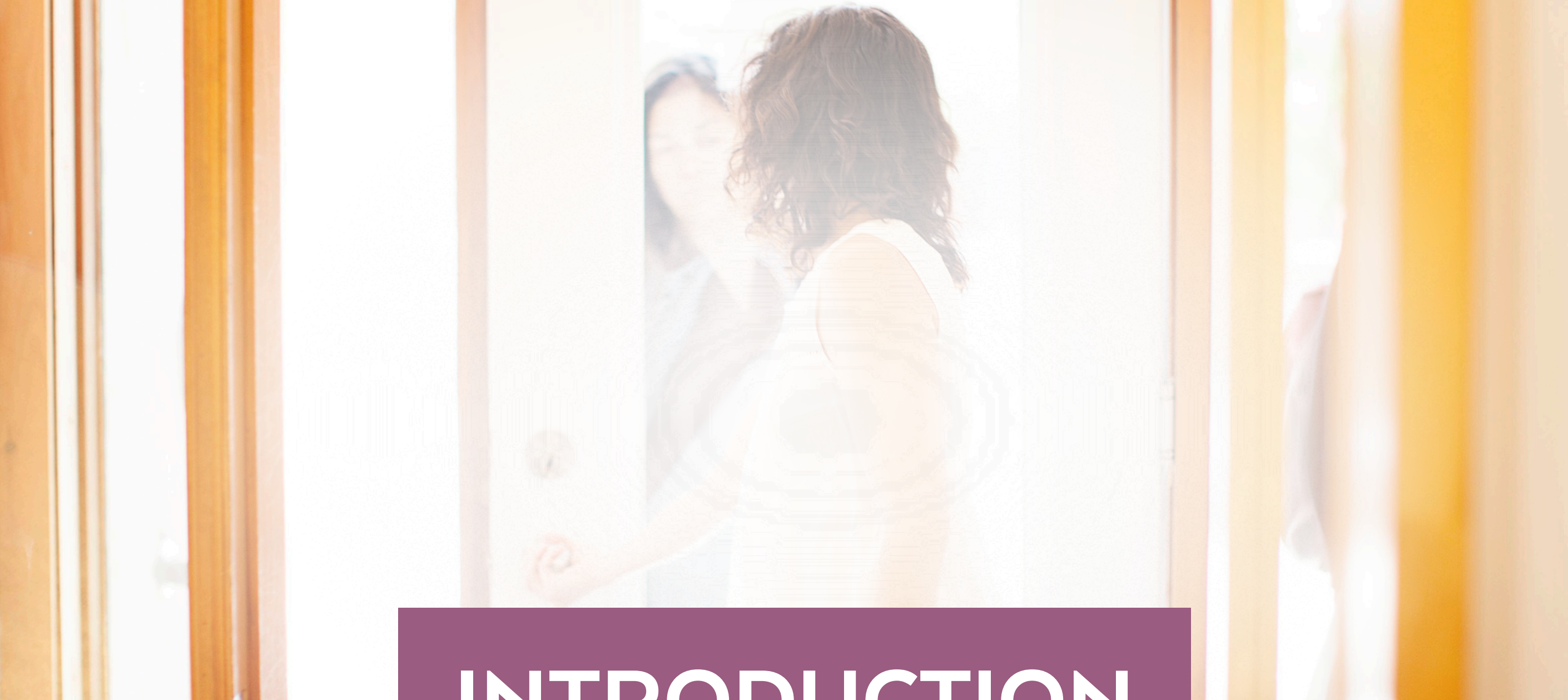


ABORTION



CENTRE DE SANTÉ
DES FEMMES
DE MONTRÉAL



INTRODUCTION

You have decided to end this pregnancy. This is your choice, and you have the right to make it because abortion has been legal in Canada since 1988.

For some women, making this decision is relatively easy. For others, it may be more difficult. You can be assured that everyone working at the Centre de santé des femmes de Montréal will respect your choice, and that you will be treated with respect and understanding and in a professional manner.

Our role is to ensure your abortion takes place under the best possible conditions, on both a medical and human level, and to provide you with support. For certain aspects of the abortion, you will be able to choose what is best for you.

