

Termination of Pregnancy

The Abortion Procedure

There are two methods available for termination of pregnancy. Medication abortion uses medicines to induce termination of pregnancy, while procedural abortion uses suction or aspiration methods.

The method chosen depends on the number of weeks you have been pregnant. The provider determines this by counting how many weeks have passed since the first day of the last menstrual period, and by performing a pelvic examination. A sonogram, a test that uses sound waves to outline the uterus, fallopian tubes, and ovaries, can assist in this process. Most abortions are performed in the first twelve weeks of pregnancy.

Providers

Columbia Health provides pregnancy options counseling and if appropriate, can provide medication abortion. Please visit our website for more details.

Private physicians' offices usually have a shorter waiting time, afford more privacy, and feel more personal. Students can schedule an appointment with a provider at Columbia Obstetrics and Gynecology by calling (212) 305-9368 or by having your Medical Services provider assist with scheduling. The location nearest the Morningside campus is at 5 Columbus Circle.

Students may also choose to access clinics or nonprofits such as Planned Parenthood.

Cost

Fees vary widely among providers and clinics. The Columbia Student Health Insurance Plan (administered by Aetna Student Health) covers the entire cost of medication and procedural abortions, and no referral is required for elective terminations of pregnancy.

For students using other insurance, coverage varies among states. In New York, nearly all insurance plans cover some of the cost of the procedure.

Many sites in New York City also offers both medication and in-clinic procedural abortion procedures on a sliding scale for those who need financial assistance.

Questions to Ask When Scheduling an Abortion:

1. Will my insurance cover all, most or some of the cost?
2. Are there additional fees for tests, medicines, and anesthesia?
3. What forms of payment should I use?
4. How long will I be at the facility?
5. Can I bring a companion to accompany me through counseling and the procedure?
6. Will an abortion doula be available for support during the procedure?
7. Are there female providers available?
8. What types of anesthesia are offered and is there a difference in cost?
9. Can I eat or drink after midnight the day before?
10. What back-up services are available for emergencies?
11. Will a follow-up appointment be included in the cost or insurance coverage?
12. Will birth control or contraception counseling be offered?
13. Will there be anti-choice protesters outside of the clinic? If so, will escorts be available?
14. Does the staff speak other languages? Is an interpreter available?
15. Is the facility wheelchair accessible?

Anesthesia and Pain Management

For some patients, discomfort during the procedure can be managed by non-steroidal anti-inflammatory drugs such as ibuprofen 600-800 mg taken 1 hour before the procedure. Most providers also offer a choice of sedation and local or general anesthesia.

Local anesthesia involves injection of lidocaine into the cervix. Planned Parenthood NYC offers mild sedation at the Bronx, Brooklyn, and Queens clinics and moderate and deep sedation at the Manhattan clinic.

General anesthesia utilizes medications given through a vein in your arm, which will put you to sleep for a short time. There is slightly more risk of complications from using general instead of local anesthesia, but the risk is extremely low.

Aftercare:

Patients have a variety of experiences after an abortion due to the sudden drop in hormone levels. Most feel fine and do not have any problem. Some experience fatigue and feelings of depression. Some have discomfort, similar to menstrual cramps, for several days.

Bleeding ranges from none to 2-4 weeks of intermittent light or moderate flow. Contact your provider if you are using more than 5 full-size pads per day.

Self-care:

1. Arrange for a taxi or ride home and ask a companion to accompany you. Try to rest for a day. Avoid heavy lifting or strenuous exercise, which may cause increased bleeding. Have extra sanitary pads and a heating pad for any residual cramps.
2. In order to prevent infection, do not take tub baths or insert anything into your vagina (no sex or tampons) for at least 1 week.
3. It is possible to become pregnant again as early as 2 weeks following an abortion. Use an effective birth control method if you do not want to become pregnant.
4. Watch for signs of complications such as a fever > 100.4 F, chills, fainting, vomiting that lasts more than 24 hours, profuse vaginal discharge, passing large (quarter-sized) blood clots, belly pain, or heavy bleeding (soaking two or more maxi pads per hour for two or more hours in a row). Also watch for signs of pregnancy such as nausea, fatigue, or breast tenderness that last longer than a week. These symptoms should be reported immediately to the provider.
5. Return to the provider for a check-up 2 weeks after a medication abortion. If you have a complication, you will be provided medical care until the complication has resolved. You will also have the opportunity to discuss contraceptive options at the appointment.

