregnant, you have 3 options to think about — abortion, adoption, and parenting.

If you choose abortion and are early enough in the pregnancy, you may be able to use the abortion pill.

We can talk about any of these options with you, and help you with whatever you decide to do.

What will be done to get me ready for the in-clinic abortion?

You will have some lab tests, an ultrasound to help tell how long you've been pregnant, and a brief physical exam.

Pain Medicine — We will tell you about pain medicines that can be used.

Opening your cervix — Your cervix may need to be opened before your abortion. If so, you will be given separate information about the medicine and/or steps that will be taken to open your cervix.

What will happen to me during the in-clinic abortion?

You will be given medicine to make you more comfortable. You may get medicine to numb your cervix.

After the pain medicine begins to work, your doctor or nurse will decide if your cervix is open enough. If your cervix needs to be opened more, your doctor or nurse will stretch it.

When your cervix is open enough, your uterus will be emptied with suction. A small plastic tube will be put into your uterus and connected to a hand-held or electric suction machine. Surgical tools may be put into the uterus through the cervix. The way it is done will depend on how long you've been pregnant.

You may feel cramping during and after the in-clinic abortion, as your uterus gets smaller. What has been removed will be looked at to help make sure the in-clinic abortion is finished.

What will happen to me after the in-clinic abortion?

You will spend time in a recovery area to rest. We will also watch to see if you are OK. You will be given instructions on what to expect, how to care for yourself and reasons to contact us. We will talk about birth control plans with you, unless this was already done.

Most people are ready to leave in about 15 to 45 minutes.

What else do I need to know?

Some people have questions about what happens to the pregnancy tissue after the abortion and some people don't. Let us know if you have questions about this.

Having a wide range of feelings is normal. Most women feel relieved and do not regret their decision. Others may feel sadness, guilt, or regret after an abortion, just as they may after having a baby. If your mood keeps you from doing the things you usually do each day, call us. We can help or send you to someone who can.

No promise can be made about the outcome of your in-clinic abortion. In the unlikely event that you need emergency medical care that cannot be provided at Planned Parenthood, you will be responsible for paying for it. This is the case even if Planned Parenthood sends you to a hospital because of a problem.

Your health is important to us. If you have any questions or concerns, please call us. We are happy to help you.

- I am having an in-clinic suction abortion
- I am having an in-clinic D&E abortion

Signature of Patient (and person authorized to sign for patient when required)

Date

Relationship to Patient: self parent legal guardian other _____

I witness that the patient received this information, said it was read and understood, and there was an opportunity to ask questions.

Signature of Witness

Date