The entire process is confidential.

There are 2 methods to end a pregnancy: procedural (dilation, aspiration, and curettage with instruments) or medical (with medications). These methods are very different. In order to decide which one is for you, it is essential that you read this entire brochure.

PRE-ABORTION MEETING

Regardless of which method they choose, this preparatory meeting is mandatory for all women who are having an abortion, and an appointment is necessary. The meeting is held one-on-one. In order to give women the space they need to express themselves freely and confidentially, they cannot be accompanied during this meeting.

When you arrive, you will be asked to complete a form to provide us with necessary medical information. A CSFM worker or nurse will then meet with you and listen to and answer your questions about the abortion procedure, as well as pain management, contraception and any other concern you might have. She could help you choose an abortion method as well. If you want, you will also be able to discuss your decision to have an abortion.

In order to choose the safest abortion method for you, it is important that you mention all health issues you may have. Certain health conditions may require that the procedure be done in a hospital to ensure your safety.



DURING THIS MEETING

We will run some tests :

- ➔ Urine pregnancy test
- ➔ Sexually transmitted infections: chlamydia and gonorrhea (urine sample)

Depending on your medical condition and the abortion method you have chosen, other tests may be required.

Once the pre-abortion meeting has ended, you will meet with the physician. The doctor will review your medical history and confirm the method of abortion that you have chosen. If you want, she will also be able to give you a prescription for a contraceptive method.



ABORTION METHODS

Here is a comparative table of both methods. This table does not contain all the information necessary to make an informed decision. Therefore, if you are eligible to both methods you must also read the following sections: [Procedural Abortion](#) and [Medical Abortion](#).

	Procedural	Medical
Gestational age*	Up to 14.6 weeks	Up to 10 weeks
Cost	Free with Québec Medicare card	Free with Québec Medicare card
Technique	Dilation, aspiration	Mifépristone : stop the pregnancy Misoprostol : expulsion
Where	Procedure done at the Centre	Medical appointment at the Center then, expulsion at home
Efficacy rate	99%	+/- 95%
Appointments	One 2-3 hour appointment	Two mandatory appointments At the Centre : 90 min Phone follow-up : 15 min
Duration	Procedure takes 5 to 10 minutes	Expulsion : duration varies, usually happens 30 minutes to 6h after taking the misoprostol
Pain	Light to moderate cramping during the procedure, rarely severe	Moderate to severe cramping during the expulsion
Pain management	Controlled by intravenous medication. Dosage can be adjusted during the procedure	Controlled by tablet medication (pill) Dosage cannot be adjusted
Bleeding	Lasting in average one week, bleeding is less abundant than menstruation	Lasting on average 10 to 16 days, bleeding is more abundant than menstruation
Accompagiment	Mandatory for your return home	Not mandatory

* if your gestational age is more than 15 weeks, you will be referred to another clinic

INESSS, L'interruption volontaire de grossesse pratiquée à l'aide du Mifegymiso, février 2017
Clinical practice guideline, medical abortion, SOGC, NO. 332, April 2016

PROCEDURAL ABORTION

If this is the method you choose, the abortion takes place immediately after meeting with the physician. You will go into the procedure room and set yourself up on the gynecological examining table. You will have had an intravenous catheter inserted beforehand and you will be given a dose of antibiotics. A blood type test will also be run (drop of blood). A nurse will be in the room with you during the entire procedure, which lasts about 10 minutes.

The physician will start by doing a vaginal ultrasound to confirm how many weeks pregnant you are.

If you want, you can be given intravenous medication. We offer fentanyl with midazolam (Versed®). These are very effective painkillers and relaxants. Please note that if you take this medication, you should not drive a motor vehicle or make any important decisions within 24 hours following the procedure.

A speculum will be used to open the vagina, allowing the physician to easily see your cervix and its opening.

No cuts are necessary. After applying a local anesthetic to your cervix, the physician will proceed to gradually dilate it, and then remove the pregnancy by aspiration (suction). This is followed by a uterine curettage, and then a shorter second aspiration.

