How to Decide between Medication and Procedural Abortion



Medication abortion



Indications

Gestational age ≤ 10 weeks.

Available in all provinces and territories with gestational age limits varying depending on location and provider availability.

Effectiveness and risk of ongoing pregnancies

Effective ≥ 95% of the time.

If failed, patients must take an additional dose of misoprostol or undergo procedural abortion. Effective 99% of the time.

If failed, patients must repeat the procedure.

Process and time length

Takes place at home.

Requires 2 - 3 visits for counselling, assessment and follow-up. But telemedicine may be available.

The process may take 2 - 3 days from the time that the medication is taken to time of expulsion.

Requires medication pick-up at a pharmacy, but a few limited clinics can dispense the medication directly to the patients.

Takes place in the clinic or hospital.

Requires 1 in-person visit, sometimes 2 if the assessment is separate. Not possible through telemedicine.

The procedure lasts 5 - 10 mins, followed by 30 - 60 mins of monitoring and observation.

Usually requires a local anaesthetic, but in some cases a sedative or general anaesthetic is used.

Support person

A support person is not required to take patients to the clinic (although it may be helpful to have a support person at home).

Requires a support person to drive patients home due to sedation (support person may not be required if patients receive light sedation).

Side effects

Heavy bleeding with clots during the process of expulsion. Light bleeding afterwards.

Cramps might be more severe and last longer than with procedural abortion. Pain medications can help.

Diarrhea, nausea, vomiting, abdominal pain, flatulence (gas), fever, chills, and headaches during the day of the abortion.

Light bleeding.

Mild to strong cramps during the procedure. Typically light to moderate cramping after. Pain medications can help.

If taking sedation or general anaesthetic, side effects such as drowsiness and mild upset stomach may occur.

REFERENCES:

Costescu D, Guilbert E et al. Medical abortion. Journal of Obstetrics and Gynaecology Canada, 2016; Volume 38, Issue 4, 366 – 389. Reproductive Health Access Project. Early abortion options; March 2022.

