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Medical abortion

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Overview

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Medical abortion is a procedure that uses medicine to end a pregnancy. A medical abortion doesn't require surgery or anesthesia. It can be started in a medical office or at home with follow-up visits to your health care provider. It's safest and most effective during the first trimester of pregnancy.

Having a medical abortion is a major decision with emotional and psychological consequences. If you're considering this procedure, make sure you understand what it entails, side effects, possible risks, complications and alternatives.

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Why it's done

The reasons for having a medical abortion are highly personal. You can choose medical abortion to complete an early miscarriage or end an unintended pregnancy. You can also choose to have a medical abortion if you have a medical condition that makes continuing a pregnancy life-threatening.

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Risks

Potential risks of medical abortion include:

- Incomplete abortion, which may need to be followed by surgical abortion
An ongoing pregnancy if the procedure doesn't work
Heavy and prolonged bleeding
Infection
Fever
Digestive system discomfort

If you decide to continue the pregnancy after taking medicine used in medical abortion, your pregnancy may be at risk of major complications.

Medical abortion hasn't been shown to affect future pregnancies unless complications develop.

Medical abortion isn't an option if you:

- Are too far along in your pregnancy. You shouldn't attempt a medical abortion if you've been pregnant for more than nine weeks (after the start of your last period). Some types of medical abortion aren't done after seven weeks of pregnancy.
Have an intrauterine device (IUD) currently in place.
Have a suspected pregnancy outside of the uterus. This is called ectopic pregnancy.
Have certain medical conditions. These include bleeding disorders; certain heart or blood vessel diseases; severe liver, kidney or lung disease; or an uncontrolled seizure disorder.
Take a blood thinner or certain steroid medicines.
Can't make follow-up visits to your provider or don't have access to emergency care.
Have an allergy to the medicine used.

A surgical procedure called a dilation and curettage (D&C) may be an option if you can't have a medical abortion.

How you prepare

Before a medical abortion, your health care provider will likely:

- Evaluate your medical history and overall health
Confirm your pregnancy with a physical exam
Do an ultrasound exam to date the pregnancy and check that it's not outside the uterus (ectopic pregnancy) and not a tumor that developed in the uterus (molar pregnancy)
Do blood and urine tests
Explain how the procedure works, the side effects, and possible risks and complications

Making the decision to have an abortion might not be easy. Consider seeking support from your partner, a family member or a friend as you think about your options. Talk with your health care provider to get answers to your questions, help you weigh alternatives and consider the impact the procedure may have on your future.

No health care provider is required to perform an elective abortion. In some places, an elective abortion may not be legal. Or there may be certain legal requirements and waiting periods to follow before having an elective abortion. If you're having an abortion procedure for a miscarriage, there are no special legal requirements or waiting periods required.

What you can expect

Medical abortion doesn't require surgery or anesthesia. The procedure can be started in a medical office or clinic. A medical abortion can also be done at home, though you'll still need to visit your health care provider to be sure there are no complications.

During the procedure

Medical abortion can be done using these medicines:

- Oral mifepristone (Mifeprex) and oral misoprostol (Cytotec). This is the most common type of medical abortion. These medicines are usually taken within seven weeks of the first day of your last period.

Mifepristone (mif-uh-PRIS-tone) blocks the hormone progesterone, causing the lining of the uterus to thin and preventing the embryo from staying implanted and growing. Misoprostol (my-so-PROS-to), a different kind of medicine, causes the uterus to contract and expel the embryo through the vagina.

You may take the mifepristone in your provider's office or clinic. Then you might take the misoprostol at home, hours or days later.

You'll need to visit your health care provider again about a week later to make sure the abortion is complete. This regimen is approved by the Food and Drug Administration (FDA).

- Oral mifepristone and vaginal, buccal or sublingual misoprostol. With this type of medical abortion, you take a mifepristone tablet by mouth. The next step is to use a slowly dissolving misoprostol tablet placed in your vagina (vaginal route), in your mouth between your teeth and cheek (buccal route), or under your tongue (sublingual route).

The vaginal, buccal or sublingual approach lessens side effects and may be more effective. To be most effective, these medicines must be taken within nine weeks of the first day of your last period.

- Methotrexate and vaginal misoprostol. Methotrexate is rarely used for elective, unintended pregnancies, although it's still used for pregnancies outside of the uterus (ectopic pregnancies). This type of medical abortion must be done within seven weeks of the first day of your last period. It can take up to a month for methotrexate to complete the abortion. You receive methotrexate as a shot or a pill you take by mouth. The misoprostol is later used at home.

- Vaginal misoprostol alone. Vaginal misoprostol alone can be effective when used before nine weeks of gestation of the embryo. But vaginal misoprostol alone is less effective than other types of medical abortion.

The medicines used in a medical abortion cause vaginal bleeding and abdominal cramping. They may also cause:

- Nausea
Vomiting
Fever
Chills
Diarrhea
Headache

You may be given medicine to manage pain during and after the medical abortion. You may also be given antibiotics, although infection after medical abortion is rare.

Your health care provider will let you know how much pain and bleeding to expect, depending on the number of weeks of your pregnancy. You might not be able to go about your usual daily routine during this time, but it's unlikely you'll need bed rest. Make sure you have plenty of absorbent sanitary pads.

If you have a medical abortion at home, you'll need access to a health care provider who can answer questions by phone and access to emergency services. You'll also need to be able to identify complications.

After the procedure

Signs and symptoms that may require medical attention after a medical abortion include:

- Heavy bleeding — soaking two or more pads an hour for two hours
Severe abdominal or back pain
Fever lasting more than 24 hours
Foul-smelling vaginal discharge

After a medical abortion, you'll need a follow-up visit with your provider to make sure you're healing properly and to evaluate your uterine size, bleeding and any signs of infection. To reduce the risk of infection, don't put anything into your vagina for two weeks after the abortion.

Your health care provider may ask if you still feel pregnant, if you saw the expulsion of the gestational sac or embryo, how much bleeding you had, and whether you're still bleeding. If your provider suspects an incomplete abortion or ongoing pregnancy, you may need an ultrasound and possibly a surgical abortion.

After a medical abortion, you may have a mix of emotions, including relief, loss, sadness or guilt. If these feelings bother you, it might help to talk to a counselor about them.

Preventing pregnancy

Ovulation usually occurs as soon as two weeks after a medical abortion, and another pregnancy is possible even before your period begins. Before the abortion, talk to your provider about contraception that you can start as soon as the procedure is over.

By Mayo Clinic Staff

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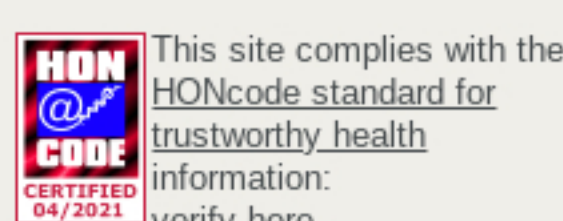
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