The procedure is completed after these steps.

During the procedure, you may feel some cramping similar to what can occur when you have your period; the intensity varies among women. If necessary, the physician will adjust the pain medication. If your blood type is Rh negative, you will be given an immunoglobulin (Winrho®) to help prevent problems with future pregnancies.

Finally, the physician will examine what was aspirated from your uterus and make sure that you are no longer pregnant. If you think it would be helpful to you, we can show it to you as well. For some women, this can help de-dramatize or demystify the abortion or even help accept or mourn the loss of the pregnancy.



IN THE RESTING ROOM

The average length of stay in the rest room is 30 to 60 minutes. If you wish, you may be joined by an accompanying person. A nurse is there to monitor your state of alertness, your bleeding and your blood pressure. It is mandatory to be accompanied for the trip home if you have taken the fentanyl and midazolam (Versed®) medications. You will be able to resume your activities the next day.



RISKS AND POSSIBLE COMPLICATIONS

As with all medical interventions and all drugs, there remains a possibility of some complications. Those associated with abortion are very rare. Nonetheless, it is important to be aware of the following:

The risk of developing a uterine infection is about 1% to 2%. Despite all the precautions taken, a woman may still develop an infection of the uterus or fallopian tubes. If you develop an infection, treatment with antibiotics will be necessary.

There is a 0.3% to 2% risk of an incomplete abortion. Sometimes placental tissues or membranes remain in the uterus despite the quality of the medical procedure. In these circumstances, either a medication or another dilation and curettage is needed.

The risk of haemorrhage is less than 1%. It is not likely to occur during an abortion done with aspiration and curettage. If it does happen, abnormal bleeding can be quickly resolved with a second curettage and some medication.

The risk for a uterine perforation is less than 1%. This is very rare and is generally without serious consequences. Healing is most often spontaneous without need for surgical intervention. However, a physician may suggest that you go to the hospital for observation.

The risk of lacerations to the cervix is lower than 1.2%. In extremely rare cases, sutures could be necessary, but there are usually no consequences.

The risk of an allergic reaction to medication is less than 1%. Just as any medication available in a pharmacy, the ones we use can cause allergic reactions. However, we can provide whatever is needed if should this happen.

The risk of infertility is less than 1%. If a complication from an abortion is left untreated, it can cause problems later on. However, with our commitment to safety and safe procedures, the risk is almost non-existent.

There is a 0.0006% risk of death, which is about 1 in 160 000 abortions. These rare and unfortunate cases were the result of aggravations of complications listed above.

** NAF, <https://prochoice.org/education-and-advocacy/about-abortion/abortion-facts/>, possible complications of a medical abortion, consulted in January 2018.*

**INESS, L'interruption volontaire de grossesse pratiquée à l'aide du Mifegymiso, p.8, 2017.*



MEDICAL ABORTION

If this is the method you choose, the physician will start by doing a vaginal ultrasound to confirm how many weeks pregnant you are. If your pregnancy is less than 9 weeks, the physician will give you the medication called Mifegymiso®. If your pregnancy is more than 9 weeks, you will be offered a surgical abortion that could be done immediately if you wish.

A blood type test will be run (drop of blood). If your blood type is Rh negative, you will be given an immunoglobulin (Winrho®) by intramuscular injection to help prevent problems with any future pregnancies. A blood draw will be done to measure your pregnancy hormones (b-hCG).

You will find 2 medications in the Mifegymiso® box. The first one you need to take is the mifepristone. It works by blocking the effects of a hormone called progesterone, therefore stopping the pregnancy. The second medication is the misoprostol. It works by causing the uterus to contract and dilate the cervix. These two actions facilitate the expulsion of the pregnancy within 30 minutes to 48 hours after taking the misoprostol. Usually the expulsion takes place in the first 12 hours. We will explain in detail when and how the medication needs to be taken. In order to ensure that Mifegymiso® works to its maximum efficiency, it is of the utmost importance that you respect the order as well as the time between both medications.

