

At the Outaouais Women's Clinic, 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. Know that it is possible that you are not eligible to terminate pregnancy by medication for various reasons. 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.	From a positive pregnancy test 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 visits. The 1st with the nurse and a 2nd for the intervention with the doctor.	Requires at least 3 visits. The 1st with the nurse, a 2nd with a doctor and a 3rd to follow up.
How long does the pregnancy termination take?	A few minutes, on average between 5 and 7 minutes.	Between 2 and 3 days.
What is the percentage of success?	More than 99% ¹	Between 94.3% and 98% ² , a curettage would then be necessary.
Will I feel pain?	Women usually have mild to moderate pain.	Women usually have moderate to severe 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. They will 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 and perforation of the uterus.	They are rare but possible including severe haemorrhage.
What are the main advantages?	Short intervention, pain controlled by intravenous drugs and usually minor bleeding.	Accessible early in pregnancy. Expulsion of pregnancy in the privacy of the home.
What are the main disadvantages?	Mandatory accompaniment for the return home.	Slower process. Important pain and bleeding. Mandatory follow-up visit. Surgical interruption required in 5% of cases.

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

² Mifegymiso monography, revised November 6 2017.