

# THE EARLY OPTIONS GUIDE TO EARLY ABORTION

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Understanding Options  
  
earlyoptions® For Early Abortion

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## Why this Guide?

This guide is a response to the medical misinformation that is on the internet. It is extremely hard to find accurate medical information on what is actually involved in getting an abortion. People who are trying to influence women's decisions have been unethical in posting inaccurate photos and inaccurate descriptions of what takes place during an abortion. In a day and age where you can research anything in great detail online, it is unacceptable that you can't find out what to expect when you end a pregnancy. This guide attempts to be as unbiased as possible, giving you the medical facts, so that you can make the choice that is right for you.

Early Options has been at the forefront of providing private quality early abortion services for over a decade. The practice was opened by Dr. Joan Fleischman, a Harvard trained family doctor, in 1999 in response to her concern that women were not getting the highest standard of medical care for abortion and early miscarriage. Even in New York City, women didn't have a choice to have private abortion care. To this day, most clinics have impersonal services, scheduling a high volume of women to arrive at the same time. Women often describe the experience of going through an "assembly line" of station to station care. These clinics also typically offer outdated and overly invasive procedures to maximize efficiency, rather than providing the best medical care. It doesn't need to be this way.

Why a focus on early abortion? Over 88% of abortions are completed in the first trimester. There are unique methods available to women who choose to end their pregnancy at this time. These methods are simple and could be made available in regular doctor's offices. Our goal at Early Options is to mainstream these abortion methods so that early abortion services are just part of regular primary care medicine. We do not have a bias against later abortion. This is just simply not our area of expertise.

At Early Options we have strived to normalize the experience of getting an abortion. It is one of the most common medical procedures available. Up to one in three women will have an abortion in her lifetime. For political reasons, abortion services have been marginalized, resulting in a lower standard of medical care. At Early Options, we feel women deserve the highest standards of medical care in this difficult situation. We offer a scheduled appointment, a one on one consultation with the doctor, and a private examination room. There is minimal waiting time, and you rarely encounter another patient while in the office. Companions are welcome for the entire visit. Early Options provides early abortion care consistent with World Health Organization guidelines.

We only offer gentle nonsurgical methods. The Aspiration Procedure and the Abortion Pill are excellent methods for ending early pregnancy. They avoid the complications of surgical abortion because there are no metal instruments, no (loud) electric suction, no scraping, and no need to be put to sleep. With our nonsurgical methods, all care is conducted in a quiet private examination room. You recover immediately, and are able to resume your normal activities when you leave the office. There is no need for an operating room and a recovery room.

Unfortunately, most women do not have access to private specialized early abortion services. This guide will still help you to become more educated about your options so that you can make an

informed choice, no matter what your situation. It will teach you about early abortion methods. It will help you to choose a facility that is best for you. This guide attempts to give you some tools to help you to feel better about yourself and your decision. We hope it will help you to emotionally navigate a difficult personal situation.

## Making your Decision

Deciding to have an abortion is often emotionally difficult. Seeing that positive pregnancy test can be a shock. It can be a flood of emotions. You always wanted the moment you got pregnant to be the happiest moment of your life. But, your reaction is far from that. Instead, you may feel anger, disappointment, sadness, and loneliness. You may be afraid of your response, his response, or thinking about what is involved in having a baby or having an abortion.

It is hard to make any generalized comments on your decision. Indeed, that is the point of this guide. Each woman's situation is unique, and at Early Options, we attempt to provide service that responds to your individual concerns. That said, after over a decade of helping women in the situation of unwanted pregnancy, we have found some common threads which may be helpful to you.

Many women find it hard to sort out how they are feeling about ending the pregnancy and how they feel about actually getting an abortion. It can be helpful to make that distinction. At Early Options, we say that the decision should be the hard part, not your medical care. If going through an abortion is your main concern, this guide is meant for you. It will help you understand your options, and learn about the safest and best ways to end an early pregnancy.

For many women, the decision is obvious. As soon as they see that positive pregnancy test, they know that they need to end it. They clearly do not want, or are unable, to follow through with a pregnancy at this time in their life. If this is the case, our advice at Early Options is to come in as soon as possible. There is no reason to wait. It is best to end the pregnancy before you start feeling pregnant.

At Early Options you can choose to end your pregnancy as soon as the test turns positive. However, there are some advantages to waiting one week from your missed period before you come in. This way the doctor can confirm that the pregnancy is in the uterus (is not ectopic). She can also confirm that the pregnancy is over, right after the procedure.

If your decision is not obvious, you may want to set up a consultation. At Early Options, you can come in, visit the office, and meet the doctor. She can complete an ultrasound. The ultrasound is very accurate for early pregnancy. She can then talk with you about what to expect if you decide to follow through with an abortion, review early abortion methods, and tell you how long you have to make a decision. Most women and couples who are conflicted about their decision find this visit helpful.

Usually women and couples come to us because they are not happy about being pregnant. Simply, the time is not right. It can be for many reasons – they are not yet in a committed relationship, there are financial concerns, they already have a family and had decided to not have more children, or there are professional considerations. Or, there may not be an obvious reason. They just simply do not want to have a baby at this time.

One of the most common situations I see are married couples, with children, who come to us because they are not excited about the pregnancy. They often tell me they are upset because they

“don’t have a good reason.” They feel that not being happy about the pregnancy is not enough of a reason. It’s our opinion that you don’t need a “good reason.” If you don’t want to have a baby, that is reason enough. Ending early pregnancy is a responsible choice. Early pregnancy ends in miscarriage about one third of the time. I often tell women and couples that early abortion is like a miscarriage – the pregnancy just wasn’t meant to be. Nothing has developed, and nothing is hurt.

Sometimes the conflict occurs because you feel differently from your partner. These can be particularly difficult situations. We often ask women and men in this situation, how they feel about doing something “for their relationship.” If they care about the relationship, and getting closer, sometimes choices have to be made that are difficult for an individual, but necessary for the couple.

Often, women can feel upset because their partner doesn’t want a baby, but they do. Sometimes the man is ready, but the woman is not. In these situations, I encourage honesty. It’s important to be honest about how you both feel about the relationship and your commitment to each other. If there is honesty, kindness, and respect, there is a road to coming up with a decision that makes sense for you as a couple.

We occasionally meet a woman who comes in for an abortion, but clearly wants to have the child. She might come to end the pregnancy because she feels it doesn’t make any “sense” to have a baby at this time in her life. She might not be in a committed relationship, or she might not have the financial means. Her “gut”, or intuition, just wants to continue the pregnancy. We encourage women to take the time they need to actually make a decision. In this situation, we support women to do more practical research about what may be involved in being a single parent. It is important to do your research. There are now many resources and support groups online for women who make this choice.

Going through the process of having an unwanted pregnancy can be a time where you can grow individually or as a couple. It’s a time to be honest with yourself and each other. It’s a time to take a look at the life you are living, your relationship, and whether your choices will eventually lead you to where you want to go. Too often, we get caught up in day to day decisions, and don’t take the time to look in the mirror, and see if we like what we see. A difficult situation like having an unwanted pregnancy can be one of those times.

Do you want to have a baby in the future? What changes would you need to make in your life to be excited the next time you have a positive pregnancy test? Is your family complete? How do you feel about this phase of your life? How happy are you in your life and your relationship? Do you feel supported by your partner? Are you able to be honest with each other?

Ending an early pregnancy can be simple. If completed correctly, there should be no concerns for having a baby when the time is right. If you’re unhappy about seeing that positive pregnancy test, it is better to end it early, than to continue to second guess your response. Pregnancy hormones double every 48 hours. Each day that you wait, the decision gets harder.

Ending an early pregnancy should not affect your chances to get pregnant in the future. For those who choose to have children, it can be such a wonderful time in life-- when you make the choice to have a baby and want to be pregnant. You have the means to give a child what he or she needs to have a happy and healthy life, and you and your companion are both excited when you see the

positive pregnancy test. There is no reason that ending an early pregnancy needs to interfere with that vision.

## Understanding Early Pregnancy

**Early pregnancy is when your pregnancy test is positive and you have only missed one or two periods.** During this time period, the pregnancy itself has not yet started to develop. In medical terms, you are under ten weeks of pregnancy, counting from the first day of your last period. Under ten weeks, your body is getting ready to support the early pregnancy. Your uterus is forming the basic structures that will later help the embryo to grow. At this stage, you have more options for ending the pregnancy.