Expulsing a pregnancy is similar to having a miscarriage. You can expect blood clots, abundant bleeding (more than your menstruation) and cramping of varying intensity (usually more severe than your period). You will need to clear your schedule on the day you plan on taking the misoprostol as well as the following day; meaning that you will have to miss school or work. You don't need to be accompanied, but it is strongly recommended.

When the pregnancy is expelled, the cramps should lower in intensity but you will have heavy bleeding (more abundant than when you menstruate) that lasts for 16 days on average. You could have light bleeding for up to 30 days after taking the misoprostol. It's normal to see the abortion product once it's expelled. It can look like a blood clot but lighter in color, varying from pink to white. You may dispose of it in the matter you desire: toilet, trash can or funerary ritual.

THE FOLLOW-UP APPOINTMENT

A follow-up appointment is mandatory 14 days after the abortion. It will be set up during the pre-abortion meeting. This appointment is necessary to confirm that you are no longer pregnant. Even if you have had a lot of blood clots, it does not mean that the pregnancy was expelled. A blood draw to measure your pregnancy hormones (b-hCG) will allow us to determine if the abortion was complete.



SIDE EFFECTS OF MIFEGYMISO®

Mifepristone has few side effects, and they are rare, but you could experience :

- Headaches
- Breast sensitivity
- Rash and itching could occur in the event of an allergic reaction to this medication.

The side effects of misoprostol are frequent and bothersome, but they do not last long (no more than 24 hours). You could experience :

- | | |
|--------------------|-------------|
| → Diarrhea | → Vomiting |
| → Chills and fever | → Headaches |
| → Nausea | → Dizziness |

RISKS AND POSSIBLE COMPLICATIONS

Medical abortions are safe and there are very few related complications. Even so, it's important to be aware of the following :

- There is a 2% to 6% risk that the medical abortion turns out to be partially or not at all effective, and that a surgical abortion is required.
- The risk of haemorrhage is between 1% and 2% and requires a hospital visit in order to receive proper care to stop heavy bleeding.
- If the medical abortion proves ineffective and you decide to carry out the pregnancy, there is a risk of congenital malformation after taking the misoprostol.
- Although very rare (a 0.001% risk), a *Clostridium Sordellii* infection could be developed, resulting in death.
- You could have an allergic reaction to the prescribed medication.
- There is a minimally low risk of impaired fertility

* NAF, <https://prochoice.org/education-and-advocacy/about-abortion/abortion-facts/possible-complications-of-a-medical-abortion>, consulté en janvier 2018.

CHOOSING A METHOD

You must now choose the method that best suits you. Even if there are certain medical contraindications that may exclude one method, we believe that you are the best person to make this decision.

Any medical contraindications will be reviewed during the pre-abortion meeting and again with the physician. We will offer the necessary support so that you can make a choice that is right for you.

Trust yourself. Studies show that when women choose their own abortion method, the procedure is well tolerated.

TAKE CARE OF YOURSELF

YOUR EMOTIONS

Many women often feel relieved after an abortion, but they may still feel sad, disappointed, guilty, alone, or feel a sense of loss.

Many women or couples also experience a period of mourning. Sadness is a healthy emotion and will subside with time. Women may also feel a sense of growing maturity and responsibility from having made an important decision for themselves. This experience can also be a time for many women to review their lives, learn more about themselves, and gain confidence.

If you would ever like to talk with someone about what you are feeling – either now or later – don't hesitate to do so. Your emotional health is as important as your physical health, and it is sometimes helpful to talk with someone you trust. You can call us if you would like an appointment at the Centre, or if you would like a referral to another professional resource.

YOUR SEXUALITY

After a pregnancy termination, you may observe changes in your sexual activity. For example, you may not feel like making love for a while. Take the time you need. Again, don't hesitate to confide in someone.



CENTRE DE SANTÉ DES FEMMES

DE MONTRÉAL

**3401 avenue de Lorimier,
h2K 3X5, Montréal, Québec**

Monday to Friday
8:30AM to 4:15PM
(Closed between 12:00AM
and 1:00AM)

514 270 6110 #1

It is possible to leave a
message at any time

Services are offered in
French and English

www.csfmontreal.qc.ca



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