

Frequently Asked Questions about Safe Abortion

What is an abortion?

An **abortion** is the termination of a pregnancy by the removal or expulsion from the uterus of a fetus/embryo.

What is a spontaneous abortion?

It is commonly called a miscarriage and it is the unintended termination of a pregnancy before the twentieth week. Spontaneous abortion affects 10-15% of all pregnancies

What is an induced abortion?

An induced abortion is carried out by a healthcare provider for termination of an unwanted pregnancy.

What is a safe abortion?

A safe abortion is one which is performed by a trained provider, in a sterile environment and using appropriate methods.

Is abortion legal in India?

Yes. The MTP Act was passed in 1971 which allows a woman to seek a safe termination of her pregnancy if it is likely to affect her physical or mental health, or if the fetus is abnormal, or the pregnancy has resulted from rape or contraceptive failure.

Who can perform an abortion?

A qualified and trained doctor (Obstetrician-Gynecologist or MBBS doctor) is allowed by the law to perform an abortion.

When can a woman have an abortion? Where can she go for an abortion?

In India, a woman can have an abortion up to 20 weeks of pregnancy. However, a pregnancy can be terminated at any time to save the life of the mother.

She can go to any government hospital or an approved private MTP centre. The private centre should display a certificate of approval given to it by the local designated authority.

What is Medical Abortion?

This is when an abortion is performed using only tablets (Mifepristone and Misoprostol). This can be carried out up to 63 days of the pregnancy. This is calculated from the first day of the last menstrual period (9 weeks). Approximately two-thirds of women will have expelled the products of conception within 4 hours of using the misoprostol. Approximately 90% of women will have a complete medical abortion within 24 hours of using the misoprostol. Women usually know this by the passage of fleshy clots and because the flow of bleeding becomes much less.

Now combi-packs are available in India which contain both drugs and an information leaflet. These are also sold only on a doctor's prescription.

What is Surgical Abortion?

Surgical abortion is a procedure wherein instruments are used for evacuating the contents of the uterus.

What are the advantages of one over the other?

Medical abortion is more private and 'natural' and no one needs to know since there is no admission or hospital stay. There is no risk of anaesthesia or surgical instrumentation. However, there is bleeding (heavy for 2 days and like a period for up to a week) and some pain (which can be relieved by painkiller tablets). Very rarely (less than 5%) the procedure may be incomplete and the woman may need a surgical procedure to complete the abortion. Rarely (less than 1 in 100 women using the method) the bleeding is so heavy that a blood transfusion may be needed. The advantage of surgical abortion is that the whole process is completed in one sitting and the woman need not see the products or have bleeding more than a day or two.

Is it painful?

The Medical Abortion pain is like that of a painful period (and is helped by pain killer tablets). Surgical abortion can be carried out under oral pain medications and verbal analgesia or under sedation (depending on the need of the woman and the choices offered by the doctor).

Does it harm future pregnancies?

No. After a safe abortion a woman may get pregnant as soon as 11 days later if no contraception is used. But an unsafe abortion can result in chronic morbidities such as infertility due to infections, pre term births due to damage to the cervix etc.

What contraceptive method can be used after an abortion?

After a surgical abortion an Intrauterine Contraceptive Device (such as a Copper T) can be inserted, surgical sterilization procedure can be carried out (to tie up the tubes) or contraceptive injections started. The woman may start oral contraceptive pills right away. In all cases, the male sexual partner should also be counseled and involved in using a suitable method such as condoms or vasectomy.

With medical abortion, once the Misoprostol has been taken, Oral Contraceptive pills or Injectables can be started. Once the abortion is confirmed to be complete, an intrauterine device can be inserted. If the woman knows that she wants a tubal ligation, it may be better to perform that along with a surgical abortion under anesthesia. In all cases, the male sexual partner should also be counseled and involved in using a suitable method such as condoms or vasectomy.