Possible Emotional Effects:

When faced with an unplanned pregnancy or abortion, people often experience a variety of powerful feelings. You may feel sadness, depression, anxiety, elation, guilt, anger, or relief. Your reaction may include concerns about your fertility or sexuality. It might stimulate feelings about your relationship with a family or a partner. Stress or sadness may accompany this situation, even if you are certain about termination.

It may be beneficial to meet with a therapist to help you feel comfortable with your decision. To schedule an appointment, contact Counseling and Psychological Services in Lerner Hall. Spiritual counseling is also available at Earl Hall. To connect with an advocate from GHAP (Gay Health Advocacy Project) to discuss pregnancy and abortion options, email ghap@columbia.edu.

On-Campus Resources

[Counseling and Psychological Services](#): (212) 854-2878

[Medical Services](#): (212) 854-7426 (available 24/7)

[Alice! Health Promotion](#): (212) 854-5453

[Sexual Violence Response](#): (212) 854-4357 (available 24/7)

Off-Campus Resources

Columbia Obstetrics and Gynecology: (212) 305-9368
columbiadoctors.org/familyplanning

Mount Sinai Obstetrics, Gynecology, and Reproductive Science
Morningside: (646) 628-7792
Beth Israel: (212) 844-5570
mountsinai.org/care/obgyn/services/family-planning/locations

Planned Parenthood: (212) 965-7000
www.plannedparenthood.org

Table I: Medication Abortion Procedure	
What is it?	Mifepristone is an antiprogesterin. Misoprostol is a prostaglandin.
How does it work?	Mifepristone prevents progesterone from supporting the pregnancy. Misoprostol causes uterine contractions to expel the pregnancy
When can it be used?	From detection of pregnancy up to 10 weeks.
How effective is it?	98-99% effective
Procedure:	Mifepristone is given orally at an office visit. Misoprostol will be taken at home several hours later. Misoprostol may be prescribed to be taken orally or vaginally. The medication abortion usually takes about 24 hours and requires a follow-up clinic visit 2 weeks after the abortion.
What happens if the regimen fails?	Vacuum aspiration (MVA) is standard if failure occurs.
Side effects or complications?	Moderate to intense abdominal cramping or pain and heavy menstrual-like bleeding. The most common side effects include: nausea, vomiting, diarrhea or flu-like symptoms.

Table II: Procedural Abortion Options			
What is it?	Manual Vacuum Aspiration (MVA) A uterine emptying procedure that uses non-electrical suction instruments	Suction Curettage (S&C) A uterine emptying procedure that uses electrical instruments	Dilation and Evacuation (D&E) Dilation of the cervix and surgical evacuation of its contents
How does it work?	Uterine contents are emptied from the uterus into a hand-held syringe.	Uterine contents are emptied from uterus to a tube into suction machine.	Dilation of cervix several hours or the evening prior to procedure. After dilation, suction curettage and other instruments are used to empty the uterus.
When can it be used?	From detection of pregnancy to 12 weeks after LMP	From 6 to 14 weeks after LMP	Up to 24 weeks of pregnancy
How effective is it?	More than 98% effective	More than 99% effective. Failure may occur if there is more than one embryo or an ectopic pregnancy.	More than 99% effective
Procedure:	Procedure is repeated	Procedure is repeated	Failure is rare. D&E repeated
What happens if the regimen fails?	Abdominal cramping or pain and menstrual-like bleeding is common. Nausea, vomiting, diarrhea or flu-like symptoms are much less common. Major complications (0.3%) include uterine or cervical perforation, pelvic infection, excess bleeding.	Similar to MVA side effects	Similar to MVA side effects