**Early pregnancy is the best time to have an abortion, if this is your choice.** The pregnancy has not yet formed much of an “attachment” to the uterus, so it is easier for the body to “release” the early pregnancy tissue. At this stage, pregnancy hormones are not as high, so there are typically fewer pregnancy symptoms. Most women feel better if they are able to end the pregnancy before it is formed.

**Miscarriage is common in early pregnancy.** There are many things that can go wrong as the body is getting ready for the developing embryo. There are some statistics that estimate that one in three early pregnancies ends in miscarriage. If you had a wanted pregnancy, your doctor would likely recommend that you do not tell your friends and family that you are pregnant, because there is a higher chance of natural miscarriage. After 10 weeks, there is a higher chance that the pregnancy will be viable.

**Emotionally, it can be helpful to know that you are ending the pregnancy before you even know it is viable.** It can give you peace of mind to think of ending an early pregnancy as “inducing an early miscarriage.” You are ending it before you even know whether this pregnancy would have been normal. The pregnancy was just not meant to develop at this point in your life. The timing was just not right. Even most organized religions support the choice to end a first trimester pregnancy, before there is “quickening” or movement.

**Early pregnancy tissue is similar in appearance to late menstrual tissue.** At the time of your monthly period, you regularly shed the “menstrual lining.” In the first month of pregnancy, this lining gets heavier, and starts to thicken. It is then called “decidua.” In the first month, the decidua is about twice as heavy as your normal period. At Early Options, we say that ending an early pregnancy is similar to “bringing down” your late period.

The first sign of pregnancy is a “gestational sac.” This is a tiny bubble of fluid. Two weeks after your missed period, the gestational sac is about 7 millimeters in size, about the size of a pea. Each day it grows by one millimeter. At 7 weeks of pregnancy, the sac is about the size of a grape, and at 9 weeks of pregnancy the gestational sac is about three centimeters. At this stage of pregnancy, the undeveloped embryo cannot be seen with the naked eye.

**There are safe nonsurgical options for ending early pregnancy under 9 or 10 weeks.** At Early Options, we specialize in ending pregnancy at this early stage. We offer two nonsurgical abortion methods: the Aspiration Procedure and the Abortion Pill. The World Health Organization recommends these methods as the safest early abortion options. However, depending on where you live or your situation, surgical abortion may be your best or only option. The best early surgical

procedure is called “suction curettage.” This procedure is better than a D&C abortion because the doctor does not scrape the uterus. In early pregnancy, scraping is not recommended and adds unnecessary risk.

## Common Questions about Early Pregnancy

**How do I know how far along in the pregnancy I am?** Doctors usually date the pregnancy by the first day of your last menstrual period. So, if the first day of your last menstrual period was January 1; and today is February 11 (42 days later); you would be considered six weeks pregnant. Period dates can be unreliable. The most reliable method for dating a pregnancy is ultrasound. A pregnancy can be detected on ultrasound at about five weeks of pregnancy, or five weeks from the first day of the last menstrual period.

**How soon does a pregnancy test turn positive?** Urine pregnancy tests turn positive around 10-14 days after conception. Urine tests are now almost as accurate as blood tests. The most reliable pregnancy tests have two lines on them. Digital pregnancy tests (tests that have words on them like “pregnant”) are not as reliable.

**I am bleeding? Does that mean I am having a miscarriage?** Bleeding is very common in early pregnancy. It can be spotting, or bleeding like a period, or sometimes even heavier. While heavier bleeding can be an indication of an early miscarriage, it can also be completely normal in early pregnancy. The only way to be sure is to see a doctor and have an evaluation. The doctor will evaluate by getting blood tests to follow pregnancy hormones and/or by checking an ultrasound.

**I am having some cramping. Does this mean there is something wrong?** Period-like cramping can be common in early pregnancy and rarely means there is something wrong. If the pregnancy is over seven weeks from your last period and you are getting lower abdominal pain, you should be evaluated by a medical professional. Severe cramping or pain should always be evaluated by a medical professional.

**If there is no embryo, why do they say there is a heartbeat?** At seven weeks of pregnancy, the cells that will become the embryo start to cluster inside the gestational sac. These cells can be seen on ultrasound, but would not be visible to the naked eye. At this time, the cells that are determined to later form the heart organ start to “beat.” An ultrasound technician will often interpret the beating cells as a “heartbeat” even though it is weeks before there is organ development.

**I had sex with two different men last month. How do I know who conceived the pregnancy?** If you had sex with two different men at least one to two weeks apart, the ultrasound can be helpful in determining when conception occurred. The doctor doing the ultrasound can tell you of their certainty. If it was less than one week apart, there is no reliable way to tell. DNA testing is not available until late in the first trimester.

**Why do I have to wait to end my pregnancy?** Early termination of pregnancy is easiest once a gestational sac can be identified inside the uterus on ultrasound. This is usually about five weeks from the first day of the last period, three weeks after conception, or one week after the missed period. The doctor can now confirm that the pregnancy is developing normally inside the uterus (it is not an ectopic or tubal pregnancy). If a pregnancy can be identified on ultrasound, the doctor can be sure that the termination of pregnancy was successful. At Early Options, we offer very early abortion, as soon as the pregnancy test turns positive. In this situation you will need to do additional lab tests.

**Is it safe to have sex after I am pregnant?** Yes. Once you have conceived, having sex will not cause a problem with the pregnancy or make it more difficult to have an abortion. You can have sex

right up to the time of the abortion and you don't have to be concerned about conceiving a second pregnancy.

## Early Abortion Options

**At Early Options, we offer two non-surgical early abortion options: the Aspiration Procedure and the Abortion Pill.** These safe and natural early abortion methods end a pregnancy before it has a chance to develop. Most abortion clinics offer surgical abortion for early termination of pregnancy.

**The Aspiration Procedure and the Abortion Pill are the most safe, gentle, and natural early abortion methods.** These early abortion methods are simple to complete and can be offered in a private medical office. They are just as effective and have fewer complications than surgical abortion. These early abortion methods are safer than surgical abortion (D&C) because they avoid scraping of the uterus and general anesthesia. In addition, the soft suction of aspiration abortion causes a natural release of the early pregnancy tissue. It is also quiet, so women usually do not find the procedure frightening.

**Early abortion is extremely safe. Even surgical abortion is one of the safest medical procedures available.** The main risks involved in surgical abortion have to do with the “scraping” and the use of general anesthesia. Most abortion clinics now avoid major complications of surgical abortion in early pregnancy. They offer “suction curettage” which is a type of surgical abortion that does not scrape the uterus. They also typically offer “twilight anesthesia” which is safer than general anesthesia. **If you call a clinic to get an abortion, make sure to ask if they offer these safer surgical options.**

**The Aspiration Procedure is the simplest way to end early pregnancy.** The doctor uses a quiet, handheld instrument to remove the pregnancy tissue. The Aspiration Procedure is similar to a Pap test and is completed on a regular medical examination table. It only takes 3-5 minutes! You can resume your normal activities immediately. The Aspiration Procedure used to be called “menstrual extraction” because it was similar to bringing down the menstrual lining of the uterus.

**The Abortion Pill is a way to induce an early miscarriage.** A medical abortion is completed in the privacy of your own home. You take one pill in the doctor’s office. You take another set of pills at home, 24-72 hours later. The second set of pills induces your menstrual period. There are typically several hours of cramping. At Early Options, we provide you with strong pain medications to help relieve this cramping. You must have a follow up with the doctor to make sure it’s completed.

### A Comparison of Early Abortion Methods

	Aspiration Procedure	Aspiration Procedure	Surgical Abortion
	Aspiration Abortion	Abortion Pill	Surgical Abortion (D&C)
<b>Non- Surgical Method</b>	Yes	Yes	No
<b>Recommended by the World Health Organization as safest abortion methods</b>	Yes	Yes	No
<b>Companion can be by your side</b>	Yes	Yes	No
<b>Completed in a private examination room</b>	Yes	No	No
<b>Completed at home</b>	No	Yes	No
<b>Minimal bleeding</b>	Yes	No	No
<b>Minimal cramping or pain</b>	Yes	No	No
<b>Return to normal activities in minutes</b>	Yes	No	No
<b>One Visit – No Follow up Needed</b>	Yes	No	No
<b>Major Complications</b>	No	Yes	Yes

**The World Health Organization endorses the safety of non-surgical early abortion methods.** The World Health Organization (WHO) has stated in its Technical Guidelines on Safe Abortion: Aspiration and medical abortion are preferred methods for abortion in the first trimester. Both these methods are safe, effective, and suitable for the primary level of care and should be available at levels of care with greater capacity and in many private clinical settings.

