

**Comparison of Early Abortion Options** (revised Feb 26, 2020)

<b>Medication Abortion</b>		<b>Aspiration (Surgical) Abortion (Suction or Vacuum)</b>	
<b>Mifepristone &amp; Misoprostol</b>	<b>Methotrexate &amp; Misoprostol</b>		
<b>How far along in the pregnancy can I be?</b>			
Health Canada Approved up to 9 weeks of pregnancy (63 days on the date you take the Mifepristone).	"Off Label" (evidence-based protocol, but not approved by Health Canada) up to 9 weeks of pregnancy (63 days on the date you take the Methotrexate).	Up to 12 weeks 0 days (on the date of the procedure). Note: The appointment at the clinic is a consultation and pre-op. You will be booked for the actual hospital procedure at a later date.	
"Off Label" (evidence-based protocol, but not approved by Health Canada) up to 10 weeks of pregnancy (70 days on the date you take the Mifepristone).			
<b>How much does it cost?</b>			
The medication is covered with SK Health Card. Otherwise it costs about \$400.	The medication costs about \$85.	The procedure and related costs are covered by Saskatchewan Health.	
<b>How effective is it?</b>			
99% effective in ending the pregnancy at <=7 weeks.	90-95% effective in ending the pregnancy at <=7 weeks.	97% effective if done before 7 weeks gestation.	99% effective if done between 7-12 weeks gestation.
95% effective in ending the pregnancy between 7-10 weeks.	85-90% effective in ending the pregnancy between 7-9 weeks.		
Does not treat ectopic pregnancy.	Methotrexate may be used to treat ectopic (tubal) pregnancy.		
<b>How do I know how far along the pregnancy is?</b>			
Your provider will tell you how far along you are by considering a number of factors, including the number of weeks from the first day of your last menstrual period, the size of your uterus on clinical exam, blood tests and ultrasound.			
<b>What will happen?</b>			
An ultrasound is arranged to confirm your dates. Lab work includes checking you for anemia, your blood type and screening for sexually transmitted infections. An appointment is made to explore your pregnancy options: parenting, adoption and abortion. Your health history and plans for future contraception are also discussed. A clinical exam is done, which may include a pap test if you are due. Depending on your medical risk factors, you may also need to see a specialist. You may also see a counselor if needed.			
This is a multi-step, non-surgical process that takes place at home.		The procedure takes place in the hospital.	
The drug Mifepristone is taken first (by mouth) and blocks the hormone progesterone which is needed for the pregnancy to continue. 24-48 hours later the drug Misoprostol is used (dissolved in cheeks) and causes the body to pass the pregnancy tissue.	The drug Methotrexate is taken first (by injection) and stops the growth of the pregnancy. 3-7 days later the drug Misoprostol is used (dissolved in cheeks) and causes the body to pass the pregnancy tissue. A second dose of Misoprostol is routinely used.	The actual procedure takes about 10 minutes. Your provider will put medical instruments in your vagina and uterus to remove the pregnancy. You will be at the hospital for around 4 hours.	
You must follow up 2-7 days later for lab work and to receive the results from your provider to make sure the abortion is complete.		A follow-up visit is not routinely needed.	
<b>How much will I bleed?</b>			
Heavy bleeding with clots is common after you take the Misoprostol. Lighter bleeding may continue on and off for 2-4 weeks.		Most women have light bleeding for 1-7 days. Bleeding may continue off and on for a few weeks.	
<b>Do I have to follow a special diet?</b>			
You may eat and drink normally.	Avoid vitamins and foods high in Folic acid from the date of the Methotrexate until the date of the Misoprostol.	You can have nothing to eat after midnight the evening before your surgery. Clear fluids are permitted up to 1 hour prior to registration at hospital.	
<b>Does it Hurt?</b>			
Moderate to very strong cramps occur off and on after taking the Misoprostol, both during and after the abortion.  Pain medication (Naproxen, Ibuprofen, or Acetaminophen) and a hot water bottle or heating pad help.	Intravenous medication is given to help with pain and relaxation during the abortion. Although you are awake during the procedure, you may not remember it clearly.  You may have mild to strong cramping after the abortion: pain medication (naproxen, ibuprofen or acetaminophen), a hot water bottle or heating pad help.		

