



## DECISION AID

### Abortion in Germany during the first 12 weeks of pregnancy (in accordance with the counseling requirement): Medication or surgery?

In Germany, abortion is allowed during the first 12 weeks after the woman becomes pregnant. In other words, up until the end of the 14<sup>th</sup> week of the pregnancy, starting on the first day of her last period.

Women seeking an abortion are required by law to get counseling from an approved unplanned pregnancy counseling center (*Schwangerschaftskonflikt-Beratungsstelle*) at least 3 days before the abortion. This counseling requirement applies to most abortions carried out in Germany.

You can often decide for yourself whether you want to end the pregnancy with medication or a surgical procedure. The two methods are similarly reliable but they each have pros and cons. Not all abortion providers offer both types. In Germany, abortion medications are only approved for use up until the 9<sup>th</sup> week of pregnancy (the 63<sup>rd</sup> day after the first day of the woman's last period).

It is also possible to have an abortion after the 12<sup>th</sup> week of pregnancy if there are medical reasons for it. But that is **not** covered in this decision aid.

#### THESE ARE THE OPTIONS:

**Medication abortion**  
(“Abortion pills”) — using two medications

**Surgical abortion**  
(Vacuum aspiration) — using suction

*The pros and  
cons of these  
options are described  
on the following  
pages.*

Some doctors perform a surgical procedure that involves scraping out the womb with a scoop-like instrument called a curette. This is called “dilation and curettage” or “D&C.” German medical guidelines no longer recommend D&C because it's considered higher-risk than the suction method. That's why D&C is not included in this decision aid.

#### MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. You will still need to talk to a doctor, but the decision aid can help you. Your choice of abortion method will depend on other factors, too – like your overall health, personal experience and what you want for yourself.



If you're thinking about having an abortion, there are certain time limits you will have to comply with. But it's also important to take enough time to gather your thoughts and feelings and make the right decision for you. Counseling centers can help here.

## PROS AND CONS

	Medication abortion (Abortion pills)	Surgical abortion (Vacuum aspiration)
How is the abortion carried out?	<p>You use two medications with a gap of 24 to 48 hours between them. The first one is taken at the doctor's practice, clinic or hospital. You can use the second medication there, too, or at home.</p> <p>The first medication contains an active ingredient called <b>mifepristone</b> (brand names: Mifegyne, Mifeprex). It stops the pregnancy from developing any further. It also softens and opens the cervix (the opening between the vagina and womb). In some women, the bleeding starts on the same day.</p> <p>The second medication contains <b>misoprostol</b>. It makes your cervix open further and causes the womb to contract and bleed. This removes the lining of the womb, including the embryo. In around 50% of women, the pregnancy ends roughly 2 to 3 hours after using misoprostol. If it doesn't work, you use a second dose.</p> <p>You don't usually have to take antibiotics beforehand.</p> <p>The abortion takes several days and you notice the pregnancy ending more than with a surgical abortion.</p>	<p>The abortion is an outpatient procedure (without an overnight stay) that takes place at a doctor's practice, a center for outpatient surgery or a hospital. You can go home after 1 to 2 hours.</p> <p>You may be given a single dose of antibiotics before the procedure to prevent infections. Typically, you also use a medication (usually misoprostol) to soften the cervix.</p> <p>Surgical abortions are normally performed under a short-acting general anesthetic. Local anesthetics are less common.</p> <p>The doctor uses thin metal rods to open the cervix a little. Then they insert a plastic or metal tube into your womb. The tube is connected to a suction device, which is used to remove the lining of the womb and the embryo.</p> <p>An ultrasound scan can be done straight after the procedure to see whether all of the pregnancy tissue has been removed.</p> <p>The actual procedure takes about 5 to 10 minutes.</p>
Who is this suitable for?	The abortion pills are approved for use up until <b>7 weeks</b> after the beginning of the pregnancy (the 9 <sup>th</sup> week of pregnancy).	Vacuum aspiration can be done up to <b>12 weeks</b> after the beginning of the pregnancy (the 14 <sup>th</sup> week of pregnancy).
How reliable is the method?	In 10 out of 1,000 women, the abortion fails to work and they remain pregnant. If this happens, you can use another dose of misoprostol or have a surgical abortion.	In 2 out of 1,000 women, the abortion fails to work and they remain pregnant. Then the surgical procedure can be repeated.