*IPAS, an international organization dedicated to safe abortion care adds: Regrettably, many health facilities still use the sharp curettage or dilation and curettage (D&C) method. The WHO guidelines state that because women’s risk of complications is substantially higher with sharp curettage than with vacuum aspiration or medication abortion, this method should be used only when vacuum aspiration and medication abortion are unavailable.*

## Aspiration Abortion

**The Aspiration Procedure is a nonsurgical early abortion method. It is the safest and most convenient way to end early pregnancy.** At Early Options, most women choose this method because they appreciate how quick and simple it is. The procedure is nonsurgical, so you can eat and drink normally before and after the procedure. The entire procedure takes less than five minutes. The procedure is completed in a regular private examination room (not an operating room). The cramping during the procedure is tolerable and only lasts for a few minutes. Recovery time is immediate. Women leave the office feeling normal and resume their normal activities. Bleeding is usually lighter than a period. A follow up visit generally isn't necessary.

**The Aspiration Procedure is performed using a small, quiet handheld device that is used to naturally release early pregnancy tissue.** It is used for early abortion and to treat early miscarriage. A similar device is used for endometrial biopsies, to rule out cancer of the uterus. Other names for the Aspiration Procedure include Manual Vacuum Aspiration, "Mini-vac", and menstrual extraction. The Aspiration Procedure is considered a nonsurgical procedure because there is no cutting, scraping, or abrasive electric suction. It simply causes a natural release of early pregnancy tissue.

**At Early Options, the Aspiration Procedure is completed in a quiet, comfortable examination room.** The procedure is so safe it does not require an operating room or a recovery room. Environment matters. The more comfortable you are, the less anxious you are. This is important in feeling good about your decision. You can have a friend, family member or partner with you the entire time. Our staff members are also there to support you. We do everything to make you as comfortable and relaxed as possible. One clinical assistant will be by your side the entire time talking with you, and helping you to relax during the procedure. Medications are available to help relieve anxiety, if you so choose.

**The Aspiration Procedure only takes a few minutes longer to complete than a pap test:**

- You lie down on a comfortable examination table in a private, colorful, clean room.
- The doctor performs an ultrasound examination.
- The doctor inserts a speculum (like a Pap smear).
- The doctor numbs the cervix with a local anesthetic. You typically do not feel this.
- The doctor stretches the natural opening of your cervix with small plastic dilators and inserts a thin tube, called a cannula. The doctor attaches a handheld device to the cannula and applies gentle pressure for one or two minutes. You may feel some mild to moderate period-like cramping at this time.
- The doctor removes the instruments. A second ultrasound is performed to ensure successful completion.
- You lie on the table for another 5-10 minutes. The cramps ease quickly. You are served beverages and snacks of your choice. In a few more minutes you feel completely normal.
- You get dressed and resume your daily activities.

**The Aspiration Procedure is simpler than the Abortion Pill.**

- One visit to the doctor's office (no routine follow up).
- Completed in less than 5 minutes.
- A few minutes of tolerable cramping.
- Bleeding is lighter than a period.
- You know it's successful before leaving the office.
- Pregnancy symptoms start to resolve within hours.

**The Aspiration Procedure is simpler and safer than Surgical Abortion.**

- Eat and drink normally before and after your procedure.
- No scraping.
- No electric suction.
- No metal instruments.
- No need to be put to sleep.
- No major complications.
- Immediate Recovery.

**The Aspiration Procedure helps you to recover quickly – emotionally and physically - from a difficult situation.** At Early Options we do everything to make you feel like you are getting a common and normal medical procedure. Getting an Aspiration Procedure is similar to getting your annual pap test. There is no need to experience a frightening operating room or an impersonal recovery area. When you leave the office, you should not have to feel like you have to recover from something traumatic. Physically, you also recover quickly. Your pregnancy hormones start to drop immediately. By the next day, nausea is usually gone. Other pregnancy symptoms such as moodiness and breast tenderness start to resolve within days.

## Common Questions about Aspiration Abortion

**Does it hurt?** Most women do not describe the Aspiration Procedure as painful. Most women describe a “pulling feeling” or some discomfort. Many women describe mild or moderate cramps, like when you have your period. Occasionally a woman will have more intense cramping, but this only lasts for a minute or two. A few minutes of cramping is better than being put to sleep! After the Aspiration Procedure you recover immediately and you do not have any of the major complications of anesthesia.

Sometimes it is helpful to understand that cramping of the uterus is normal and healthy, and an important part of recovery. The cramps should not be frightening. The uterus is a muscle and it contracts in response to the procedure. Cramping is necessary to help stop the bleeding.

**How far into the pregnancy can I get the Aspiration Procedure?** The Aspiration Procedure is best completed between 5-10 weeks of pregnancy. It can be utilized up to 12 weeks of pregnancy at the doctor’s discretion.

**How does the Aspiration Procedure compare to the Abortion Pill?** The Aspiration Procedure has significant advantages over the Abortion Pill. It can be completed in one visit (instead of two visits), there is minimal bleeding (compared to weeks or months of bleeding), there is minimal cramping (compared to hours of cramping) and the patient knows that the termination of pregnancy is completed before she leaves the medical office.

**How does the Aspiration Procedure compare to surgical abortion?** The Aspiration Procedure has significant advantages over surgical abortion. It is performed in a regular examination room and because discomfort is minimal, you are awake (instead of an operating room and under general anesthesia), plastic instruments are used (instead of metal instruments), soft suction from a silent, handheld aspirator gently removes the pregnancy lining from the uterus (no loud electric suction machine or uterine scraping is required), recovery takes only a few minutes (as opposed to hours after general sedation).

**Do they offer the Aspiration Procedure at abortion clinics?** Unfortunately, it is rare for an abortion clinic to offer the Aspiration Procedure. If they do, they may not provide the Aspiration Procedure in the best possible way. It is important that women become more informed of their choices. Some abortion clinics report that they provide the Aspiration Procedure, but complete the procedure like a surgical abortion with scraping and under sedation.

**Ask these questions when making your appointment for the Aspiration Procedure:**

- Does the doctor scrape the uterus?
- Is the Aspiration Abortion Procedure completed in a regular examination room or an operating room?
- After the procedure will I be put in a recovery room, or allowed to rest in the same room?
- Is my companion able to be with me the entire visit?
- Is the Aspiration Procedure routinely completed with a local anesthetic?

- Do you schedule individual appointments or many women at the same time?

**What are the complications of the Aspiration Procedure?** Abortion of all types is very safe if completed in reputable settings. The Aspiration Procedure is the safest way to end early pregnancy. Routine abortions of any kind do not cause problems with future pregnancies. The rare complications of an Aspiration Abortion Procedure are minor and easily treated with antibiotics or a repeat procedure. Serious health risks are extremely rare and are usually related to the pregnancy, not the procedure.

## The Abortion Pill

**The Abortion Pill has been available in the United States since it was approved by the FDA in 2000.** It has been available in Europe for almost two decades and is known as RU486. The Abortion Pill is an excellent non-surgical early abortion method, as women experience ending a pregnancy as a natural process, or early miscarriage. The Abortion Pill requires an initial visit and a follow-up visit by a doctor, but the main process occurs in the privacy of your own home. At Early Options, we make every effort to make sure taking the Abortion Pill is as comfortable as possible. About half of the time, the Abortion Pill process goes very well, and women are happy with the results.

**The Abortion Pill induces an early miscarriage for pregnancies under 9 weeks from the last menstrual period.** The Abortion Pill actually involves taking two different medications on different days. The first pill, mifepristone, is typically taken in the doctor's office. This pill stops the pregnancy from growing by blocking the pregnancy hormones in the uterus. The second set of pills, misoprostol, is taken at home 24-72 hours later. These pills cause the uterus to contract and the cervix to dilate, causing the early pregnancy tissue to be expelled. During the miscarriage, there are usually several hours of cramping and bleeding.