Medication Abortion (all protocols)	Aspiration (Surgical) Abortion (Suction or Vacuum)
<b>Can I use tampons?</b>	
Use pads (not tampons) until your bleeding has stopped, AND....	
...until your doctor confirms with lab results the abortion is complete	...for one week after the procedure
<b>What about sex?</b>	
Avoid vaginal intercourse until the bleeding has stopped and your provider has confirmed with your lab results that the abortion is complete.	Avoid vaginal intercourse for one week after the procedure and the bleeding has stopped.
You can become pregnant after the abortion and before your next period. Refer to <a href="http://www.sexualityandu.ca">www.sexualityandu.ca</a> for birth control options. Follow your doctor's advice about when to start your chosen birth control method.	
If you choose an IUD (intrauterine device), it can be inserted after the abortion is complete.	If you choose an IUD, it can be inserted at the hospital immediately following the aspiration procedure.
Use condoms to prevent sexually transmitted infections. Know your options for emergency contraception if you happen to have unprotected sex: -Plan B (the morning after pill) taken within 72 hours of sex: you can get this from your pharmacist. -Copper IUD (intrauterine device) inserted by your doctor or nurse practitioner within 5 days of sex.	
<b>Call your provider immediately if you have:</b>	
Very heavy bleeding : Bleeding that soaks 2 pads per hour for 2 hours in a row. Infection signs: fever more than 38 degrees C (100.4 degrees F) for more than 6 hours. Foul smelling vaginal discharge. Severe abdominal pain that is not helped at all with the pain medications your provider has told you to take.	
<b>What if it doesn't work?</b>	
If the medication abortion doesn't work, the fetus may be damaged or deformed because of the medication. Another dose of misoprostol may be used to complete the procedure. If this is ineffective, you will then require an aspiration (surgical) abortion to remove the pregnancy.	If the surgical procedure doesn't work, you must have a repeat aspiration.
<b>How will I feel?</b>	
Most women feel a sense of relief. Feelings such as sadness are less common, but may also occur and are normal. The range of emotions depends on how you have dealt with your feelings about your pregnancy choices. If these feelings are difficult, counselling can be helpful, both before and after you make the decision that is best for you.	
<b>Can I still have children?</b>	
Yes. Neither type of abortion lowers your chances of getting pregnant or staying pregnant in the future.	
<b>Is it safe?</b>	
Both medication and aspiration abortions are very safe in Canada. Both are at least 10 times safer than continuing a pregnancy to term.	
<b>What are the pros and cons?</b>	
<b>PROS</b>	<b>PROS</b>
Some women feel it is more natural, like a miscarriage. Being at home instead of at the hospital may be more private. Non-surgical: no anaesthesia side effects and no instruments in your body. You can choose to have someone with you, or you can be alone.	It is free (with Provincial Health Card, excluding Quebec). It is a brief procedure. You see less bleeding than you would with a medication abortion. It can be done later in the pregnancy than a medication abortion. Medical professionals are with you prior to, during, and after the procedure.
<b>CONS</b>	<b>CONS</b>
There is a cost for some of the medication. It is a multi-step process and it takes longer to complete the abortion. Bleeding can be very heavy. You may see clots and tissue. Cramps can be severe. Side effects from medication may include headache, nausea, vomiting, dizziness, and fever. You must have a telephone, transportation in case of an emergency, and follow through with the entire process. Cannot be done as late in pregnancy as an aspiration abortion.	Surgical: a doctor inserts medical instruments inside the uterus. There is a very rare risk of damage to the uterus (may heal on its own or need additional surgery to repair). Anaesthetic and medications may cause side effects. You must not drive or make important decisions for 24 hours after the procedure due to medication side effects. The woman has less control over the abortion procedure and who is with her. The vacuum aspirator may seem noisy.

