



THE DOCTOR WHO IS PERFORMING THE ABORTION REQUIRES:

1. A written confirmation of the abortion counselling interview (obligatory by law)
2. Health insurance card, possibly with letter of referral
3. Doctor's fees in cash (ask for the amount when taking the appointment) or in case of low income, declaration from the health insurance that fees will be covered (the written declaration should be obtained in advance)
4. A document certifying the blood group, if available (e.g. maternity log, blood group card)

More detailed information can be found in the brochure „Schwangerschaftsabbruch“ published by pro familia federal association:

www.profamilia.de

PRO FAMILIA NATIONAL ASSOCIATION NORTH RHINE-WESTPHALIA

Pro familia NRW is a charitable association, which holds more than 30 counselling centres in North Rhine-Westphalia. We offer counselling, information and events about:

- sexuality and partnership
- pregnancy and family planning
- sex education

Here you find more information about the offer of pro familia:

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YOUR NEAREST PRO FAMILIA COUNSELLING CENTRE:

Brief medical information on pregnancy termination

Landesverband
Nordrhein-Westfalen



A pregnancy can be terminated by medication or surgery. Both methods have advantages and disadvantages. None of them is generally superior, more gentle or suitable for all women. It is much more important that each woman chooses the most convenient method for herself.

MEDICAL TERMINATION OF PREGNANCY

The medical interruption of pregnancy is practicable up to 9 weeks gestational age (this corresponds to the 63th day, calculated from the first day of the last menstrual period).

Several doctor's appointments are necessary. After a medical briefing and a preliminary examination, you will be given up to 3 abortive pills. Taking these pills may occasionally initiate bleeding and rarely lead to a complete abortion. Two days later another medication (pills or vaginal suppositories) will be given. It induces a vaginal bleeding (similar to an early miscarriage) and the expulsion of the pregnancy tissue. In most medical centres / surgeries an observation period of 3-4 hours is required after having taken the second medication. Usually, the abortion takes place during this time, sometimes up to 24 hours later. Abdominal cramps similar to menstrual pain and circulatory complaints may occur. If needed, you will be offered pain killers. Experience has shown that 20 of 100 women need pain relief. The bleeding persists about 7 to 12 days, sometimes longer. It is usually more abundant than menstrual bleeding. A follow-up examination will take place approximately 14 days after the procedure to confirm that the abortion has been successful. Rarely, incomplete termination may occur or the pregnancy continues. In this case, another medical treatment or a surgical intervention might be necessary.

Major complications such as severe infections or excessive bleedings requiring treatment are very uncommon. Occasionally, the medicine can cause sickness, diarrhea and vomiting.

SURGICAL TERMINATION OF PREGNANCY

Usually, the abortion is realized by vacuum aspiration, in some cases by curettage. Normally, this intervention is carried out under general anaesthesia, in rare cases under local anaesthesia. For general anaesthesia, a sleep-inducing drug will be injected into an arm vein by an anaesthesiologist. The cervix will then be dilated carefully with small metal pins. Often you will be given a medication in advance to soften the neck of the uterus. Afterwards a thin cannula connected with the aspiration unit will be introduced through the cervical opening into the uterus. Parts of the mucous membranes and the pregnancy tissue will be aspirated. Generally, the whole procedure only takes about 10 minutes. Abdominal cramps and bleedings are normal after the termination, but are not experienced by all women.

Usually, a surgical interruption of pregnancy is realised on an outpatient basis. You can go back home 1-2 hours after the intervention, but you will not be in a condition to drive a vehicle. It is advisable, if possible, to be accompanied or at least to be picked up by someone.

A follow-up examination is recommended after 7-10 days.

Complications occur only rarely during or after a surgical termination. In individual cases the abortion is not complete and a second procedure is required to evacuate retained products of conception from the uterus. Very rarely, the uterus gets perforated. Generally, such a lesion heals without any consequences. Occasionally, strong secondary bleeding or pelvic infection may occur, which can usually be well treated. In case of severe bleeding, pain, fever (>38.5°C) or malodorous vaginal discharge, you must immediately consult a physician. If an infection is not cured promptly and completely, it can lead to adhesions of the Fallopian tubes and impair the fertility in the future. For this reason preventive antibiotics are given by some physicians.

Complications due to local or general anaesthesia are rare.

AFTER THE ABORTION

In order to reduce the risk of complications, physical rest is strongly recommended after the intervention, no matter what technique has been performed. To prevent infections, many physicians advise not to introduce anything into the vagina during the first couple of days. If you want to be careful, you should use sanitary towels instead of tampons and avoid sex, bathing and swimming. Taking a shower and washing are possible without any problems.

A new menstrual cycle begins immediately on the day of the abortion and you are fertile again. Contact your physician in time about your future contraception, preferably before the interruption. Hormonal contraceptives (i.e. the contraceptive pill) can usually be used from the day of the abortion.

Relief and sadness are normal feelings after an abortion. In contrast, major psychological complications are quite unusual. Talking with a consultant can be helpful. Pro familia centres offer counselling in case further emotional support is required.