**While the Abortion Pill can be very straightforward, there are three ways that women can find the Abortion Pill difficult.**

- First, many women are anxious about completing a miscarriage at home, without medical supervision. At Early Options, we spend time with you going over step by step instructions of what to expect. We find that if you understand the range of symptoms you may experience, the process is much less frightening. In addition, a doctor is available, by phone, 24 hours a day.
- Second, many women can have severe cramping while going through the miscarriage. At Early Options, we send you home with pain medicine that we have found to be most effective. We even send you home with a hot pack to ease cramping.
- Third, for about 5% of women the Abortion Pill will fail, or the bleeding will continue more than a month. At Early Options, we offer a simple resolution by providing the nonsurgical Aspiration Procedure at no extra charge.

### **The Aspiration Procedure: the other nonsurgical method**

If you are considering the Abortion Pill you should also consider the Aspiration Procedure, the other nonsurgical early abortion method. The Aspiration Procedure has many advantages over the Abortion Pill or early surgical abortion. The Aspiration Procedure is completed in less than 5 minutes in a regular medical examination room. Compared to the Abortion Pill, there is less bleeding and less cramping, it requires only one visit to the doctor's office, it is more effective, and pregnancy symptoms go away much more quickly.

The Aspiration Procedure is safer and more convenient than a surgical abortion because there is no scraping, no electric suction machine and no general anesthesia. Because the Aspiration Procedure is nonsurgical, you can eat and drink normally before and after the procedure. There is immediate recovery, so you can resume your normal activities when you leave the office.

**The Abortion Pill is a three step process:** 1) The first pill is taken in the medical office. 2) The second pills are taken at home, 24-72 hours later. 3) A follow up visit is scheduled to make sure the process was successful.

### **Step One: At the doctor's office**

At Early Options, you will have a private consultation with your doctor in a private examination room. Your companion is welcome to be with you the entire visit.

- Your doctor will review your health history. At Early Options, we confirm your pregnancy dates by doing an ultrasound. The vaginal ultrasound is the most accurate way to date an early pregnancy. The doctor will respond to your personal concerns and help you to understand what to expect. She will answer all of your questions. She will make sure that the Abortion Pill is the right choice for you. She will answer all of your questions about taking the Abortion Pill and what to expect.
- You will take the first pill, mifepristone, in the doctor's office. Usually you do not have any symptoms after you take this pill. Some women start to have some spotting or bleeding before taking the second set of pills.
- You will be sent home with everything you need, and will not have to fill any prescriptions. We want you to feel comfortable. We send you home with extra pain medication, pads, a water resistant pad, and a hot pack. We also give you an extra set of misoprostol, in case the first set does not cause bleeding.

### **Step Two: Having the miscarriage at home**

Symptoms usually begin when you take four misoprostol tablets at home, 24-72 hours later. Some women experience mild nausea, mild fever or chills within hours of taking the second medication. This is a side effect of the second medication, misoprostol, and usually does not last for more than an hour. Cramping typically starts 1-2 hours after the misoprostol. Most women have several hours of cramping that can be relieved with pain medications. Bleeding usually follows the cramping, and can be heavy for several hours. Typically, the bleeding then becomes more like a period and then irregular bleeding or spotting can continue for weeks to months.

You must come back for a follow up visit to make sure the Abortion Pill was successful. Most offices like to see you within a week of taking the first pill.

### **Step Three: Returning to the doctor's office**

It is very important that you confirm that the Abortion Pill was successful. Even if you are having bleeding, you can still have a continuing pregnancy. At Early Options, we repeat an ultrasound on this visit. Your pregnancy test will still be positive for weeks after taking the Abortion Pill.

## Common Questions about the Abortion Pill

**What are the advantages of the Abortion Pill?** Generally, women are happy with the Abortion Pill (RU486). 90% of women who choose the method would recommend it to others. Some women find it stressful or emotionally difficult to be in medical offices and wish to complete the process in the comfort of their homes. Some women experience the process to be more like a miscarriage than a procedure, and find some emotional comfort in this perspective. Many couples appreciate being together while the miscarriage occurs.

**When can I take the Abortion Pill?** It is safe to take the Abortion Pill between 5-9 weeks of pregnancy, counting from the first day of your last menstrual period. The doctor will confirm the dates of pregnancy by an ultrasound examination.

**How does the Abortion Pill Work?** The Abortion Pill is considered an early abortion method, because it only works during early pregnancy. Under 9 weeks of pregnancy, the uterus is getting ready for the pregnancy by developing a thickened lining inside, called “decidua”. The decidua is similar to the lining that comes out with your period, but a little thicker. This is why the Abortion Pill is said to “bring down your period.” The Abortion Pill is actually two sets of pills. The first pill, mifepristone, blocks the pregnancy hormones from reaching the uterus, so the tissue lining stops growing and starts to detach from the uterus. The second set of pills, misoprostol, causes the uterus to contract and the cervix to relax and open. This induces your period, or causes an early miscarriage.

**What are the disadvantages of the Abortion Pill?** The Abortion Pill can be unpredictable and there have been some extremely rare but serious complications. While most women have a positive experience taking the pill, some women don't. Some women have severe cramping that can last up to 8 hours. Some women have heavier bleeding that can last months. Rarely, this must be treated with a procedure. In extremely rare cases, bleeding has resulted in severe anemia and the need for a transfusion. For 1-2% of women who take the pill, the pills don't work. This can be a difficult emotional experience to go through ending the pregnancy “again” with a procedure.

There have been several unexplained deaths related to the Abortion Pill in North America. These deaths seem to have been related to a rare bacterial infection that may have occurred because misoprostol was inserted vaginally. Now, most doctors and clinics offer the misoprostol orally.

**Does the Abortion Pill hurt?** Typically, there is no pain or cramping after taking the first pill, RU486. Most women experience strong period-like cramping for several hours after taking the second set of pills. At Early Options, we will give you strong pain medications that should relieve this cramping. Some women get severe cramping that can last 6-8 hours.

**How much bleeding will I have?** Most likely the earlier you are, the less bleeding you will have. Typically after you take the second set of pills you will have several hours of bleeding, heavier than a period. Within hours, the bleeding should become more like a period. This bleeding will last usually a week or more. It is common and normal to have irregular bleeding that lasts for weeks to months. The average length of bleeding is 6 weeks. This bleeding can be spotting, bleeding that stops and starts, or daily bleeding. It is normal to have bleeding that is red or brown in color. The passing of small or large clots is common and normal.

**How experienced is the doctor at Early Options?** Dr. Joan Fleischman is an international expert on early abortion care. She was one of the original researchers of the Abortion Pill (RU486) in the United States. All doctors at Early Options are board certified and have received specialized training in early abortion care, and have been providing the Abortion Pill for over a decade.

**Do I need to miss school or work?** No. One of the best things about the Abortion Pill is that you can choose a time that fits your schedule. You can take the second set of pills after work, 24-72 hours after the first pill. Once you take the second set of pills, the miscarriage usually happens within hours. You should be able to resume your normal activities several hours later. Occasionally, the miscarriage will begin several hours after taking the second set of pills; these delays are uncommon, but are not a cause for concern. In these rare cases of delayed bleeding, it is best to stay home from work or school until the miscarriage has occurred.

**What will I see?** If you are early enough to take the Abortion Pill (under 9 weeks since the first day of your last menstrual period) there is no visible embryo. At this stage the pregnancy consists of a heavy period, a tiny bubble of fluid, and invisible cells. You will see blood, like your period. You may see some of the pregnancy lining that looks like a wet paper towel. You may pass small or large clots.

**How is the Abortion Pill different from the Morning After Pill?** You must be pregnant to take the Abortion Pill (RU486). The Abortion Pill ends early pregnancy. The Morning After Pill (or emergency contraception) is taken after unprotected sex to AVOID getting pregnant.

**Can I take the Abortion Pill without anyone knowing?** Yes. It is easy to disguise your symptoms as a bad period or an early miscarriage. A doctor or medical professional cannot tell if you have taken the Abortion Pill.