What is the treatment regimen for Medical Abortion?

Step One (at the doctor's office or clinic)

- A medical history is taken and a clinical exam and lab tests are performed.
- Counseling is completed and informed consent is obtained.
- If eligible for medical abortion, the woman swallows the mifepristone pill (one tablet of 200mg)



Step Two (at the office/clinic or at home depending on the treatment regimen)

- This step takes place about two days after step 1.
- The woman uses Misoprostol 2 tablets of 200 microgram each. Misoprostol tablets may be swallowed or kept under the tongue or inserted into the vagina, depending on the treatment regimen. (vaginal dose is 800 mcg)

Step Three (at the office or clinic)

- This step takes place approximately 14 days after step 2.
- The doctor evaluates the woman to confirm a complete abortion. It is essential for women to return to the office/clinic to confirm that the abortion is complete.
- If there is an ongoing pregnancy, woman should be counseled about the need for a surgical method to terminate the pregnancy and if she agrees, a vacuum aspiration should be performed. In case the woman wishes, she may continue the pregnancy, however the effect on the fetus is not fully known. Some studies have found congenital malformations to occur and the woman should be counseled about these risks so that she can take an informed decision.
- If there is an incomplete abortion, the doctor will discuss possible treatment options with the woman. These may include waiting and re-evaluating for complete abortion in a number of days or performing a suction abortion.

What happens in a surgical abortion?

This is a method used to safely and effectively terminate pregnancy in the first 12 weeks (84 days) since the woman's last menstrual period:

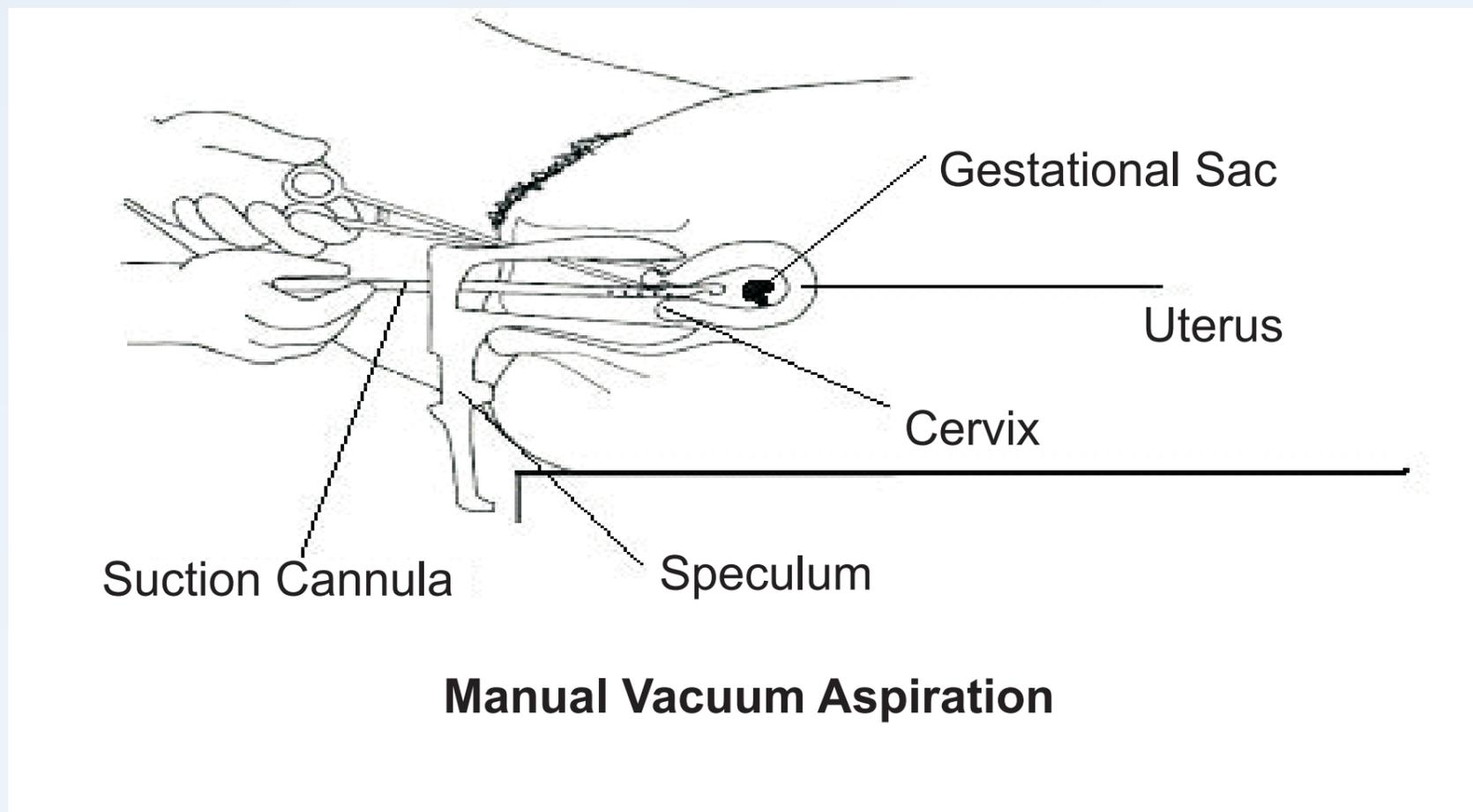
- **Vacuum aspiration** — also called suction abortion, vacuum curettage, suction curettage, or menstrual regulation— involves removal of the uterine contents by applying suction through a cannula (thin tube) that has been inserted through the cervix. This can be done by creating suction via an electric machine (EVA) or manually (MVA-Manual Vacuum Aspiration). Most of the time, it can be carried out using drugs to soften the cervix (cervical priming) oral analgesics and verbal reassurance, or local anaesthesia. In some cases, sedation or short acting general anaesthesia may be given, especially if sterilization is being carried out at the same time. Since MVA requires much less cervical dilatation compared to D&C, the need for pain medication is much less.
- **Dilatation and curettage (D&C)** — involves emptying the uterus by scraping it with curettes (metal instruments). Mechanical dilators are used to open the cervix, and metal curettes are used to scrape the uterine walls. Heavy sedation or general anesthesia is generally required and because of the elevated risk of complications, this method is now considered obsolete and is NOT recommended.



What are the side effects and risks of suction aspiration?

- Common side effects that most women will experience following the procedure include cramping, nausea, sweating, and feeling faint.
- Less frequent side effects include possible heavy or prolonged bleeding, blood clots, damage to the cervix and perforation of the uterus. Infection due to retained products of conception or infection caused by a sexually transmitted infection (such as gonorrhoea, chlamydia etc) or bacteria being introduced to the uterus can **cause fever, pain, abdominal tenderness and possibly scar tissue.**

A diagram of a vacuum aspiration abortion procedure at 8 weeks gestation



The vagina is held open by a speculum in order for a tube (called a cannula) which is attached to a manual suction pump to be inserted through the patient's cervix. The products of conception are then evacuated through the cannula.

Ref: Wikipedia

What method is used after 12 weeks?

In India, Ethacridine Lactate is used for inducing 2nd trimester abortions. The chemical is introduced into the uterus via a catheter inserted outside the amniotic sac. This procedure causes the body to release prostaglandins which result in uterine contractions and finally expulsion of the products of conception.

Mifepristone and Misoprostol are being used off label for 2nd trimester abortions although they have not yet been approved for this.

*Prepared by Suchitra Dalvie for CommonHealth in partnership with
Action Research and Training for Health (ARTH)
Centre for Health and Social Justice (CHSJ)
Sahaj (Society for Health Alternatives)*

Financially supported through grants from SIDA, Ford Foundation and Sahaj

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