

Abortion Methods & Medical Risks

If a woman chooses to have an abortion, she and her doctor must first determine how far her pregnancy has progressed. The stage of a woman's pregnancy will directly affect the appropriateness or method of abortion. The doctor will use a different method for women at different stages of pregnancy. In order to determine the gestational age of the embryo or fetus, the doctor will perform a pelvic exam and/or an ultrasound.

Abortion Risks

At or prior to eight weeks after the first day of the last normal menstrual period is considered the safest time to have an abortion. The complication rate doubles with each two-week delay after that time. The risk of complications for the woman increases with advancing gestational age.

According to data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000. This risk increases with the length of pregnancy. For example:

- Less than 1 death per 100,000 abortions at 8 or fewer weeks
- Less than 6 deaths per 100,000 at 16-20 weeks
- Less than 17 deaths per 100,000 at 21 or more weeks

Complications associated with an abortion may make it difficult to become pregnant in the future or carry a pregnancy to term.

Definitions for Medical Risks of Abortion

The risk of complications for the woman increases with advancing gestational age.

Pelvic Infections (Sepsis): Bacteria (germs) from the vagina may enter the cervix and uterus and cause an infection. Antibiotics are used to treat an infection. In rare cases, a repeat suction, hospitalization or surgery may be needed. Infection rates are less than 1% for dilation and suction curettage/vacuum aspiration abortion, 1.5% for dilation and evacuation (D & E), and 5% for labor induction.