## Early Surgical Abortion

**Surgical abortion is the most common way to end early pregnancy.** Surgical abortion is completed by the use of an electric vacuum pump that creates a suction to remove the contents of the uterus. Typically surgical abortions are completed in an operating room setting. Women are usually given the option of staying awake, using “twilight” anesthesia, or being put to sleep. The procedure usually takes 5-10 minutes, and then women are usually taken to a recovery area for about an hour before they are able to leave the office.

**First trimester surgical abortion is one of the safest procedures available.** Over 99% have either no complications or minor complications from the procedure. Serious risk from surgical abortion usually results from using general anesthesia, or from scraping the uterus. These risks can be avoided! Usually you can find a doctor who uses safer “twilight” anesthesia. Most doctors now perform “suction curettage” – a type of surgical abortion that does not use sharp metal instruments to scrape the uterus.

**Most clinics will recommend that you fast from midnight before your procedure.** This is so that you will be able to have all options available to you for anesthesia. If you are sure that you only want a local anesthetic, and want to be awake during the procedure, you can ask them if you can eat and drink normally before your visit.

**Most clinics require counseling, labs and an ultrasound prior to your procedure.** You will likely see a counselor who will discuss your decision to end the pregnancy, and make sure this is the right choice for you. She or another counselor will then likely go over consent forms, aftercare instructions, and birth control options. You will then likely see a medical assistant or nurse to get your vital signs taken (blood pressure, pulse, and temperature). They will also check your blood type, to make sure you are not a negative blood type (Rh negative). If you are, you may need an extra injection for the safety of future pregnancies. You will likely get a vaginal ultrasound. A vaginal ultrasound is the most accurate way to date an early pregnancy. A probe about the thickness of a large tampon will go into your vagina.

**The actual surgical procedure is only 5-10 minutes long.** Usually the procedure will take place in an operating room. If you have twilight anesthesia, they will place an IV in your arm. You will likely have some memory or consciousness of the experience. You may or may not be able to hear the suction machine. You may or may not experience some discomfort during the procedure. However, even though there may be some consciousness with twilight anesthesia, it is much safer than being put to sleep.

**You will likely spend about an hour recovering from the procedure.** Most clinics have you stay on a cot in a common recovery area until you are ready to go home. Typically they will check your vital signs, and offer you a snack. As soon as the cramping subsides and you are able to stand up and go to the bathroom, you are able to leave. Most clinics require that you have an escort when you leave the clinic. It is common to have cramps on and off for about 24 hours after the procedure. Most women do not return to work until the next day.

## Common Questions about Early Surgical Abortion

**What are the advantages of surgical abortion?** Generally, surgical abortion is a quick and safe resolution to an unwanted pregnancy. If you can find a doctor who performs surgical abortion without scraping, and under twilight or local anesthesia, there are very few risks. There is about a one day recovery time. Pregnancy symptoms resolve quickly. If you are unsure of your dates and turn out to be over 12 weeks pregnant, you can continue to use surgical abortion into the second trimester of your pregnancy.

The full answer to this question depends on the options available. If you are certain you are under 10 weeks of pregnancy and can get to New York City and come to Early Options, there are no advantages to surgical abortion over the aspiration procedure. The Abortion Pill is safer than D&C abortion (surgical abortion with scraping). The Abortion Pill has no risk for future pregnancies. If you are able to choose between surgical abortion without scraping and the Abortion Pill, the answer really depends on how comfortable you feel with the doctor and the clinic. The main advantage of the Abortion Pill is that it is not a procedure, and you can complete it in the privacy of your own home. For some women, this is worth the additional cramping and bleeding they may experience from taking the pill.

**Is surgical abortion painful?** There is usually some significant pain and cramping during and after a surgical abortion. The pain is much more severe if there is scraping involved. Compared to getting an Aspiration Procedure, the strong cramping typically lasts about an hour, compared to minutes. This is why most clinics have you stay in a recovery room before going home. Most women experience intermittent cramping for a day or two after the procedure.

**Should I be put to sleep?** If you are anxious about getting a procedure, you can request “twilight” anesthesia. This is the safest way to reduce pain and anxiety from the procedure. Again, the full answer depends on the options available. Most surgical abortion is offered in an operating room in a clinic setting. Many women find this to be a frightening experience. There is usually also a loud noise that happens with the electric suction machine that most women find upsetting. Many women who stay awake during this experience say that they find it traumatic, and can continue to “re-live” the memory. Twilight anesthesia can help make that experience less traumatic.

On the other hand, some women don’t feel comfortable being sedated, and want to know exactly what is happening during the procedure. Certainly, completing a surgical abortion under local anesthesia (where numbing medicine is injected into the cervix) is an option many women choose. The pain is tolerable and the procedure is brief. Surgical abortion is completed in 5-10 minutes.

**Is it necessary to scrape the uterus?** It is not necessary to scrape the uterus for termination of a first trimester pregnancy. The subject has been well researched. There is no advantage to scraping the uterus. The rate of re-suction after early abortion is the same whether there is scraping or not. At Early Options, where we only offer the Aspiration Procedure without scraping, our re-suction rates are lower than for surgical abortion.

**Will I be able to get pregnant after surgical abortion?** Yes. Scarring can be completely avoided if there is no scraping. Make sure the doctor does not scrape the uterus when you call to make your

appointment. Fertility problems from a D&C abortion (surgical abortion with scraping) are extremely rare. While some type of scarring occurs in one third of D&C procedures, it is rarely extensive enough to cause a problem with fertility. When this does occur, it is called “Asherman’s Syndrome.”

**What is the cramping like after the procedure?** There is usually strong cramping for about 30-60 minutes after a surgical abortion. Many women continue to have mild or moderate cramping for a few hours afterward, and prefer to go home to rest. You may have intermittent cramping for days. Ibuprofen or other NSAID’s can help relieve the discomfort.

**What will the bleeding be like after the procedure?** There is often heavier bleeding the day of the procedure, depending on how long you have been pregnant. Some women don’t have much bleeding at all. Clots can be common. Most women bleed on and off for days or weeks after the abortion. Bleeding up to 3 weeks after an abortion is common and normal. In addition to bleeding from the procedure, you are going through a hormonal shift which can cause irregular bleeding.

**What are the most common complications of surgical abortion?** The most common complication of surgical abortion is “retained tissue.” This is where some of the pregnancy tissue remains in the uterus. Often, this tissue will pass on its own, but sometimes the doctor may need to repeat the procedure. Other complications can include infection or continuing pregnancy. “Hematometria” or Post-abortion syndrome can happen within an hour after surgical abortion. This is where there is continued bleeding but the cervix is closed, resulting in blood collecting in the uterus. This tends to be very painful and obvious during the recovery time after the abortion. It is treated by repeating the procedure. Serious complications resulting from perforation of the uterus are rare. Unexpected death is mainly related to the use of general anesthesia or some extremely rare pregnancy abnormalities (rather than from the abortion itself).

**When can I have sex after surgical abortion?** Most clinics will recommend that you wait 2-6 weeks after surgical abortion before putting anything in your vagina. Be sure to follow the aftercare instructions given to you by your abortion provider.

**How does surgical abortion compare to the Abortion Pill?** Surgical abortion requires one visit (instead of two), is more effective (over 99% compared to 95%), and usually involves significantly less bleeding. The advantage of the Abortion Pill is that you have control over the process, you avoid a procedure, and it can be more private. Many women appreciate that the experience is more like a natural miscarriage, and find this to be a better emotional choice.

**Why don’t you offer surgical abortion at Early Options?** At Early Options we offer the Aspiration Procedure. In our opinion there are no advantages of surgical abortion over the Aspiration Procedure in the first trimester of pregnancy. The Aspiration Procedure is completed in a regular private examination room. You can eat and drink normally prior to the procedure. There is minimal cramping, so there is no need for twilight anesthesia or general sedation. Recovery is immediate. There are fewer minor and major complications.

**Why don’t abortion clinics offer aspiration abortion?** The answer to this question has more to do with the history, and the business, of abortion. For decades, clinics have operated at maximum efficiency. Doctors typically complete 20-50 procedures in a day. Surgical abortion, especially under general sedation, is more efficient in this situation. Early Options offers a completely different

model of abortion care. Early abortion is provided in a mainstream, “primary care” environment. We offer personalized, one on one care. In this situation, ideally abortion is not segregated from other medical care.

