

Abortion Procedures & Risks

Abortion Pill - Chemical Abortion

(up to 10 weeks 6 days after LMP in Virginia)

Only FDA-approved for use up to 10 weeks after LMP

The abortion pill involves 2 medications. The first is Mifeprex, which blocks progesterone and interrupts fetal development prompting detachment of the implanted embryo. Secondly, Misoprostol is taken up to 48 hours later, inducing contractions to empty the uterus. Expect strong cramping, bleeding, nausea, and vomiting. A final visit to the abortion clinic may be necessary to ensure the abortion is complete. (Some women may require a surgical abortion to complete their chemical abortion. The percentage of this occurring increases with gestational age.)

Risks & Side Effects:

- Incomplete Abortion
- Bleeding/Hemorrhaging
- Infection/Sepsis
- Severe Pain/Cramping
- Nausea/Vomiting/Diarrhea
- Fever/Chills/Headache/Dizziness

****Not advised for women with anemia, bleeding disorders, liver or kidney disease, seizure disorder, acute inflammatory bowel disease (IBS), or an IUD***

CAUTION: A chemical abortion does not take place in a medical setting; as such, you may see a discernable head and limbs after the termination.

DO NOT BUY MIFEPREX OR MISOPROSTOL OVER THE INTERNET

You should not buy abortion pills over the Internet because you will bypass important safeguards designed to protect your health. Mifeprex has safety restrictions on how it is distributed to the public. In addition, drugs purchased from foreign Internet sources are not the FDA-approved versions of the drugs, and they are not subject to FDA-regulated manufacturing controls nor inspection of manufacturing facilities.

**Suction Curettage
Surgical Abortion
(up to 16w after LMP)**

The cervix is opened with a dilator and the provider inserts tubing connected to a suction machine into the uterus. The suction pulls the fetus' body apart and empties the uterus. After 14 weeks, the cervix must be softened by giving Misoprostol, orally or vaginally, so that dilation is easier for the larger fetus.

**Dilation and Evacuation
D&E Abortion
(16w to 25w after LMP)**

The cervix is softened by giving Misoprostol, orally or vaginally, so the cervix can be opened wider than in a first trimester abortion, allowing the provider to pull out the fetus' body parts by a combination of suction, curette, and/or forceps. The fetus' skull is crushed to ease removal.

**Late Term
Induction Abortion
(25w after LMP to full term)**

A lethal dose of Digoxin is injected into the fetus' heart or into the amniotic fluid to initiate a fatal heart attack. The cervix is treated for 2-3 days to prepare the deceased fetus for delivery. On the final day, the woman is given Oxytocin to induce labor leading to vaginal delivery.

Effect on Future Pregnancies: Scarring or other injury during an abortion may prevent or complicate future wanted pregnancies, such as increased risk of preterm labor. The risk of miscarriage is greater for women post-abortion.

REMINDER: It is critical to know your blood type and STD results prior to receiving any chemical or surgical abortion.

**References: www.americanpregnancy.org <http://abortionpillrisks.org>
Information about Mifepristone for Medical Termination of Pregnancy
Through Ten Weeks Gestation | FDA Medical abortion - Mayo Clinic Revised
07/22/2024**

Risks of Abortion: Heavy or continued bleeding, infection, sepsis (infection entering the bloodstream), incomplete abortion, allergic reaction to the medications used, damage to the cervix, scarring of the uterine lining, perforation of (puncturing through) the uterus, injury to internal organs, increased risk of breast cancer, increased risk of mental health diagnoses, and death.