



**MINISTÈRE
DE LA SANTÉ
ET DE LA PRÉVENTION**

*Liberté
Égalité
Fraternité*

Abortion

Information-guide



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INTRODUCTION

The right to abortion is a major victory for women and the result of a long battle to control their bodies. Appendix 5 to this document outlines the steps that were achieved to win this right in law.

Whether an adult or a minor, any pregnant woman who does not want to continue with her pregnancy can ask a doctor or midwife for an abortion. Only the pregnant woman herself can make this request.

An abortion can be carried out before the end of the 14th week of pregnancy, which corresponds to the end of the 16th week after the start of the last menstrual cycle (16 weeks amenorrhoea).



-
- In order to comply with these time frames, it is important to quickly move forward with your chosen approach once you have decided to have an abortion.
-

There are two options for carrying out an abortion:

- **the surgical method:** this can only be performed by a trained doctor or midwife in a health centre or healthcare facility;
- **the medical method:** this can be performed by a doctor or a midwife.

It should be noted that all of the costs linked to abortion are fully reimbursed by health insurance (appendix 2).

As provided for in the current regulations, this guide aims to support you in your choices and to provide you with the necessary information on having an abortion.

Information can also be found:

- at the free and anonymous national “Sexualités – Contraception – IVG” (“Sexuality – Contraception – Abortion”) number: +33 (0) 800 08 11 11.
- on the official national website: ivg.gouv.fr
- at sexual health centres (formerly family planning and education centres (CPEF)) or in information, advice and family support centres, now known as “Espaces Vie Affective, Relationnelle et Sexuelle” (EVARS). The addresses and contact details for these organisations, listed by department, can be found at: ivg.gouv.fr
- on the website of the French Ministry of Health and Prevention (ministère de la Santé et de la Prévention): sante.gouv.fr

I WANT TO TERMINATE MY PREGNANCY

I will arrange a meeting
with a doctor or midwife
as soon as possible



If you want to terminate your pregnancy, you can make an appointment with a doctor or a midwife:

- in a local practice;
- in a sexual health centre (formerly CPEF);
- in a health centre;
- in a healthcare facility (hospital or clinic).

You can request an appointment that is either in-person or remote (if this is offered to you) (see appendix 3).



Be aware of the time frames for access to an abortion, especially if this is being provided in a healthcare facility.

Not all healthcare facilities, whether public or private, perform the two abortion methods (surgical and medical). It is important to be aware of this as early as possible from the chosen facility or at the free and anonymous national “Sexualités – Contraception – IVG” number: **+33 (0) 800 081 111**.

Some facilities are oversubscribed and the waiting periods can be very long. This must be taken into account when making an appointment.



FIRST STEP : INFORMATION APPOINTMENT



FIRST STEP : INFORMATION APPOINTMENT



- The doctor or midwife will provide information and **documentation**; do not hesitate to ask them questions;
- They will offer a **psychosocial appointment**.

PSYCHOSOCIAL APPOINTMENT

- > Mandatory for minors
- > Offered to adults
- > Find out where to go and information on your rights here:

0 800 08 11 11 Service and calls
Free and anonymous



During this appointment:

- You make your request for an abortion.
- You will receive this information guide and verbal information:
 - on the different methods of abortion: surgical and medical (see “carrying out the abortion”, page 10);
 - on where the abortion will be performed and, in particular, your options:
 - for a surgical abortion: in a healthcare facility (hospital, clinic) or in an authorised health centre,
 - for a medical abortion: in a healthcare facility (hospital, clinic), a local practice, in a sexual health centre (formerly CPEF) or in an authorised health centre;
 - on the risks and potential side effects.

- The doctor or midwife will offer you a **psychosocial interview**. **This is optional for adults, but mandatory for minors.**

You will be listened to and will receive psychological support, information and advice that is suited to your situation. This moment for listening and discussion is important for supporting you during this period, which can sometimes be difficult.