## After your Abortion

As with any medical procedure, it is important that you take good care of yourself after having an abortion, but not just physically—emotionally, as well. Recovery time after an abortion will significantly depend on which procedure you choose, and it is important that you follow the aftercare given to you by your abortion provider. Generally speaking, after a surgical abortion procedure, or at most clinics, you will be advised to avoid certain activities, such as sex, baths, swimming, using tampons, and douching, for anywhere from 2 to 6 weeks. After an Aspiration procedure or taking the Abortion Pill at Early Options, we ask you to avoid those activities for only 48-72 hours, although condom use for at least the first two weeks is recommended to avoid the risk of delayed infection. Other normal, daily activities, such as exercise, work or school, can be resumed as soon as you feel up to it.

Emotionally, we recommend that you talk to someone if you need to. Having a support network is important in stressful situations. Pamper and take care of yourself. At Early Options, we give hints to our guy companions that gifts and nice meals are always helpful for recovery! Generally speaking, with a procedure (surgical abortion and the Aspiration Procedure) your hormones start to drop immediately. Hormones can decrease up to 50% in 4 hours; so many women can experience a roller coaster of emotions. Usually when you wake up the next day, you will start feeling “back to normal.” If you are not feeling some relief within days, you may want to call the office or clinic where you got the procedure to see if they can recommend additional emotional help for you.

## Birth Control after Abortion

At Early Options, we encourage both our Aspiration Procedure and Abortion Pill patients to consider birth control after the procedure. It is important to us that every woman that comes into our offices leaves well-informed about their reproductive health and ways to prevent future unwanted or unplanned pregnancies. There are many advantages to beginning a birth control method right after having an abortion. First, if you begin birth control within the first 2 weeks after a procedure, you will be protected immediately. Also, if you choose a hormonal method, it will help to regulate your period, which otherwise can be unpredictable for months after an abortion. Here are a few of the different birth control methods available to you after an abortion:

### **Non-hormonal Birth Control Options:**

**Condoms-** It is recommended that you refrain from sexual activity for at least 48 hours after the Aspiration procedure or 72 hours after taking the second set of pills in the Abortion Pill protocol. This, of course, is to avoid the risk of infection. However, after that, you are more than welcome to resume sexual activity if you choose to do so. It is important to keep in mind that ovulation after an abortion is very unpredictable and it is possible to ovulate while you are still bleeding or shortly after a procedure. As soon as you ovulate again, you are able to get pregnant again, so it is necessary to use protection each and every time you have sex to avoid getting pregnant again. Condoms are 85-98% effective at preventing pregnancy if used correctly. Benefits of using condoms include ease of access (available at many stores), they are non-hormonal, and they protect against HIV and many other sexually transmitted infections (STIs).

**Paragard IUD-** The Paragard IUD is a long-term, non-hormonal method of birth control. They can be effective for up to 10 years, but can also be removed at any point during that time as well, allowing women to choose when it is the right time to become pregnant. The IUD can be inserted at any point during your regular cycle, though most doctors will recommend inserting it during your period because it makes the insertion itself more comfortable. At Early Options, we offer IUD insertion the same day as your Aspiration abortion at the doctor's discretion and it is effective at preventing pregnancy immediately. Once we confirm that the pregnancy termination has been successful, we are able to insert the IUD. This can be advantageous because at this point the cervix is already dilated from the procedure making the insertion more comfortable. Paragard is 99% effective at preventing unwanted pregnancies. Also, because this is a non-hormonal option, this method is available to women of all ages and backgrounds, including smokers or women with medical conditions that prohibit them from using hormones.

**Diaphragm-** A Diaphragm is a non-hormonal birth control option that is inserted before each time that you are sexually active. It is recommended that this be used in conjunction with spermicide and/or condoms for the maximum effectiveness. If used properly, diaphragms are 84-94% effective at preventing unwanted pregnancy. To get a diaphragm, you must first be "fitted" for one by your doctor. She would show you at that time the appropriate way to insert and use it. Once you have your diaphragm, the same one can last several years and ultimately costs very little to use. Some women find the use of a diaphragm empowering, knowing that they are taking responsibility for their bodies and that they can control when and where it is used. While the diaphragm is a great way to prevent pregnancy, it does not act as a barrier for STIs, so other methods of protection should be used.

### **Hormonal Birth Control Options:**

**Oral Contraceptives (Birth Control Pills)-** Oral Contraceptives are a hormonal method of birth control that can be started very quickly after an abortion. After an Aspiration abortion or surgical abortion, birth control pills can be started as soon as the next day. Some women will choose to wait until the Sunday following their procedure to begin the pills because they are generally labeled for a Sunday start. If the pills are started within a week of an abortion, they are effective immediately. For maximum effectiveness, Birth Control Pills should be taken at the same time every day. Some benefits of taking oral contraception include the potential for more regular and less painful periods, improved PMS symptoms and acne. At Early Options, we are able to provide a prescription for your preferred brand of pills, and sometimes provide sample packs to begin with.

**Nuvaring-** The Nuvaring is a hormonal form of birth control that is inserted vaginally for 3 weeks and then removed for 1 week. This method can also be started quickly after an abortion, usually after 48 hours. Some women like Nuvaring because it is not something that has to be remembered daily. It is inserted only once a month. This is a good option for women who aren't able to take a pill at the same time everyday for any reason, such as an unpredictable schedule or forgetfulness. Like Birth Control Pills, Nuvaring is fully effective immediately if begun within a week of an abortion. Samples and prescriptions for Nuvaring are available at the Early Options offices for our patients. Benefits for the Nuvaring include more regular and less painful periods, no daily pill, and the ability to get pregnant returns quickly after stopping the ring, so you are able to get pregnant when the time is right.

**Depo-Provera-** Depo-Provera, sometimes called the birth control shot or simply Depo, is an injectable form of hormonal birth control. Depo is 97-99% effective when used properly. Proper use of Depo-Provera means getting the shot once every 3 months. Like the Nuvaring, this can be a good option for women who cannot remember the pill every day or cannot take the pill at the same time every day. The Depo-Provera injection can be given at the time of the Aspiration and surgical abortion procedures, or at the follow-up visit following taking the Abortion Pill, and it is immediately effective. If Depo is started at any other time during the cycle, it can take up to 1 week to be fully effective, so the use of a back-up method of birth control is necessary.

**Mirena IUD-** The Mirena IUD is a long-term, hormonal method of birth control. They can be effective for up to 7 years, but, like the Paragard IUD, can be removed at any point during that time as well, allowing women to choose when it is the right time to become pregnant. One benefit to the Mirena IUD is that it can significantly decrease cramping associated with your normal period. Like the non-hormonal option, Mirena is 99% effective at preventing unwanted pregnancy. Insertion can be done at anytime during your cycle, including right after an Aspiration procedure at Early Options.

## Common Symptoms After Abortion

After an Aspiration Procedure or after the Abortion Pill most women feel immediately better and are able to resume their normal activities. The Aspiration Procedure and the Abortion Pill are non-surgical methods, so the uterus does not need to “heal” from the procedure. The Abortion Pill and the Aspiration Procedure both “bring down” or induce your period, so it is normal to have some period-like cramping and bleeding for days after the procedure. You can use a tampon, take a bath, and resume sexual intercourse 48 hours after the Aspiration Procedure or 72 hours after the second medication (misoprostol or Cytotec® of the Abortion Pill protocol.) There are no restrictions on your activities.

If you had a surgical abortion (D&C), you will likely be recovering from both the procedure and the anesthesia. Most women feel better within hours of a procedure, but sometimes the cramping and after-effects of the anesthesia can take days to resolve. Most clinics instruct you to wait 2-6 weeks before inserting anything in your vagina while your uterus heals from the procedure. (Follow the after-care instructions of the clinic where you had the procedure). You can resume your normal activities as you feel able.

