Abortion Information & Philadelphia Referrals

Abortion is a safe medical procedure. Abortion procedures take place in independent clinics, practitioners’ offices, and hospitals. Below are descriptions of the two different abortion methods, potential complications, and general follow-up.

Gynecologic Care offers confidential pregnancy testing, options counseling, and referrals to reputable area abortion providers. Please call 215.746.3535 for more information.

The Pennsylvania Abortion Control Act requires patients to obtain counseling about their pregnancy at least 24 hours prior to having an abortion. This service is available at all Philadelphia area abortion practices. For more information, call the Access Matters Hotline at 215.985.3300.

Surgical Abortion

Surgical abortion can be performed from being 5 weeks along (determined from the first day of the last menstrual period) to late in the second trimester of the pregnancy in Pennsylvania and New Jersey. A vaginal ultrasound will be done to confirm how far along the pregnancy is. Local and/or intravenous sedation anesthesia is available with both. There are two methods of surgical abortion:

- **Manual vacuum aspiration** (available from 5-11 weeks after the last menstrual period): The provider first inserts a speculum into the vagina to view the cervix (the opening to the uterus). The provider cleans it with an antiseptic solution and numbs it with lidocaine. The provider then slowly opens the cervix with a series of dilator rods. During this phase, the patient may feel cramping. The provider then inserts a small tube that is attached to a hand-held plastic suction device, which empties the uterus. Most patients report strong cramping as the uterus empties and begins to return to its original size. This is normal, and lasts for several minutes. At some abortion centers, intravenous anesthetic is available to help with pain.

- **Machine vacuum aspiration** (available from 5-14 weeks from the last menstrual period): This procedure starts similarly to the manual vacuum method, but the suction comes from an electronic uterine aspirator. Similar to manual aspiration, intravenous anesthetic is available at some abortion centers to help with pain.

Both procedures last about 10-15 minutes.

Recovery time varies depending on the type of anesthesia given. Patients will be assessed for cramping and bleeding. Patients will be given antibiotics/pain relievers (usually ibuprofen) during recovery. They will be sent home with prescriptions for these medications too. Patients should schedule a follow-up appointment in 3-5 weeks, either where the abortion was done or at Gynecologic Care at Student Health. Surgical abortion is also available from 14 to 21 weeks from last menstrual period, but procedures vary according to the clinic. For more information, contact the clinic directly.
Medical Abortion

Medical abortion (MAB) is available from 5-10 weeks after the last menstrual period, confirmed by ultrasound. Two medications are given in medical abortion:

- **Mifepristone (Mifeprex):** 1 pill is taken in a clinic or provider’s office. It stops the growth and continuation of the pregnancy. Some patients experience nausea or light bleeding as side effects.
- **Misoprostol (Cytotec):** Tablets are inserted vaginally at home after taking the mifepristone at the office. It causes strong cramping and heavy bleeding. Most patients report passing blood and clots within 12 hours of inserting the tablets. Lighter, period-like bleeding may continue for several weeks after passing the pregnancy.

**A FOLLOW UP VISIT IN ABOUT 1 WEEK IS CRITICAL TO ENSURE THE ABORTION WAS SUCCESSFUL.** If the pregnancy has not been passed, a surgical abortion will be necessary. MAB is 98% effective.

**Philadelphia Area Abortion Providers**

*Prices are subject to change and are determined by the facility

**PEACE: Family Planning and Urgent Pregnancy Care**
Hospital of University of Pennsylvania, 3400 Spruce St, 1000 Courtyard, 215.615.5234
Facility provides surgical termination from 5-21 ½ weeks and medical terminations between 5-9 weeks. Local and general anesthesia (operating room only) is available. Services provided Mondays, Tuesdays, and occasional Fridays. Facility accepts PSIP and most other insurances.

**PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA**
1144 Locust Street (Locust between 11th & 12th Streets), 215.351.5550
Facility provides surgical terminations from 5-15.6 weeks and medical terminations between 5-10 weeks. Local and intravenous (IV) sedation anesthesia is available. Services provided on Wednesday through Saturday mornings. Accepts most private insurance plans, including PSIP, if verified in advance. Some insurance plans may require a referral from your primary care or OBGYN provider.

**Abortion Counseling Resources:**
- Exhale- exhaleprovoice.org
- Backline- www.yourbackline.org
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<thead>
<tr>
<th>Comparison</th>
<th>Abortion Pill/Medical Abortion</th>
<th>Surgical Abortion</th>
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<tbody>
<tr>
<td><strong>How far along in the pregnancy can I be?</strong></td>
<td>Up to 10 weeks from the first day of your last period</td>
<td>Up to 21.5 weeks from the first day of your last period</td>
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<td><strong>What is the process?</strong></td>
<td>Mifepristone (the abortion pill) is taken in the office. Most patients feel fine after taking the pill. Some may have nausea. 48 hours later you insert a different medication, misoprostol pills, into your vagina at home. You may have heavy bleeding and cramps for a few hours. You must return to the facility where the abortion was done about 1 week later to confirm the procedure was successful.</td>
<td>The actual abortion procedure takes place in office and will take about 10-15 minutes. Return to either at facility where the abortion was done, or to Gynecologic Care at Student Health, 3 to 5 weeks later for follow up.</td>
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<td><strong>Is there any pain?</strong></td>
<td>Patients have mild to very strong cramps off and on during the abortion procedure.</td>
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<td><strong>How much will I bleed?</strong></td>
<td>Heavy bleeding with clots followed by lighter bleeding is common. Light bleeding may continue off and on for 12 weeks or more.</td>
<td>Most patients have light bleeding for 1-7 days and may continue off and on for a few weeks.</td>
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<td><strong>How effective is it?</strong></td>
<td>Medical abortions work 98-99% of the time. If the pill fails, you must have an aspiration (Surgical) abortion.</td>
<td>Surgical abortions work 99% of the time. If it fails, you must have a repeat aspiration procedure.</td>
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<td><strong>Can I still have children afterwards?</strong></td>
<td>YES. Neither type of abortion lowers your chances of getting pregnant nor staying pregnant in the future.</td>
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<td><strong>Advantages</strong></td>
<td>No shots, anesthesia, or use of instruments. It may feel more natural because there is no use of a machine. Being at home instead of in an office may be more private. You can choose to have someone with you or you can be alone.</td>
<td>It is over in a few minutes. You see less bleeding than you would with a medical abortion. Medical staff members are with you and a counselor may be there for support during the abortion. It can be done later in the pregnancy than with a medical abortion.</td>
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<td>Disadvantages</td>
<td>It takes 1-2 days to complete the abortion. Bleeding can be very heavy and may last longer than with a surgical abortion. Cramps can be severe and last longer than with a surgical abortion. It cannot be done as late in pregnancy as a surgical abortion</td>
<td>A provider must insert instruments inside the uterus. Anesthetics and pain medications may cause side effects. You have less control over the abortion procedure and who is with you. The vacuum aspirator may seem noisy.</td>
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