For this initial information appointment, you can request an in-person appointment or a remote appointment, if your healthcare professional offers it (see appendix 3).

The psychosocial appointment before abortion

This takes place between the first two steps before the abortion. This appointment is **optional for adults, but mandatory for minors**.

This can take place at “Espaces Vie Affective, Relationnelle et Sexuelle” (EVARS) (formerly institutes of family information, consultation and advice, EICCF), a sexual health centre (formerly family planning and education centres), a social services department or another approved body, with a professional who is qualified in relationship and family advice.

During this appointment, you will be offered social and psychological support.

You can request that the psychosocial appointment be in-person or remote, if your healthcare professional offers it (see appendix 3).

If the professional (doctor or midwife) does not perform the abortion themselves, they must give you the name of a practitioner or facility that will. They will give you back your request and you will complete a form confirming that you have complied with this first mandatory step (information period).

SECOND STEP : CONSENT COLLECTING



SECOND STEP : COLLECTING CONSENT



- With my doctor or midwife, I have chosen the **intervention method**, in line with my personal situation and availability at medical centres.
- I have confirmed my request for an abortion and provide my **written consent**.
- If they do not perform abortions themselves, they will provide a **list of specialists**.
- In this case, they will provide a **confirmation document** proving that I have complied with the prior mandatory steps.

There is no longer a minimum period for reflection between the first and second steps. You can take the time you feel is necessary to reflect on your decision, taking into account the legal time frame for carrying out an abortion (14 weeks of pregnancy).

If you have opted for a psychosocial interview (or it is required because you are a minor), this will take place between the first two steps of the process for having an abortion.

At the second step:

- You will confirm your request for an abortion in writing and give your consent to the doctor or midwife.
You can request an in-person or remote appointment for this consent collection stage (see the practical options in appendix 3).

- You will choose your preferred abortion method, as well as where it will be performed.
- This is also the best opportunity for the doctor or midwife:
 - to help you decide on the contraceptive method to choose after the abortion;
 - to, if you choose, prescribe you with screening for sexually transmitted infections, including HIV, as well as a cervical cancer screening (from 25 years old).
- If the professional (doctor or midwife) does not perform the abortion themselves, they must give you the name of a practitioner or facility that will. They will give you back your request and provide you with a form confirming that you have complied with the previous mandatory steps (information period and time to collect consent).

Other medical consultations

If the method chosen requires a form of anaesthetic other than local, a pre-anaesthesia consultation is mandatory before the procedure.

THIRD STEP : CARRYING OUT THE ABORTION



THIRD STEP: ABORTION

Up to the end
of the



of pregnancy



THE SURGICAL METHOD

- If general anaesthetic is recommended or chosen, I will have a **pre-anaesthesia appointment**.
 - The procedure takes around 10 minutes.
 - Local or general anaesthesia: I will be in hospital for only a few hours.
- > **This procedure can be carried out in a healthcare facility or health centre.**

Up to the end
of the



of pregnancy



THE MEDICAL METHOD

- Take the first medicine (**mifepristone**) to terminate the pregnancy during the first appointment or at home afterward.
 - Within 36 to 48 hours: take the second medicine (**misoprostol**), even if there has been bleeding from the first medicine. This medicine will result in the abortion.
 - Bleeding may continue for up to 10 days after the termination.
- > **This procedure can be carried out in the presence of a healthcare professional or at home.**



There are two different methods for carrying out an abortion:

- the surgical method;
- the medical method.

The method chosen depends on your preference, your waiting time, potential medical contraindications linked to your health or living conditions and the term of your pregnancy. You can make this decision with the support of a doctor or midwife.

Surgical abortion

Surgical abortion can be carried out up to the end of the 14th week of pregnancy, or 16 weeks after the start of your last period.

It is performed by a doctor in a **healthcare facility or an authorised health centre** or by a trained midwife working in a healthcare facility.¹

What happens during a surgical abortion?