## PROS AND CONS

	Medication abortion (Abortion pills)	Surgical abortion (Vacuum aspiration)
<b>What are the possible side effects?</b>	You might experience cramping and pain in the lower belly area, diarrhea, nausea, vomiting, fever and/or dizziness. Post-abortion bleeding is heavier than a normal period and may contain blood clots and pieces of tissue. After the 8 <sup>th</sup> week of pregnancy, you might see an embryo measuring around 2 centimeters. The bleeding after that (usually a little heavier than a period) lasts an average of 9 days.	Most women have light bleeding and pain similar to period pain for 1 to 2 weeks after the procedure. It is common to have severe pain and heavy bleeding for several hours about 4 to 6 days after the procedure. The blood may contain clots. After that, you might have minor bleeding for another few days.
<b>What complications are possible?</b>	<p>Heavy bleeding (in 10 out of 1,000 women)</p> <p>Pelvic infections (in 1 out of 1,000 women). The symptoms are fever and pain. This kind of infection can be treated with antibiotics.</p> <p>In 30 to 50 out of 1,000 women, the abortion doesn't remove all of the pregnancy tissue and some of it is left in the womb. This causes bleeding, pain in the lower belly, and fever. The remaining tissue may come out when you have your next period. You can also use another dose of misoprostol to remove it. Sometimes it's removed surgically.</p> <p>Mifepristone can make steroid-based medications – like asthma inhalers – less effective. The risk of heavy bleeding is higher in women who take anticoagulant medication, have a blood-clotting disorder, or are anemic.</p>	<p>Heavy bleeding (in 2 out of 1,000 women)</p> <p>Damage to the womb or cervix (in 1 to 6 out of 1,000 women). This usually heals without any problems.</p> <p>Infection in the genital area (in around 20 out of 1,000 women who took antibiotics before the procedure and around 60 out of 1,000 women who didn't).</p> <p>In around 20 out of 1,000 women, the procedure doesn't remove all of the pregnancy tissue. If this happens, it can be repeated straight away or you can use misoprostol.</p> <p>The risk of side effects and complications is higher in women who have blood-clotting disorders, anemia, abnormalities in their womb (like uterine fibroids) or who've had a Cesarean section (C-section) in the past.</p>

## PROS AND CONS

	Medication abortion (Abortion pills)	Surgical abortion (Vacuum aspiration)
<b>What else do you need to know?</b>	<p>The post-abortion bleeding can happen where you took the medication or at home. Then it's important to be in a familiar environment where you can use a toilet at any time. The practice, clinic or hospital will give you a telephone number that you can call if you have any problems.</p> <p>Medication abortions cost about 350 to 500 euros in Germany. You can get the money back if you're on a low income. But you have to apply to your insurer before the abortion to claim this reimbursement.</p>	<p>You might bleed, be in pain and/or feel faint after the procedure. It is a good idea to make sure someone can pick you up and take you home. You always have to be picked up by someone if you have a short-acting general anesthetic.</p> <p>Surgical abortions cost about 400 to 650 euros in Germany. You can get the money back if you're on a low income. But you have to apply to your insurer before the abortion to claim this reimbursement.</p>
<b>Will you need a check-up after the abortion?</b>	<p>The abortion provider will offer you an ultrasound scan after 1 week. There's also a special urine-based pregnancy test you can do about 2 weeks after the abortion. The doctor can tell you more about this. If the test result is negative and you don't have any unusual symptoms like fever or pain, there's no need for a check-up.</p>	<p>Abortion providers often offer a check-up 1 to 2 weeks after the abortion but this is not strictly necessary.</p> <p>A check-up is a good idea if you have problems like heavy bleeding or a fever, or if you're in pain for longer than 7 days. That might mean that the abortion didn't remove all of the pregnancy tissue. It is also important to see a doctor if there are signs that you could still be pregnant.</p>

## HELP WITH YOUR DECISION

You may still be unsure about which abortion method you want. You can write down your thoughts and questions on the following two pages.

Which option would you consider?		Why might you choose it?	Why might you decide against it?
Medication abortion ("Abortion pills")	<input type="radio"/>		
Surgical abortion (Vacuum aspiration)	<input type="radio"/>		

## IF YOU STILL AREN'T SURE: WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

With all the different pros and cons to consider, it can be hard to choose.

If you need more help:

- You will find links to further information on the next page.
- You can talk to your doctor again.
- You can contact an unplanned pregnancy counseling center (*Schwangerschaftskonflikt-Beratungsstelle*).
- It can also be helpful to talk with people close to you.

## YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:

	<b>Abortion in Germany</b> <a href="http://www.informedhealth.org/abortion-in-germany.html">www.informedhealth.org/abortion-in-germany.html</a>
	<b>Medication abortion (“Abortion pill”)</b> <a href="http://www.informedhealth.org/medication-abortion">www.informedhealth.org/medication-abortion</a>
	<b>Surgical abortion</b> <a href="http://www.informedhealth.org/surgical-abortion.html">www.informedhealth.org/surgical-abortion.html</a>
	<b>After an abortion</b> <a href="http://www.informedhealth.org/after-an-abortion.html">www.informedhealth.org/after-an-abortion.html</a>

## PREPARING FOR THE DOCTOR’S APPOINTMENT

What remains unanswered? What concerns do you still have? Write down any questions or thoughts you may have, and take this decision aid with you to the appointment. You can ask the doctor about anything you would like to know, or discuss anything you are worried about.

There’s a list of possible questions here:

[www.informedhealth.org/questions](http://www.informedhealth.org/questions)

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## PUBLISHING DETAILS

This decision aid was developed by the Institute for Quality and Efficiency in Health Care (IQWiG, Germany). You will find information about our work and the sources used here:

[www.informedhealth.org/our-approach](http://www.informedhealth.org/our-approach)

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