

Production

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Pregnancy Termination

Available options

Information Leaflet

Can you get support to help you make your decision?



Terminating a pregnancy is not an easy process. You may experience a mix of emotions and conflicting feelings that can be overwhelming.

Rest assured that our team will treat you with understanding, empathy, kindness, and competence. We will support you throughout the process.

If you are unsure about terminating your pregnancy, you may consult one of the resources listed at the end of this leaflet, or contact the family planning clinic of the CISSS de la Montérégie-Centre.

What are the options if you need to terminate your pregnancy?

There are two methods for terminating a pregnancy:

Medical termination (also called the “abortion pill”), **Surgical termination** (also called “instrumental abortion”).

Both methods are covered by the Régie de l’assurance maladie du Québec (RAMQ) and the Interim Federal Health Program (IFHP).

References

CHU de Québec Université Laval (2023). Surgical abortion (aspiration).

CHUM (2023). Medical and surgical abortion (1st trimester).

Government of Québec (2024). About abortion services.

SOGC (2024). Medical Abortion Training Program 2.0.

SOS Grossesse (2024). Decision-making tools.

For full links and details, please refer to the original French leaflet or institutional websites

Resources

SOS Grossesse (Free and confidential)

- 1 877 662-9666
- sosgrossesse.ca/en

Grossesse-Secours

- 514 271-0554
- www.grossesse-secours.org/

Sex and U (Society of Obstetricians and Gynaecologists of Canada)

- www.sexandu.ca/en/

Ça se planifie.ca (contraception)

- www.caseplanifie.ca

Info-Santé and Info-Social

- Call 8-1-1

Psychosocial Services at your CLSC

- www.santemonteregie.qc.ca/services/services-psychosociaux

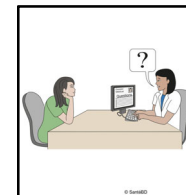
Images from www.santebd.org and LinePharma.

What are the steps for terminating a pregnancy?

First appointment

If you are going to have a pregnancy termination, your first appointment will be with a nurse, who will:

- Assess your health status (questionnaire, physical exam, blood tests, ultrasound, screening);
- Help you choose the method that suits you best;
- Explain the preparation and procedure for the chosen method;
- Discuss available contraceptive options with you and may prescribe the method you choose.



Second appointment

This is the appointment where the pregnancy termination takes place.

If you choose the medical method, a doctor will give you the medications that induce the termination. You may choose to be accompanied or not to this appointment

If you choose the surgical method, the doctor will perform the procedure. You must be accompanied for your return home.

Medical method

What is the effectiveness? Over 95% effective.

When? Possible up to 10 weeks of pregnancy.

Risks (infrequent)?

- Incomplete process (tissue remaining in uterus)
- Heavy bleeding (hemorrhage)
- Infection
- Ongoing pregnancy
- Allergic reaction to medications



What to expect? This method is carried out at home in two steps:

1. The first medication you take is called mifepristone. It prepares the uterus and cervix for the expulsion of its contents by blocking the effects of progesterone, a hormone essential to continuing the pregnancy.
2. You take a second medication called misoprostol 24 to 48 hours later. It causes uterine contractions that lead to the expulsion of its contents. You will experience heavier bleeding and cramping than a regular menstrual period, usually lasting 4 to 6 hours. Having a support person present is recommended. Bleeding may continue for 2 to 4 weeks, gradually decreasing.

Follow-up? A follow-up appointment (in person or by phone) with the doctor is mandatory 7 to 14 days after taking mifepristone.

Contact information

Contact the family planning clinic where you are followed, Monday to Friday, from 8 a.m. to 4 p.m.

Hôpital Charles-Le Moyne

- 450 466-5000, extension 2628

CLSC Saint-Hubert

- 450 443-7455

Outside these hours, call 8-1-1.



Personal Decision-Making Guide

The following table is designed to help you reflect on your decision between the two pregnancy termination methods. You can fill it out by adding a percentage of importance to each argument.

Medical method	
Advantages	Disadvantages
Surgical method	
Advantages	Disadvantages

Surgical method

What is the effectiveness? Over 99% effective.

When? Possible from 6 weeks of pregnancy.



What are the risks (rare)?

- Incomplete process (tissue remaining in uterus)
- Infection
- Heavy bleeding (hemorrhage)
- Ongoing pregnancy
- Uterine perforation
- Allergic reactions (to medication, latex, etc.)
- Uterine adhesions or scarring

What to expect? The procedure is done at a CLSC or hospital and lasts about 15 minutes.

It is performed vaginally by gradually dilating the cervix, aspirating the contents of the uterus, and, if needed, performing a curettage (cleaning) to ensure the uterus is completely emptied. You may feel mild to moderate pain, similar to menstrual cramps.

The procedure is done under local anesthesia (freezing of the cervix). You will also be given medication to help you relax and manage the pain. A post-procedure recovery observation period of 30 to 60 minutes is required.

Follow-up? No routine follow-up is required, but you may request one if needed.

Comparison Table of Termination Methods

Aspect	Medical method	Surgical method
Description	Two oral medications that induce expulsion of the uterus contents.	Gradual dilation of the cervix, aspiration and curettage of the uterus contents if needed.
Effectiveness	Over 95 %.	Over 99%.
When	Up to 10 weeks of pregnancy.	From 6 weeks of pregnancy.
Location	At home.	At the CLSC or hospital.
Duration	Several days.	Approx. 15-minute procedure + 30 to 60 min observation (plan for 4–5 hours total).
Expected effects & side effects	Heavier bleeding and cramps than during menstruation; nausea, vomiting, diarrhea, fever, chills.	Mild bleeding, usually limited to the day of the procedure.

Aspect	Medical method	Surgical method
Medication used	Mifepristone (blocks progesterone), followed by misoprostol (induces contractions). Pain and nausea relief medications may be prescribed.	Local anesthesia (cervix freezing), plus medication to relax and relieve pain.
Support person	Recommended during misoprostol phase.	Mandatory for return home (not allowed in procedure room).
Follow-up	Mandatory 7–14 days after taking mifepristone.	Only if needed.