

COMPARISON OF EARLY ABORTION OPTIONS

Early medical abortion (EMA)	Surgical abortion
How far along in the pregnancy can I be?	
EMA can be performed up to 10 weeks from the first day of your last period.	Early surgical abortion procedures are usually performed up to 14 weeks from the first day of your last period.
What will happen?	
<p>The abortion takes place at home.</p> <ul style="list-style-type: none"> You will swallow the first medication (1 pill) in the clinic or wherever you choose. Most people don't feel different after taking it. 24–48 hours later, you take the second medication (4 pills) wherever you choose. Heavy bleeding and cramping usually starts 1–4 hours after taking the second medication, and can last for several hours. You can discuss with your provider how to follow up after your abortion. 	<p>The abortion takes place in the clinic or hospital.</p> <ul style="list-style-type: none"> During the abortion procedure, you will be on an examination table for 5–10 minutes. Your provider will gently place instruments into your uterus to remove the pregnancy. Most patients do not need to return for a follow-up visit.
How painful is it?	
You may have mild to very strong cramps off and on during the abortion. Pain medication can help.	You may have mild to very strong cramps off and on during the abortion. Pain management options vary depending on location.
How much will I bleed?	
Most people have heavy bleeding with clots, maybe more than a regular period. This is not dangerous. After that, lighter bleeding may continue off and on for 1–2 weeks or more.	Most people have light bleeding after the abortion for 1–7 days. Bleeding may continue off and on for 1–2 weeks or more.
Can the abortion fail?	
Medical abortion works 98–99% of the time. Most patients can tell when the medications have worked. If the medications fail, your provider can offer a surgical procedure or a second course of medications.	Surgical abortion works 99% of the time. Your provider usually knows right away that the procedure worked. If the procedure fails, your provider can offer another aspiration procedure or a course of medication.

NZCSRH Abortion Training 2022: Comparison of early abortion options adapted from RHEDI (<https://rhedi.org/comparison-of-early-abortion-options/>)

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What are the pros & cons?	
<p>EMA pros:</p> <ul style="list-style-type: none"> • Being at home instead of in an office may feel more private. • It may feel more natural, like a miscarriage. • You can choose to have someone with you, or you can be alone. • You won't have injections, anaesthesia, or medical instruments in your body. • You may have more flexibility with timing of the abortion. 	<p>Surgical pros:</p> <ul style="list-style-type: none"> • It takes less than 10 minutes to complete the abortion. • You can choose to have someone with you, depending on the location. • You see less bleeding than you would with a medication abortion. • You have more choices for dealing with pain or cramps.
<p>EMA cons:</p> <ul style="list-style-type: none"> • It takes longer to complete the abortion than with an aspiration procedure. • Bleeding can be very heavy and may last longer than with an aspiration abortion. • Cramps can be strong and last longer than with an aspiration abortion. • It cannot be done as late in pregnancy as an aspiration abortion 	<p>Surgical cons:</p> <ul style="list-style-type: none"> • A medical provider puts instruments inside the uterus. • Anaesthetics and pain medicines may cause side effects. • You have less control over the abortion process and who is with you. • The aspirator device may seem noisy.

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