	Aspiration Procedure	Abortion Pill	Surgical Abortion (D&C) *not offered at Early Options®
<b>Resume your normal activities</b>	Immediately	After cramping resolves, usually 1-4 hours	The next day
<b>Bleeding</b>	Usually lighter than a period	Weeks to months of intermittent bleeding or spotting	Heavier than a period
<b>Cramping</b>	Immediately goes away	Usually 1-4 hours of cramping and then it goes away	Usually comes and goes for hours to days
<b>Pregnancy Symptoms</b>	Nausea decreases within hours of the procedure	Nausea goes away within days of taking the first pill	Nausea decreases within hours of the procedure
<b>Precautions</b>	Nothing in the vagina for 48 hours	Nothing in the vagina for 72 hours after the second medication	Nothing in the vagina for 2-6 weeks

### **Bleeding after an Aspiration Procedure or a surgical abortion.**

Each woman will be very different in their bleeding patterns after the Aspiration Procedure. The good thing is that bleeding rarely indicates a problem. Light bleeding, spotting, bleeding like a period, bleeding heavier than a period, or no bleeding at all, is all normal. Red blood, brown blood, clotted blood is normal. Bleeding that stops and starts is common and normal. Many women get frightened when they pass clots, however clots are not uncommon and do not typically indicate a problem. Blood that sits in your uterus or vagina before it comes out has been exposed to air and normally clots. While it can be frightening when you pass large clots, they do not usually indicate that there is a problem.

- Bleeding associated with severe cramping should be evaluated.
- Daily bleeding that last more than 3 weeks should be evaluated.
- Sudden heavy bleeding (> 1 maxipad/hour), with or without clots should be evaluated.

### **Bleeding after the abortion pill**

Period-like bleeding for weeks to months is completely normal after the Abortion Pill. Usually, the bleeding starts and stops and it can be difficult to know when your next period starts. The most important thing to keep in mind is that you can get pregnant during this time, even when you are bleeding. It is best to start birth control right after the Abortion Pill to make sure to avoid another pregnancy.

Things to be concerned about include:

- If you are having persistent bleeding and you had anemia or a low blood count before you took the pill, you should see a doctor.
- Sudden heavy bleeding exceeding 2 pads/hour for more than two hours should be evaluated
- Very heavy bleeding (>1 pad per hour) for more than one day should be evaluated
- Daily bleeding heavier than a period for more than a month should be evaluated.

### **Cramping or pain after the aspiration procedure or a surgical abortion**

Period-like cramping is completely normal for a few days after the Aspiration Procedure. Normal cramping comes and goes and responds to over-the-counter pain medication. You were given extra strength ibuprofen by Early Options®. Try taking one tablet. This should help relieve the cramping. If you do not have this medication, try a pain medication such as ibuprofen 800 mg (Advil®, Motrin®), Naprosyn 440 mg (Aleve®), or acetaminophen 650mg (Tylenol®). Applying heat to your lower abdomen can also help. Try a heating pad or a hot water bottle. You can also make your own heating pad by putting dry rice in a pillowcase: put it in the microwave until heated (usually about

one to three minutes). You can also lie on your side with your knees to your chest. This position often relieves cramping.

- Severe cramping within 24 hours of the procedure should be evaluated
- Severe cramping that does not respond to pain medication should be evaluated
- Persistent cramping that continues to worsen should be evaluated
- Severe cramping with heavy bleeding and clots should be evaluated
- Cramping with fever or flu-like symptoms should be evaluated

### **Pregnancy symptoms after abortion**

Pregnancy symptoms decrease sooner with an Aspiration Procedure than with the Abortion Pill. Within four hours of the Aspiration Procedure or a surgical abortion, pregnancy hormones have dropped by 50%, so symptoms like nausea are typically gone by the next morning. With the Abortion Pill, pregnancy hormones decline more slowly, so it can take days before symptoms start to decline.

Nausea, moodiness, breast fullness and discharge: Nausea is typically the first symptom to go away after ending a pregnancy. This should occur within days of the abortion. Moodiness can sometimes increase after the abortion as the hormone balance changes significantly. It can take one or even two weeks to feel “back to normal.” Breast tenderness and fullness is usually the last symptom to resolve. It typically takes one to two weeks, but can last longer if the breasts are stimulated. Breast milk or discharge can last for months. It is important not to keep checking the nipples or it can continue for longer.

### Pregnancy tests

Pregnancy symptoms are more reliable than pregnancy tests in identifying a problem. If your pregnancy symptoms are getting worse, you should call the doctor. Pregnancy tests can stay positive for weeks or even a month after a procedure and don't necessarily indicate a problem. For a general guideline, if you were under 6 weeks since your last menstrual period the pregnancy test should be negative in 10 days; 7-8 weeks of pregnancy: 14 days; 9-10 weeks of pregnancy, 21 days. For the Abortion Pill, the pregnancy test may remain positive for up to a month.

- Pregnancy symptoms that are increasing over the course of a week should be evaluated
- Nausea that continues for more than a week after ending a pregnancy should be evaluated
- Breast discharge that is yellow, thick, or has blood in it is not normal and should be evaluated
- A pregnancy test that remains positive after 3-4 weeks, depending on the length of the pregnancy, should be evaluated

## Common Questions after your Abortion

**I have been bleeding for a month after a surgical abortion. Is that normal?** Bleeding after a surgical abortion or an Aspiration Procedure is normal for weeks after an abortion, but it shouldn't continue longer than a month. After one month of daily bleeding you should get an evaluation from your doctor. Lengthy bleeding could be normal, or it could mean that there is retained tissue. Other signs of retained tissue include abdominal cramping that comes and goes, passing clots, or a discharge with a foul odor. Don't worry, retained tissue does not cause any harm to you or your uterus. However, it is possible that you will need a repeat procedure.

**I had an abortion over a month ago and I still haven't gotten my period. Is that normal?** It is common to have irregular periods after ending a pregnancy. Sometimes regular periods don't return for two to three months. Don't worry, your periods will return to normal. See your doctor for an evaluation if your period doesn't come in three months.

The only thing to be concerned about with a missed period is a failed abortion or a new pregnancy. If you had a checkup after your abortion, you should be reassured that the abortion was successful. If you suspect pregnancy after abortion, it can be difficult to tell if you are pregnant. After an abortion, the pregnancy test can remain positive for over a month. One way to tell if you are pregnant again is to get a pack of two home pregnancy tests. Take one test at least one week after the day you think you conceived. Take the second test one week later and compare them. If the second test is darker than the first (more positive) it is probably a new pregnancy. If the second test is lighter than the first test, the positive pregnancy test is probably reading your hormones from the initial pregnancy.

**How soon after conception does a pregnancy test turn positive?** Today, pregnancy tests can start to turn positive 10-14 days after conception. If the test is negative two weeks after unprotected sex, it is unlikely that conception occurred.

**Can I get pregnant after abortion?** Yes, definitely. Routine abortion does not cause infertility. You can get pregnant within weeks after an abortion, so it is important to practice prevention right away. Ovulation can occur at any time, even when you are bleeding. If you do not want to get pregnant again it is important to practice prevention. If you do want to get pregnant again and you had a very early medical abortion (RU486) or the Aspiration Procedure, you can conceive immediately. If you had a first trimester surgical abortion (D&C procedure) and are choosing to get pregnant, it is probably fine to conceive immediately, but you may want to wait one month to make sure the uterus is healed.

**How do I know if I'm pregnant again after an abortion?** After an abortion, the pregnancy test can remain positive for weeks. One way to tell if you are pregnant again is to get a pack of two home pregnancy tests. Make sure they are the tests that have two lines, and are not digital. Digital tests have letters like "pregnant." Take one test at least one week after the day you think you conceived. Take the second test one week later and compare them. If the second test is darker than the first (more positive), it is probably a new pregnancy. If the second test is lighter than the first test, the positive pregnancy test is probably reading your hormones from the initial pregnancy.

**I am pregnant right after an abortion. Is this a problem?** If you are pregnant right after an abortion, there are no concerns about either continuing the pregnancy or ending the pregnancy. If you decide to end the pregnancy, a second abortion is safe. There is no evidence that repeat abortions cause any problems for future fertility. If you decide to continue the pregnancy there is no reason to be concerned. If the uterus was ready to conceive, it should be ready to carry the pregnancy.

## Choosing a Doctor and Navigating Your Medical Care

Depending on where you live, there will be different abortion services available to you. The Early Options offices are located in Brooklyn and Manhattan in New York City, and we do have women that travel from out of the state or out of the country to come and see us. However, because of time constraints or financial considerations, most women will need to find an abortion provider near their home. Understanding what questions to ask when you call an office will help you to feel comfortable that you will receive adequate medical care. But more importantly, knowing what to expect, both from the environment and the medical treatment that you will receive, will help relieve some of the anxiety leading up to the appointment.

