

# Termination of Pregnancy

Termination of pregnancy is the ending of a pregnancy before the fetus has grown enough to live outside the womb. Most terminations are done in the first 12 weeks of pregnancy. But they can be done within the first 20 weeks. Earlier terminations are safer. There are also more options as to the type of procedure performed.

Terminations can be done with medications (medical termination) or by a vacuum procedure. The type of procedure you have depends on your medical history, how far along you are in your pregnancy, and personal preferences.

If you have a medical termination, it can be done up to 9 weeks of pregnancy. It involves taking two medications. The first medication is called mifepristone (it blocks the hormone progesterone and stops the pregnancy). You will have a physical exam and ultrasound to confirm that your pregnancy is less than 9 weeks. Then, you will be given a mifepristone pill to take orally during the medical office visit. The second medication is called misoprostol. It causes the pregnancy to expel from the uterus as in a miscarriage. You will be given four misoprostol pills to take home. You will place the pills in your vagina 24 to 72 hours after your clinic visit. If you are not comfortable doing this, another clinic appointment can be set up. The medical termination will be complete 6 to 48 hours after placing the pills in your vagina. For pain control you will be given prescription oral medication. Some women may prefer to have a medical termination because it can be completed in the privacy of their home. Medical terminations work 95% of the time. If the medical termination does not work, a vacuum procedure must be done.

If you have a vacuum termination in the first 12 weeks of pregnancy, it involves dilating, or widening slightly, the cervix (the natural opening to the uterus). A sterile plastic tube is then placed into the uterus. The pregnancy tissue and the uterine lining are removed by suction. In some cases, you will be asked to come in the day before your procedure to have a laminaria (seaweed stick) placed into your cervix. Or, you might be given some misoprostol tablets to put in the vagina before the procedure. Both of these techniques can help the cervix soften. They can also make the procedure safer. For pain control during the procedure, you may be given medication to numb the area and oral pain medication to put you in a light sleep. The vacuum termination is usually done as an outpatient procedure, meaning that you usually go home a short time afterwards. There is no overnight stay in the medical facility. Some women may prefer to have a vacuum termination because the procedure is faster. If a vacuum termination is done later in a pregnancy (after 12 weeks), the procedure typically used is called dilation and evacuation. This is similar to an early vacuum termination, except the cervix must be more widely dilated. It is also done as an outpatient procedure.

In general, termination of pregnancy is less risky than giving birth to a child. Complications from terminations are very rare. They occur in less than two out of every 100 cases. Most of these complications occur when terminations are performed after 14 weeks of pregnancy. In rare cases blood clots collect in the uterus. Or, not all of the tissue is taken out and a repeat vacuum procedure is needed. Other risks include bleeding, infection, injury to the uterus or other internal organs, or difficulty becoming pregnant in the future. With some very rare complications, it may be necessary to receive a blood transfusion or perform abdominal surgery or remove the uterus.

If you think you may be pregnant, you can test yourself using a home pregnancy test. Or, you can come into any Kaiser Permanente laboratory for a pregnancy test. Most home pregnancy tests are very accurate even within only a day or two after a missed menstrual period. Since these products vary, you should follow the instructions on the box carefully.

If your pregnancy test is positive, call to schedule an appointment to confirm the pregnancy and find out how far along your pregnancy is. This would be a good time to discuss your pregnancy options with a health care professional.

Before deciding to terminate a pregnancy, you may want to talk to a trained counselor. If you decide to terminate a pregnancy, arrangements will be made for you to have a physical exam. You may also have a pelvic exam and possibly an ultrasound. Laboratory tests may be done as well. You should also call the Business Office at your local Kaiser Permanente facility to find out if your Health Plan coverage pays for termination of pregnancy or if there is a fee. Fees vary for patients whose coverage does not pay for termination of pregnancy.

If you are pregnant and are considering termination of pregnancy, it's important to give it serious thought and consider all your options. Here are three questions you might think about:

- 1 Are you sure you don't want to continue your pregnancy?
- 2 Would you consider continuing the pregnancy and adoption?
- 3 Are there any other possible solutions to your situation?

Remember that there is no one "right" or "wrong" answer to these questions. The right decision is the one you believe is best for you and your circumstances.

If you do have a medical or vacuum termination and there are no complications, you can usually resume normal activities within a few days after the procedure. However, strenuous activity, swimming, douching, and intercourse should be avoided for at least two weeks. You may experience cramping and vaginal bleeding for several days.

Pads—not tampons—should be used for the first two weeks. You can become pregnant again immediately, so you should start using an effective method of birth control right after the termination procedure. If you have a medical termination, it is very important to return for a follow-up ultrasound and exam to ensure that you expelled the pregnancy and are not developing any signs of infection. Regardless of whether you have a medical or vacuum termination of pregnancy, call your health care professional if you have:

- A fever over 100.4°F
- Heavy bleeding that soaks through 2 sanitary pads for 2 hours or more
- Severe cramps or abdominal pain.



Use these Kaiser Permanente resources for reliable health information:

- ❖ Connect to our Web site at [members.kp.org](http://members.kp.org) to access health and drug encyclopedias, interactive programs, message boards, health classes, and much more.
- ❖ Check your *Kaiser Permanente Healthwise Handbook*.
- ❖ Contact your Kaiser Permanente Health Education Center or Department for health information, programs, or other resources.
- ❖ With a *Kaiser Permanente Healthphone Directory*, you can pick topics and messages to hear on Kaiser Permanente Healthphone (1-800-332-7563; TTY: 1-800-777-9059). Request a *Directory* from your Health Center or Department or download a copy at [members.kp.org](http://members.kp.org). (Search “Healthphone”.)

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist.