

This page shares frequently asked questions and resources related to abortion care. Find more resources and information from an ob-gyn who offers abortion care: [How I Talk With My Patients About Abortion Care and Access.](#)

Overview

What is abortion?

Induced abortion ends a pregnancy with medication or a medical procedure.

How common are abortions?

About 1 in 4 women in the United States will have an abortion by age 45.

How is abortion done?

Some abortions happen as a procedure in a health care professional's office. Others happen in a surgical center or hospital. Abortion can also be completed at home by taking medications, sometimes called abortion pills.

The type of abortion you may have depends on many factors, including your health and how far along your pregnancy is. It may also depend on where in the country your abortion care is provided. Each abortion experience is different.

What happens before an abortion is done?

Before an abortion, it's helpful to talk with a health care professional. Together, you can discuss

- your health and how far along the pregnancy is
- options for how the abortion can happen
- any risks that may come with abortion care
- instructions about how to care for yourself at home after the abortion

A physical exam or [ultrasound exam](#) may be done to help confirm how many weeks the pregnancy is. These exams may also be done if you have symptoms of an [ectopic pregnancy](#) or risk factors for having one ([learn about ectopic pregnancy](#)).

Some states require all patients to have an ultrasound exam before an abortion. Many states limit when during pregnancy an abortion can be done. (Read “What types of abortion laws should I know about?” below.)

Does having an abortion affect your future health?

It's important to know that in most cases abortion does not affect future health. Abortion does not increase the risk of breast cancer, [depression](#), or [infertility](#).

What if I'm still thinking about my options?

If you're pregnant and still deciding what to do, you can think about several options:

- You may choose to have an abortion.
- You may choose to become a parent.
- You may choose to make an adoption plan.

Read [Pregnancy Choices: Raising the Baby, Adoption, and Abortion](#) to learn about all of these options.

You may want support when making decisions. You can consider talking with your partner, a family member, trusted friend, counselor, [obstetrician–gynecologist \(ob-gyn\)](#),

or another health care professional. There are also local and national resources that you can reach out to. These are listed in the Resources section below.

If I'm considering abortion, when should I make my decision?

If you're thinking about having an abortion, seek medical advice as soon as you can. The cost and complexity of abortion care can increase as you get farther along in your pregnancy. And many states limit when during pregnancy an abortion can be done. (Read "What types of abortion laws should I know about?" below.)

Talk with a health care professional about all of your questions. You should receive respectful care and support for whatever decision you make. If you do not have support for your decision where you live, the websites in the Resources section below can help you find support.

Abortion in the First Trimester

How common are first-trimester abortions?

In the United States, more than 9 in 10 abortions occur in the first [trimester](#). Abortion during the first trimester is safe and effective.

What is a first-trimester medication abortion?

A medication abortion uses medications to end a pregnancy.

How is a first-trimester medication abortion done?

A medication abortion requires two steps. First, you take a medication called mifepristone. This medication helps stop a pregnancy from growing. About 1 to 2 days after the mifepristone, you take a medication called misoprostol. Misoprostol causes cramping and bleeding. This causes the uterus to empty. Your health care professional should explain how to take these medications.

Depending on where you live, you may be able to request abortion medication from your health care professional during a telehealth visit. This is a visit done by phone or video chat.

What should I expect during a medication abortion?

For some, a medication abortion may cause vaginal bleeding that is much heavier than a [menstrual period](#) . The bleeding may be like a [miscarriage](#) . There may be severe cramping. There may also be nausea, vomiting, fever, and chills.

Your health care professional should explain what to expect in terms of pain, bleeding, and passing the pregnancy. You may be offered a prescription for pain medication, or you can take over-the-counter pain medication.

You should also have a follow-up plan with your health care professional to be sure that the abortion is complete. Follow-up may be an in-person appointment or a phone call.

What is a first-trimester procedural abortion?

Procedural abortion in the first trimester is typically done with [vacuum aspiration](#) (also called suction curettage). Abortion with vacuum aspiration is usually offered up to 13 weeks of pregnancy.

How is a first-trimester procedural abortion done?

To start, a [speculum](#) is placed in the [vagina](#) to hold it open. A numbing medication may be given to help block sensation in the [cervix](#) . Then the cervix is usually dilated (opened) for the procedure. The cervix can be opened with medication or dilators (rods).

A thin, plastic tube is inserted through the cervix and into the [uterus](#) . The tube is then attached to a suction or vacuum pump, which removes the pregnancy. An instrument called a curette can also be used to remove the pregnancy.

When a suction or vacuum pump is used to remove the pregnancy, it is called vacuum aspiration or suction curettage. When a curette is used, the procedure is called a [dilation and curettage \(D&C\)](#) . Sometimes the term D&C is used in both situations.

Your health care professional should take steps to ensure you are comfortable during the procedure. Pain medication may be recommended but is not always necessary. [Antibiotics](#) may be given to help prevent infection.

What should I expect after a first-trimester procedural abortion?

You will go home the day of your procedure if there are no [complications](#) . You can expect to have soreness or cramping for a few days afterward. You may be offered a prescription for pain medication, or you can take over-the-counter pain medication. Bleeding and spotting may last for several weeks. This is normal.

Abortion in the Second Trimester

What is a second-trimester abortion?

A second-trimester abortion is one that takes place after 13 weeks of pregnancy. It can be done with a procedure or with medication. When abortion is done with medication in the second trimester, it is often called induction abortion.

Most women who have a second-trimester abortion have a procedural abortion. Most procedural abortions in the second trimester are done with [dilation and evacuation \(D&E\)](#) .

How common are second-trimester abortions?

In the United States, fewer than 1 in 10 abortions occur between 13 and 20 weeks of pregnancy. Fewer than 1 in 100 abortions occur after 20 weeks of pregnancy.

How is a second-trimester procedural abortion done?

You may need to start the process of dilating (opening) the cervix before the procedure starts. There are different ways to dilate the cervix before a procedure, including using medication or dilators (rods). Sometimes, this may require you to visit your health care professional the day before your procedure.

On the day of the procedure, dilators are removed if they were placed. The cervix may be dilated more if needed. A suction device and instruments are used to remove the pregnancy. No incision is needed.

Your health care professional should take steps to ensure you are comfortable during the procedure. You may receive some type of anesthesia. Pain medication may be recommended. Antibiotics may be given to help prevent infection.

What should I expect after a second-trimester procedural abortion?

You will go home the day of your procedure if there are no complications. You can expect to have soreness or cramping for a few days afterward. You may be offered a prescription for pain medication, or you can take over-the-counter pain medication. Bleeding and spotting may last for several weeks. This is normal.

How is a second-trimester induction abortion (medication abortion) done?

Second-trimester induction abortion involves taking medications to cause the uterus to contract and pass tissue. The entire process generally takes 12 to 24 hours to be completed. It is usually done in a hospital or clinic where you can be monitored.

The medications used may be placed in the vagina, taken by mouth, injected into the uterus, or given through an [intravenous \(IV\) line](#). Pain medication is usually given.

[Regional anesthesia](#), such as an [epidural block](#), may be an option.

What should I expect during a second-trimester induction abortion?

The medications usually cause the abortion to begin within 12 hours. The abortion is usually complete within 12 to 24 hours, although the timing can vary. The medications may cause side effects such as nausea, fever, vomiting, and diarrhea. Medications to manage these side effects can be given as needed. Talk with your health care professional about whether you can go home the same day.

Possible Risks and Side Effects

Is abortion safe?

Yes, abortion is safe. Major complications requiring hospitalization are rare. As with any medical treatment, there are risks. These risks can include the following:

- **Incomplete abortion**—In rare cases, the pregnancy is not removed completely. When this happens, a follow-up procedure or more medication may be needed. Incomplete abortion is more likely to happen with medication abortion than with a procedure.
- **Infection**—After a procedural abortion, your health care professional may prescribe antibiotics to prevent infection. Antibiotics can also be used after an abortion to treat an infection if one develops.

- Heavy vaginal bleeding or **hemorrhage**—Some bleeding during and after an abortion is normal. If you have heavy bleeding, call your health care professional.
- Injury to the uterus and other organs—During a procedural abortion, the uterus, bowel, or **bladder** can be injured. If this happens, additional surgery at a hospital may be needed to repair the injuries. Rarely, the uterus or cervix can rupture (tear) during a second-trimester induction abortion. The risk of these complications during a second-trimester abortion is less than 1 in 1,000. The risk increases the longer you have been pregnant, and if you have had **cesarean births** in the past.

What side effects may happen after an abortion?

Some side effects may develop soon after an abortion, including

- abdominal pain and cramping
- nausea
- vomiting
- diarrhea
- vaginal bleeding
- headache
- dizziness

You and your health care professional should talk about what medications you can take for pain. Ibuprofen or acetaminophen may be an option. You may get a prescription for stronger pain relief if needed.

Do I need to limit activity after an abortion?

In most cases, it is safe to go back to normal activities soon after an abortion. Your health care professional should explain if you need to limit your activity.

When should I call a health care professional after an abortion?

Call your health care professional if you have

- severe abdominal or back pain that does not get better with pain medication
- heavy vaginal bleeding (soaking two maxi-pads per hour for 2 hours in a row)

- foul-smelling discharge from the vagina
- a fever (temperature above 100.4 °F) or chills
- flu-like symptoms lasting more than 24 hours
- fainting

Birth Control After Abortion

How soon can you get pregnant after an abortion?

Periods usually return 4 to 6 weeks after an abortion. You can get pregnant even before your period returns.

When can birth control be started after an abortion?

Almost all birth control methods can be started right away, even the same day as an abortion. The options include

- [birth control implant](#)
- birth control injection
- birth control pills
- patch
- vaginal ring
- [intrauterine device \(IUD\)](#)

The IUD and implant can be placed right after a procedural abortion. With a medication abortion, the implant can be placed at the time of the first abortion pill, or you can get an IUD once your abortion is complete.

A cervical cap or a diaphragm can be used starting about 6 weeks after a second-trimester abortion. This gives the cervix time to return to its normal size. Condoms can be used any time after an abortion to prevent pregnancy and [sexually transmitted infections \(STIs\)](#) .

Access to Abortion Care

Is abortion legal?

Abortion laws vary based on the state you live in. Abortion is legal in some states but is illegal or heavily restricted in many states. Your current state laws may change in the future.

The website AbortionFinder.org has a [state-by-state guide](#) with the current abortion laws in each state. Visit the Resources section below for more websites that can help you understand your options.

What types of abortion laws should I know about?

Some states have banned all types of abortion care. Other states restrict when and how abortion care may be provided. State restrictions and rules may include these and more:

- **Timing**—Some states limit when during pregnancy an abortion can be done.
- **Waiting periods**—Some states require patients to have an ultrasound exam or complete a consent form first, and then wait a day or more before having an abortion.
- **Parental notification**—Some states require a minor’s parents or legal guardian to be involved before the minor can have an abortion. If a minor cannot or does not want to have their parents or guardian involved, court approval may be required before the abortion.
- **Misinformation**—Some states require health care professionals to present false information regarding the risks of abortion care. They may call this “counseling.” Remember, abortion does not increase the risk of breast cancer, depression, or infertility.
- **Telehealth**—Some states ban the use of telehealth for abortion care. Telehealth, also called telemedicine, lets you talk with a health care professional online or on the phone.

Abortion is safe and essential health care, but you should [understand the laws](#) in the state where you live. If you need to travel for an abortion, also learn about the laws in the state where you are receiving care.

If you have questions about abortion laws, including questions about self-managed abortion and care for people under age 18, contact the Repro Legal Helpline at www.reprolegalhelpline.org or 844-868-2812.

How can I find abortion care?

Visit the websites in the Resources section below for help finding abortion care. These websites can help you find the following information:

- Where to find the nearest health care professionals who offer abortion care
- How you can find help paying for abortion care
- Current laws in your state related to abortion care
- Whether you can have abortion pills mailed to you

Note that even if you live in a state where abortion care is legal, health care professionals are not required to provide abortion care. If your health care professional does not provide abortion care, ask to be referred to a professional who will. Also ask if your health care professional is restricted in what they can say because of your state's laws.

What are crisis pregnancy centers and how can I avoid them?

Crisis pregnancy centers are organizations that look like abortion clinics, but do not offer abortion care. Their goal is to prevent people from getting abortion care. They may

- advertise online or on billboards with words like “pregnancy care center,” “pregnancy resource center,” “pregnancy options,” or “pregnant and afraid?”
- offer free pregnancy tests and ultrasounds
- be run by people who are not trained medical professionals
- share false information about abortion and birth control

If you want abortion care, or if you want to talk with someone about your options, it is best to use the websites in the Resources section below. These websites can help you find the health care you need and information you can trust.

How can I help protect my privacy when accessing abortion care?

Start with [these security and privacy tips](#) from the Electronic Frontier Foundation. These tips may help prevent your internet history and mobile phone from being tracked. This advice is especially important if you are looking for information about abortion and you live in a state where abortion care is not legal.

Resources and Glossary

Resources

Abortion Finder

www.abortionfinder.org

A directory of health care professionals who provide abortion care in the United States.

www.abortionfinder.org/abortion-guides-by-state

A state-by-state guide to abortion laws and resources.

All-Options Counseling

www.all-options.org/find-support/talkline

Talkline: 888-493-0092

Hotline that provides conversation with peers about abortion, adoption, parenting, infertility, or pregnancy loss. Volunteer staff are not licensed health care professionals or mental health specialists.

Guttmacher Institute

<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>

A research organization that publishes an overview of state abortion laws.

If/When/How

www.reprolegalhelpline.org

Helpline: 844-868-2812

A hotline that can answer questions about your legal rights related to abortion, including self-managed abortion and information for minors (people under age 18).

National Abortion Federation

<https://prochoice.org/patients/naf-hotline>

Hotline: 800-772-9100

Referral line: 877-257-0012

Organization that offers confidential consultation, options counseling, and referrals to

abortion providers. NAF also offers limited financial assistance to help pay for abortion care.

National Network of Abortion Funds

<https://abortionfunds.org/need-abortion>

Directory of organizations that can help you pay for abortion care.

Glossary

Antibiotics: Drugs that treat certain types of infections.

Birth Control Implant: A small, single rod that is inserted under the skin in the upper arm. The implant releases a hormone to prevent pregnancy.

Bladder: A hollow, muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Depression: Feelings of sadness for periods of at least 2 weeks.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Dilation and Evacuation (D&E): A procedure that can be used after 12 weeks of pregnancy. The cervix is opened and the contents of the uterus are removed using instruments and a suction device.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Epidural Block: A type of pain medication that is given through a tube placed in the space at the base of the spine.

Hemorrhage: Heavy bleeding.

Induced Abortion: An intervention to end a pregnancy so that it does not result in a live birth.

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Miscarriage: Loss of a pregnancy that is in the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Speculum: An instrument used to hold open the walls of the vagina.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vacuum Aspiration: Removal of the contents of the uterus using a suction device.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ043

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