### About Early Options

Early Options, located in New York City, is a small, private doctor's office operating to fill the need for confidential, safe, personalized abortion care. Since its inception over a decade ago, the all female Early Options staff has been at the forefront of normalizing and mainstreaming abortion care. We believe that women and their partners should be involved in the decision making processes that surround their medical care, especially when it comes to their reproductive health. That is why each of our patients gets a one-on-one consultation with our board-certified doctor to discuss all of the early abortion options available. Together they will make a decision about what is best and what the patient is most comfortable with.

We offer two non-surgical abortion methods—the Aspiration Procedure and the Abortion Pill. According to the World Health Organization, these are the simplest and safest options for ending early pregnancy. Because they are non-surgical, we are able to offer them in a comfortable, private office setting, much like a normal gynecological doctor's visit.

During her office visit, each patient also has a dedicated clinical assistant that will be with her for the entire appointment, including during the procedure. The clinical assistant is there to answer her questions and help guide her through the process. All of the care is provided in a private examination room—not an operating room or the “assembly line” style of care that is offered at most abortion clinics.

At Early Options, we believe that having an abortion should be just as simple as having a pap smear. A woman should be able to go to a regular doctor's office and receive high quality abortion care. They should be treated as an individual, and all of their needs should be met. Offering abortion services in an office like Early Options allows each patient to get the time and attention they need from the staff, while receiving the safest abortion methods available.

We also believe that women should be able to have an abortion as soon as they know they are pregnant. We understand that the anticipation of a procedure, or even just the knowledge that you are pregnant, can be a very difficult thing to carry with you. Once you have made your decision, we feel that you should be able to carry out that choice as soon as possible. Because we specialize in early pregnancy termination, we are able to complete a procedure before the pregnancy has developed much. This can be very comforting to some women.

While clinics have played a much needed, and even heroic, role in the accessibility of abortion care, we believe that it is time to move forward and disengage from the politics of abortion, and instead focus on offering the highest quality, most advanced, and safest methods of abortion. At Early Options, we are dedicated to educating women and men on their options and their reproductive health care.

### The Abortion Clinic Experience

When you are looking for abortion services, you may try to find a smaller, more personal clinic. It is better to know what to expect so that you are not taken by surprise, so you may want to ask these questions when you make your appointment: Do you schedule women to come in at the same time? How many seats are in the waiting area? How long is the typical wait?

You may also want to find out more information on the doctor who will be providing your abortion care. You may want to know if they are a man or a woman. You may want to know their experience providing abortion services. You may want to know their credentials. These are all important questions that they should be able to answer, however don't be surprised if they don't give out the actual name of the doctor for security reasons.

**Getting a surgical abortion in a clinic setting can be a challenging experience.** Generally, expect to be in the office 4-5 hours or more. Most clinics have patients go from station to station. Before your procedure you will likely see a counselor, sign consents, get your blood drawn and vitals taken, get an ultrasound, and then wait to be called into the operating room.

There are a number of things that can be frightening about getting a surgical abortion in an abortion clinic. Here are some tips on how to manage the situation so that it is less difficult.

- You may encounter protestors. They may be trying to give you pamphlets or they may be carrying signs with upsetting photos. Try to ignore them. The signs and pamphlets are medically inaccurate, and designed to try to influence your decision. If you are early in your pregnancy, there is no identifiable embryo on tissue examination. You are not hurting anyone. Hold your head proud and high, and walk directly into the clinic. Don't try to engage with anyone. It will only make the situation worse. Feel proud that abortion is legal, and grateful that you have this choice, and don't need to get an unsafe illegal abortion.
- You may need to go through a metal detector. Don't let this frighten you. It is for the safety of the medical staff and for your safety. Many mainstream business offices and most government buildings require security screenings. Try to think of it as a normal activity.
- Your partner may not be allowed past the waiting area. Make sure they bring plenty to do. He or she may be able to take a walk, and then have the clinic call them when your procedure is completed.
- The waiting area of some clinics can be large, and crowded. Again, if you have a choice, you may try to find a smaller and more personal clinic. If you do end up in a large clinic, you may be sitting with large numbers of women and their partners who can be less than discreet about getting an abortion. You may want to bring some of your favorite relaxing music and

some headphones. Try to refrain from judging other women. You are never able to know at first glance what is going on in another woman's life.

- You will likely be required to meet with a counselor. It can be difficult, because many counselors assume you need emotional help when going through an abortion. You may or may not want help, and you may or may not want to talk to that particular counselor. If they are asking questions and you do not want to go into the details of your decision, you can be concise. Simply say you that you are secure in your decision, and that it is not the right time for you. You do not need to justify or explain your decision.
- You will likely go from station to station, seeing a counselor, then a medical assistant, then an ultrasound technician. While it may be hard to go from person to person, be sure to be friendly and thank them for what they are doing. They will become friendlier, and you will help them to have a better day.
- You may have to wait again before you are called in for your procedure. Again, listening to music can be very helpful. Most clinics will allow you to bring a device and headphones with you.
- It is likely that you will not meet your doctor until you are in the operating room. Most doctors who provide abortions in clinic settings are surgeons, who are not known for their scintillating bedside manner!
  - Have confidence. Surgical abortion is a very safe procedure. It is not difficult to perform, and typically doctors who provide these procedures have years of experience. You are not getting major surgery, and there are very few significant risks compared to most other procedures.
  - If you are concerned about the doctor's credentials, ask someone! Most doctors who provide abortion services have years, if not decades of experience providing this service.
  - Friendliness matters. Even the most difficult doctor will be responsive to gratitude. Thank them for what they are doing. Every doctor who performs abortion takes serious life risks in providing abortions. It matters that patients acknowledge this.
- The operating room can be frightening. Like any operating room, you will see resuscitation equipment. You will also likely see the electric suction pump. Many women make the choice to have some kind of anesthesia. Twilight anesthesia can be helpful. If you choose to use it, you should not be able to hear the electric suction, and it can significantly reduce pain and anxiety. You should only choose local anesthesia if you are not overly frightened by medical procedures, and you will be able to handle hearing the electric suction device. If you can handle this, the procedure only takes 5-10 minutes.
- After the operating room, you will likely be wheeled into a common recovery area. You may be on a cot in a common area where you are next to other women. Women are different in how they recover. Some women may be in pain, some women may be vomiting, and some women may be fine. One way to make this a better experience for you is to show concern for others. If a woman is having a difficult time, recognize that it is hard for her to have that experience in front of strangers. Simply saying, "I'm sorry this was so rough for you" or "I hope you feel better soon" can break the ice. She will appreciate the compassion.

If you choose to use either general or twilight anesthesia, you may be required to have an escort when you leave the clinic, as the medication may make you feel groggy or sleepy. Other than the side effects of the anesthesia, you will begin to feel back to normal almost immediately. If you chose only a local anesthetic, you should be able to leave the clinic on your own with few lingering side effects.

## Parting Thoughts

We hope that with this manual we were able to provide you with all of the information you need about the options for ending early pregnancy in a way that is unbiased, non-judgmental, and most importantly, medically accurate. We are attempting to break down the walls of isolation surrounding abortion and create a safe space for women to begin a real conversation about abortion and reproductive health. We want women to feel confident in their choices and in the care that they are provided, and to dissipate the misconceptions and fears that surround abortion.

If you find yourself in a situation where you need to have an abortion, there is no need to feel alone. Remember, at least 1 out of every 3 women will have an abortion in their lifetimes. It is more common than the stigma would have you believe, but that can be changed simply by talking to one another. We hope to open a line of communication among women and their health care providers where abortion isn't something we are made to feel ashamed of, and instead where early abortion and reproductive healthcare are part of our regularly available healthcare routine.

It is up to us, as women, to demand control over our bodies and our medical choices. The best way to do this is through knowledge. Understanding how our body works, and how to maintain a healthy reproductive lifestyle, is incredibly important. We encourage you to talk about this issue with your doctor, your friends, even your family so that women can begin to gain a more well-rounded knowledge of their reproductive choices.