→ The method

Surgical abortion involves removing the contents of the uterus by suction after dilating the cervix. Medicines may be administered to make it easier to open the cervix. A tube (of a size appropriate to the stage of pregnancy) is inserted into the uterus by the doctor or midwife in order to remove the contents by suction.

→ Anaesthesia

The procedure can be carried out under local or general anaesthetic. With the help of a doctor or midwife, you can choose the anaesthesia that is best suited to your circumstances.

→ Procedure

In most cases, a few hours of monitoring in the healthcare facility or health centre is sufficient following an abortion, even if it is carried out under general anaesthetic.

The procedure takes around 10 minutes.

After the abortion, you will be offered contraception with immediate effect.

¹ Pending the decree implementing the law of 2 March 2022, which generalises surgical abortion performed by a trained midwife in a healthcare facility, this procedure is carried out on a trial basis in some facilities.

What complications can arise during a surgical abortion?

Immediate complications are rare:

- it is very rare for a haemorrhage to occur during an abortion;
- it is rare for the uterus to be perforated during a vacuum abortion.

Complications after an abortion are rare. However, in some cases, in the days following the abortion, you may experience:

- fever, with a temperature above 38°C;
- considerable blood loss;
- severe abdominal pain;
- dizziness.

If you experience one or more of these symptoms/indications, you should contact, without delay, the facility where your abortion was performed or, failing that, the closest accident and emergency department because this could be the sign of a complication.

Effectiveness of the method

The surgical method has a 99.7% success rate, so the risk of it failing is very low.

Medical abortion

Medical abortion can be carried out up to the end of the **7th week of pregnancy**, or a maximum of 9 weeks after the start of your last period.

Medical abortion is performed:

- in a healthcare facility (hospital, clinic);
- in a local practice, by an authorised doctor or midwife;
- in an authorised sexual health centre (formerly family planning and education centres);
- in an authorised health centre.

In local practices, only doctors and midwives who have an agreement with a healthcare facility are authorised to carry out medical abortions.

Medical abortions can be carried out entirely or partially via a remote appointment (appendix 3).

What happens during a medical abortion?

The process for a medical abortion consists of taking two medicines:

1. Taking mifepristone

This medicine **starts the abortion process**. It is taken at home or during an appointment.

It blocks the hormone needed to continue the pregnancy (progesterone), causes contractions in the uterus and opens the cervix.

After this first step, there may be bleeding and pain, to varying degrees of severity, but for the most part, symptoms start after taking the 2nd medicine.



● The bleeding does not indicate that the pregnancy has been terminated. Therefore, it is essential that you take the 2nd medicine.

The chosen method of contraception will be prescribed during this appointment.

2. Taking misoprostol, between 24 hours and 48 hours later

This medicine is taken at home, during an appointment or during a short hospital stay. It increases contractions and triggers an abortion. The uterine contractions cause pain that is similar to the discomfort caused by menstruation, but can sometimes be more severe (pelvic pain), and can be alleviated with a prescription of painkillers.

Quite considerable bleeding as a result of the loss of pregnancy may occur very soon after taking misoprostol or sometimes later:

- in 60% of cases, the loss of the pregnancy occurs in the 4 hours after taking misoprostol;
- in 40% of cases, the loss of the pregnancy will occur in the 24 to 72 hours after taking misoprostol.

The bleeding generally lasts for around 15 days. If successful, this method does not require anaesthetic or surgical intervention.

What complications can arise during a medical abortion?

The most frequent immediate side effects that are not cause for concern are:

- pelvic pain, for which the doctor or midwife will prescribe painkillers;
- bleeding;
- digestive issues: nausea, vomiting, diarrhoea.

In the days following the abortion, if you experience one or more of these symptoms/indications, you should contact, without delay, the professional who oversaw your abortion because it could indicate a complication:

- fever, with a temperature above 38°C;
- very significant blood loss;
- very strong abdominal pain;
- dizziness.



