8 Things Doctors Tell Patients About Abortion

Anna Medaris Miller, U.S.News & World Report • October 23, 2015

Scan the headlines for "abortion," and you won't come up empty. You may read about lawsuits against abortion providers, funding cuts to Planned Parenthood or controversy over how clinics should be designed and regulated.

What you won't learn? What exactly the procedure is like for the providers who perform it and the women they treat.

"There's so much hype about it, you'd think it's sort of [like] brain surgery," says Dr. Eve Espey, chair of the Department of Obstetrics and Gynecology at the University of New Mexico School of Medicine. In reality, she says, most abortions are "pretty minor" procedures.

The women she sees aren't always more informed. "Sometimes, people really don't have any idea what it's about," she says. Here's what Espey (and other providers) tell them:

1. You have three options.

Providers counsel all women with unintended pregnancies on their options, including parenthood, adoption and abortion. For women who've already thought about the decision thoroughly and discussed it with loved ones, the process can be quick. For others -- especially those who have a tough personal situation or a fetal anomaly -- it can take several visits, Espey says.

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personal stance on each choice, Espey says. (Only in rare cases, such as when women seem to be forced into the abortion or are really undecided, would providers steer women away from abortion until they've had more time to consider it.) Over time, "[doctors] really become nonjudgmental, nondirective, supportive and help women make the choice that's best for them," Espey says.

2. Your feelings are valid.

"It is OK for you to feel like the decision to have or not have an abortion is difficult," says Rachna Vanjani, an OB-GYN at Contra Costa Regional Medical Center in Martinez, California. "It's normal to have emotions about it."

Even when women feel that the decision is the best one for them, it's not always easy to make, says Farnaz Farhi, a fourth-year medical student at Boston University School of Medicine who's applying for residencies in obstetrics and gynecology. She's seen how difficult it is time and again when sitting by women's bedsides before and after abortions. "The decision to have an abortion is not one that any woman ever makes without considerable thought," she says.

3. Your reasons are valid.

About one-third of women who've had an abortion cite other caregiving responsibilities as a reason, while 73 percent say they can't afford a baby and 13 percent worry about the fetus's health problems, a 2004 survey of about 1,200 women found. "It's often demonized as a selfish decision, but incorrectly so," says Colleen McNicholas, an assistant professor of obstetrics and gynecology at Washington University School of Medicine in St. Louis. "The vast majority of women I see describe the impacts of continuing the pregnancy on everyone else and rarely, if ever, talk about themselves."

Whatever your reasons, they don't need to be justified to your provider, Vanjani says. "If you want to talk about it, that's great. We are here to listen," she says. "But don't feel like you have to."

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abortion, according to the Guttmacher Institute, a nonprofit organization that promotes reproductive health. More than 60 percent of them are already moms, the institute found. "These are our friends, our neighbors, our sisters, our mothers," says Dr. Neha Bhardwaj, an OB-GYN in Albuquerque, New Mexico. They are also women of all ages, religions, political affiliations and income levels, McNicholas says. "It is impossible to characterize the procedure or the women who undergo the procedure as just one thing," McNicholas says.

5. There are two common ways to go about it.

Women in their first trimester of pregnancy can usually choose between a medical abortion, in which pills essentially induce a miscarriage, or a surgical abortion, in which a provider removes the embryo through the vagina using a suctioning instrument. Which procedure a woman chooses is a personal decision. The former can be done at home and is not an invasive procedure, while the latter is quick (the actual "abortion" part of the procedure takes less than a minute, Espey says) and slightly more effective. However, women who are more than nine weeks out from their last period usually aren't offered a medical abortion, since the pills become less effective as a pregnancy progresses. (Women beyond the first trimester of pregnancy -- only about 10 percent of abortion cases, according to the Centers for Disease Control and Prevention -- usually undergo a more invasive and complicated type of surgery.) Here's what to expect:

-- *Medical abortion:* If you choose (and are cleared for) a medical abortion, you'll first take a pill, usually mifepristone, which causes an embryo to detach from the uterine lining. One to three days later, you take misoprostol (usually by putting the dissolving tablets in your vagina or between your cheek and gums, but sometimes by swallowing them), which causes contractions so that the pregnancy tissues and fluid pass through the vagina. Women rarely feel pain or experience other side effects after taking mifepristone, but should experience increasingly heavy bleeding and cramping about 30 minutes after taking the second set

bleed or spot for a couple of weeks afterward, they usually don't have to take time off work, particularly if they plan to take the second set of pills over the weekend, Espey says. A week or two after taking the misoprostol, women return to their doctor to make sure the pregnancy has terminated.

-- *Surgical abortion:* If you choose a surgical abortion, you'll first receive some sort of pain relief -- either an oral medication like oxycodone or a sedative through an IV -- and then lie on an exam table with your legs in stirrups, as if you're preparing for a Pap smear or annual gynecological exam. After opening the vagina with a speculum, the provider cleans the cervix and may numb it. He or she then dilates the cervix with a plastic tool and removes the fetus with a suctioning tool. While it can feel like a bad menstrual cramp, the pain passes quickly, Espey says. "It's less than a 10-minute procedure from start to finish."

6. It's safe.

One of the biggest concerns women have about an abortion is how it will affect their future fertility, Bhardwaj says. If you can relate, rest easy. "Having an abortion doesn't make it less likely to carry a pregnancy to term or miscarry," she says. Complications from the procedure are rare, affecting less than 1 percent of women in the United States who get them from trained clinicians in safe conditions, according to the Guttmacher Institute. (To find a qualified professional, search the National Abortion Federation's database of members.)

"I counsel patients that they have a higher risk of getting in a car accident on their way to the clinic than having a complication from the procedure," Vanjani says.

Women also have a much higher risk of complications from pregnancy and childbirth, McNicholas points out. (Preeclampsia, a pregnancy complication, for example, affects at least 5 to 8 percent of all pregnant women, according to the Preeclampsia Foundation.) A 2012 study in Obstetrics & Gynecology found that women are 14 times more likely to die from childbirth than from abortions, though the risk of death from either is small.

woman means a real risk of death."

7. Call me if ...

Like any medical procedure or medication, abortion isn't entirely risk-free. The longer you're pregnant, the more risky it is. Abortions that are performed in unsanitary facilities or by poorly trained providers aren't safe. Rarely, abortions can cause complications, including infections, abnormal heavy bleeding and, in the case of surgical abortions, tearing in the cervix or uterus. Call your provider or the provider's after-hours number immediately if you experience severe or enduring pain, chills, fever, foul-smelling discharge or bleeding that soaks through more than one pad per hour for two consecutive hours, NAF advises.

8. Here's what's next.

Immediately after a surgical abortion, consider getting an IUD to lower your chance of another unintentional pregnancy, Espey recommends. "The cervix is already dilated so the IUD slips right in," she says. "Plus, the woman is often motivated, is at the same place as a provider and is known not to be pregnant."

Whether or not you opt for an IUD, ask someone to drive you home if you've been sedated, Planned Parenthood suggests. To cope with the discomfort, your provider may give you a narcotic. In that case, hold off on that glass of wine since the drug doesn't mix well with alcohol, Espey says. (If you're not given a narcotic, and need pain relief, ibuprofen usually does the trick, she adds.) Also hold off on sex, tampons, baths and swimming for a few days, but feel free to shower as soon as you'd like.

Your provider should give you detailed instructions for aftercare to reduce the risk of infection and other complications. But the most prominent aftereffects tend to involve your emotions. "While some women are very upset over the abortion, a lot of that is societal," Espey says. "They certainly can feel quite a bit of relief ... and like they have some control of their lives."

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