

Comparison of the Two Types of First Trimester Abortion

A Resource for Patients

Abortion Pill / Medication Abortion (Mifepristone and Mifeprex)	In-Clinic Procedure (Vacuum Aspiration)
1. How far along in the pregnancy can I be?	
Through 9 weeks, 0 days from the first day of your last period (63 days). Success rates are 95-99%.	Through 14 weeks, 0 days from the first day of your last period. Suction abortion has a 98-99% success rate. A pregnancy less than 6 weeks may increase the chances of failed suction abortion.
2. How long does it take?	
<ul style="list-style-type: none"> • Takes 2 visits to the provider. • Take mifepristone on Day 1. • Insert misoprostol into the vagina 8-72 hours later. • It usually takes several hours for the abortion to occur. • Follow-up visit with the provider 2 weeks later. 	<ul style="list-style-type: none"> • One visit to the provider. • The abortion procedure takes 5 to 10 minutes.
3. How painful is it?	
From mild to very strong cramping off and on throughout the abortion. Pain pills help.	From mild to very strong cramping during the abortion. Pain pills help during and after the procedure.
4. How much will I bleed?	
Heavy bleeding with clots is common during the abortion. Afterwards, lighter bleeding with clots lasts 9 to 16 days or more. Overall, the amount of bleeding is similar to that of a suction abortion, although it takes longer.	Usually light bleeding from 1 to 7 days, but may continue off and on up to 2 weeks. Overall, the amount of bleeding is similar to that of the abortion pill, but most of the blood loss occurs within the 5 to 10 minute suction procedure.
5. How much does it cost?	
\$375 – Includes initial visit, medication, and a follow-up visit 2 weeks later	\$415 – Includes visit, procedure and most medication for patients who are 5-12 weeks pregnant. \$510 – Includes visit, procedure and most medication for patients who are 12-14 weeks pregnant.
6. Can the abortion fail?	
Success rate varies with the length of pregnancy and protocol used. When it fails, a suction abortion is necessary.	Over 98% successful. Less than 2% of the time, the procedure fails and needs to be repeated.

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7. Is it safe, and can I still have children afterwards?	
<ul style="list-style-type: none"> • Both medications have been studied and used safely. Complications are rare. • Childbearing ability is not affected. 	<ul style="list-style-type: none"> • Suction abortion has been studied for over 25 years. Abortion in the first 12 weeks has a less than 1% complication rate, and is at least 10 times safer than childbirth. • Childbearing ability is not affected barring rare, serious complications.
8. What are the advantages?	
<ul style="list-style-type: none"> • To some, it seems more natural, like a miscarriage. • No shots, anesthesia, instruments, or vacuum aspirator machine, unless it fails. • Being at home instead of in an office may be more comforting and private. • Any support person can be there during the abortion process. 	<ul style="list-style-type: none"> • It is quick and over in a few minutes. • It is highly successful. • There is less bleeding (that the woman sees) than with a medical abortion. • Medical staff is present. • A counselor is usually available before, during, and after the procedure for emotional support. • It can be done further along in the pregnancy than with a mifepristone abortion.
9. What are the disadvantages?	
<ul style="list-style-type: none"> • It takes several days. • It is not completely predictable. • Bleeding can be very heavy and lasts longer than with a suction abortion. • If hemorrhage occurs, patient must travel to re-visit her provider. • Cramping can be severe and usually lasts longer than with a suction abortion. • Two visits to the provider are necessary, and possibly more. • It fails more often than a suction procedure. • It cannot end a tubal pregnancy. 	<ul style="list-style-type: none"> • A clinician must insert instruments inside the uterus. • Anesthetics and drugs to manage pain during the procedure may cause side effects. • There are possible complications, although in less than 1% of cases. • The woman has less control over the abortion procedure and who is with her. • It cannot be done as early in the pregnancy as with a medical abortion. • It cannot end a tubal pregnancy.

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