



At La Clinique des femmes de l'Outaouais, we offer two types of pregnancy termination. Here is a comparative chart to read carefully in order to help you choose the method that suits you best. Please note that for various reasons, your eligibility to one of the methods might be limited. You will be able to discuss this with the nurse.

Frequently asked questions	Pregnancy termination by surgery	Pregnancy termination by medication
At how many weeks can the pregnancy be terminated.	Between the 6th and 15th week of pregnancy.	Between the 6th until the 9th week of pregnancy.
How will the pregnancy termination take place?	Dilation of the cervix, aspiration of the pregnancy and curettage, carried out by a doctor.	1 tablet of mifepristone and 4 tablets of misoprostol 24 to 48 hours after taking mifepristone.
Where will the pregnancy termination take place?	At the clinic	At the clinic and at home
How many visits are required for each method?	Requires at least 2 appointments. The 1st with the nurse and a 2nd for the intervention with the doctor.	Requires at least 3 appointments. The 1st with the nurse, a 2nd with a doctor and a 3rd for a follow up.
How long does the pregnancy termination take?	Plan to be at the clinic for approximately 2 hours.	Usually, you will expulse the pregnancy a few hours after taking the second medication
What is the percentage of success?	More than 99% ¹	Between 94.3% and 98% ²
Will I feel pain?	Women usually have mild to moderate pain.	Women usually have mild to moderate pain.
What methods are available to relieve pain?	A conscious sedation induced by 2 intravenous drugs. There is also a local anesthesia of the cervix.	Analgesics to take orally at home.
What are the side effects of the medication?	There is a possibility of nausea, vomiting, drop in blood pressure, drowsiness and difficulty breathing.	There is a possibility of nausea, vomiting, diarrhea and chills.
Will there be bleeding?	Some women have no bleeding, others have mild to moderate bleeding for up to 3 weeks.	Yes, there will be bleeding. It could be moderate to severe at first, then mild afterwards for up to 3 weeks.
What are the possible complications?	They are rare but possible, including haemorrhage, infection, retention and perforation of the uterus.	They are rare but possible, including haemorrhage, infection and retention.
What are the main advantages?	Short intervention, pain controlled by intravenous drugs and usually minor bleeding.	Expulsion of pregnancy in the privacy of your home accompanied by the person of your choice. Can be similar to a miscarriage.
What are the main disadvantages?	Fasting for 6 hours prior intervention. No driving for 24 hours. Mandatory accompaniment for the return home. No accompanying person in the room during the procedure.	Slower process. Pain and bleeding that must be managed independently. Mandatory follow-up appointment.

¹ INESSS, adapted from Niinimäki and al., 2009.

² Mifegymiso monography, revised November 6 2017.