

Legal Requirements

For a legal pregnancy termination in Germany you need

- *either*
a written statement verifying a consultation by an authorized consultant in accordance with §219 StGB or § 7 SchKG
- *or*
a written statement from a physician verifying the existence of a medical or criminal reference in accordance with §218 StGB (German: „Indikation“)

Procedure

All three methods of pregnancy termination can be performed. In some cases the costs can be taken up by the government of the German state in which you live, or you pay yourself. The costs can only be covered by your health insurance when a medical reference from your doctor exists.

The forms will be checked when you arrive at the office. At this point you will also be introduced to the woman (doctors assistant or nurse) who will accompany you through the whole procedure, from the check-in, through the abortion and into the relaxation room. Following the check-in you will speak with the doctor. After this the procedure differs depending on whether a medical or surgical abortion will be performed.

Medical Abortion

In Germany a medical abortion is only possible up to the 63th day after the last period, which is equivalent to the 49th day of pregnancy. The medicine used is an artificial hormone called Mifepriston which blocks the effect of the hormone progesterone. Progesterone is important for the development and continuation of the pregnancy. Two visits are required by a medical abortion.

During the first visit there will be a gynaecological examination as well as a measurement of the age of the pregnancy with ultrasound. In the case that the amniotic bag can not be seen with the ultrasound it will be necessary to make a blood test to detect the pregnancy hormone β -HCG. After the examination three tablets of the medicine must be taken in the presence of the doctor. The medicine works immediately, however most women do not feel any physical change.

The second visit in the office is two days later. In some cases the bleeding begins between the two visits and in 3% of the cases the pregnancy tissue will be expelled during these two days without further treatment. Even so, a second visit is necessary to insure that the expulsion is complete.

During the second visit you should be prepared for a 3 to 4 hour stay. You will be given 2 tablets of the medicine prostaglandin which helps by the expulsion of the tissue. By many women a contraction of the uterus and bleeding begin. In case the bleeding does not begin within 2 or 3 hours you will be given 2 more tablets of prostaglandin and you can leave the office one hour later.

Most women experience the abortion while in the office, but by one in four women the bleeding may start 24 hours later. In the case that the amniotic bag is not expelled within 3 or 4 hours there is no need for concern.

Side effects and complications

Possible side effects are lower abdominal pain, nausea and vomiting. The bleeding may be stronger as with a surgical abortion or by menstruation and may last longer. In 1 to 4% of the cases the medical method may fail. In this case a surgical completion of the abortion will be necessary.

Reasons against a medical termination

- If a pregnancy outside of the uterus (i.e. in the fallopian tube) is suspected
- Incompatibility of prostaglandin
- Allergy against Mifepriston
- Chronic adrenal body disorder
- Strong asthmatic problems
- Liver and kidney disorder
- Smoking by women over 35 years old

If a IUD is present it may have to be removed.

Surgical Abortion

A surgical abortion can be performed under either local or general anaesthetic. Please find out yourself about the pros and cons of each possibility in order to find out which method is more suitable for you. The general anaesthetic is given by a trained anaesthetist, who can give you detailed information about the procedure.

After the preliminary consultation, you will receive a physical and an ultrasound examination from the doctor. The general anaesthetic will be given through a needle in a vein of your arm. After a short period of time you will become tired and will fall asleep. Due to the anaesthetic you will not remember anything about the operation, or that you walked to the relaxation room after about 10 to 15 minutes after the procedure. The local anaesthetic will be given into the cervix. Many women don't even notice this, although they show fear in this regard. The nerves in the cervix react strongly to pressure but not to touch.

In preparation for the suction the cervix will be opened with the aid of uterine dilators. After this the pregnancy tissue will be vacuumed through a small plastic tube. By this procedure the mucous membrane will also be removed, which usually occurs during the menstruation. The suction only takes a few minutes. Afterwards the uterus contracts in order to stop the bleeding, similar to the sensation of menstruation or after-pains after a birth. A control follows to ensure that the uterus is completely empty. The extracted pregnancy tissue will also be controlled. After a final ultrasound examination you will go to the relaxation room.

Complications

- Infection of the lower abdominal organs
- Rest tissue, which could lead to stronger bleeding or infections. In rare cases a second surgery may be required
- Allergic reactions to the medicine
- Injury to the uterus or surrounding tissue

In the case of serious complications a transfer to a hospital may be necessary.

Accompanying Persons

It is generally helpful to bring a person to accompany you to the abortion. Friends, husbands or relatives are welcome to accompany you. It is also possible for you to bring someone with you in the treatment room.

After the Abortion

Before you leave the office you will receive information about what you should take into account in the following days. You should not drive a car yourself in the first 24 hours. You'll also receive a telephone number from us, with which you can contact us anytime, even outside of the office hours.

A post operative examination by your physician is necessary approximately 14 days after the abortion. This is to insure that the abortion is complete and to control the condition of your health.

Contraception

The first ovulation after the termination can take place after 2 to 4 weeks. Which means that the next menstrual bleeding starts after 4 to 6 weeks. Since you can become pregnant immediately after the abortion it is important to consider the question of contraception. Please talk to your physician about this matter. To support the regeneration of the uterus it is possible to begin taking a birth control pill immediately. For medical reasons this is recommended after a medical abortion.

Eating and Drinking, Medicine

You should not take aspirin or other medicine containing acetylsalicylic acid within two days before the abortion.

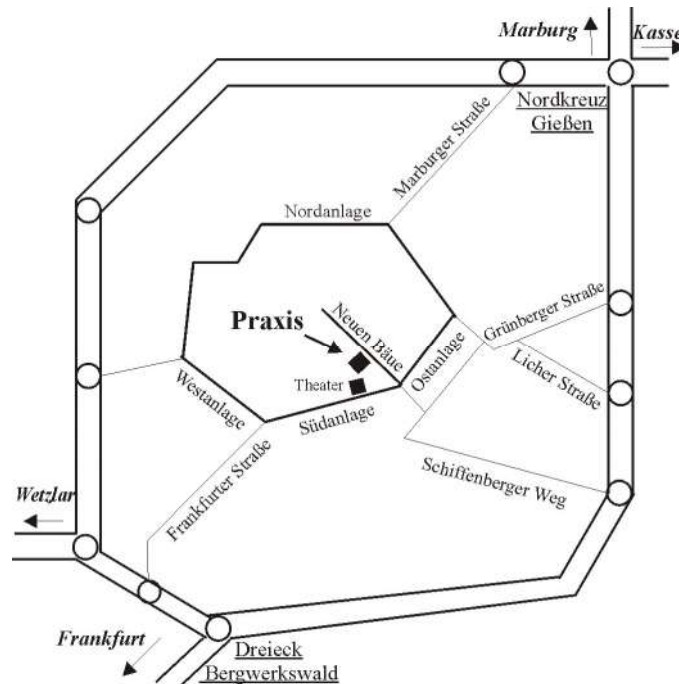
By a surgical termination with local anaesthetic it is recommended to have a light meal before the procedure, but not within the last two hours.

By a surgical termination with general anaesthetic you should not eat or drink (not even a sip of water) or smoke during the preceding six hours.

What should you bring along?

- **Consultation confirmation** from a counselor in accordance with §219StGB or „**Indikation**“ from a physician in accordance with §218StGB
- **Blood group** identification card
- **Insurance card** – only by insured persons
- **Verification of the reimbursement of costs** or **Cash**

You should wear comfortable clothing and bring feminine napkins, socks and a bathing towel for your stay in the relaxation room.



PREGNANCY TERMINATION

- surgical
- medical

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