The practical memo *At-home medical abortions* given in appendix 4 to this guide will support you throughout this process and lists the symptoms that you should monitor.

Effectiveness of the method

Medical abortion has a success rate of around 95%.

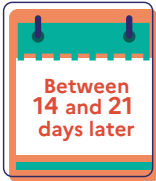


In these two cases (medical or surgical abortion), if your blood group is RhD negative, you can receive an anti-D immunoglobulin injection, at the latest, in the 72 hours after the start of bleeding to avoid complications with any future pregnancies. You should consider carrying a record of your blood group.

FOURTH STEP : FOLLOW-UP APPOINTMENT



FOURTH STEP: FOLLOW-UP CONSULTATION



> MANDATORY

To ensure that the procedure has been successful and that there are no complications.



PSYCHOSOCIAL APPOINTMENT

If you feel it is needed

A **follow-up appointment** is absolutely necessary after an abortion. This makes it possible to ensure that the pregnancy was terminated properly and that there are no complications.

It should take place between the 14th and 21st days after the abortion; in some cases, this should be earlier depending on the clinical circumstances.

- In the context of surgical abortion, this follow-up takes place with a doctor or midwife.
- In the context of a medical abortion, it takes place:
 - in a practice with a doctor or midwife;
 - in an authorised sexual health centre (formerly family planning and education centres);
 - in an authorised health centre;
 - in a healthcare facility.

This can take place remotely via a video appointment (see appendix 3).

During the follow-up appointment, the doctor or midwife will again discuss with you a contraception that is suited to your circumstances, if you want one.

They will also offer you a psychosocial interview if you want one.



CONTRACEPTION AFTER ABORTION



It is possible to get pregnant immediately after an abortion. In addition, it is necessary to use contraception right after the procedure, if you need it.

Medical appointments to carry out an abortion allow you to receive detailed information on the available contraceptive options and to discuss which one suits you with the doctor or midwife. A pregnancy can occur very quickly, so the contraception chosen will be started or fitted as soon as possible after the abortion.

Prescription of contraception

Contraception can be prescribed after an abortion by:

- doctors;
- midwives.

Sexual health centres (formerly CPEF) offer free contraception to minors who want to keep it a secret and those who do not have social security cover.

The first appointment on contraception and preventing sexually transmitted infections (known as a CCP) is available to young people under 26 years old and is fully covered.¹ Surcharges are not permitted.

For young women under 26 years old, the entire process of choosing a contraception with the support of a doctor or midwife (consultations², clinical tests), as well as the prescription of contraception covered by health insurance are free and treated as confidential, if that is requested by the young woman concerned.

1 For the CCP, no surcharges are permitted.

2 One consultation per year and one follow-up in the first year in which contraception was accessed. Surcharges are not covered.

Certaines marques de préservatifs disponibles en pharmacie sont prises en charge à 100 % par l'Assurance Maladie sans prescription médicale jusqu'à 26 ans. Au delà de 26 ans elles sont délivrées sur prescription médicale et prise en charge à 60% par l'Assurance maladie.

Choosing contraception

In order to help you make your decision, the different contraceptive methods available are listed in appendix 4.

No methods are contraindicated with abortion, except in specific cases.

Inserting contraception

The contraception chosen by the woman can be fitted as soon as the abortion is performed.

An intrauterine device (copper or progesterone) can be inserted immediately after a surgical abortion (except in cases of infection) or during a follow-up appointment for a medical abortion.

Hormonal, combined oestrogen and progesterone (pill, patch) or progesterone-only (pill, implant, injection) contraceptives can be started:

- the same day as or day after a surgical abortion;
- the day of taking misoprostol – taking the 2nd medicine – for a medical abortion.

External ("male") and internal ("female") condoms can be used as soon as you resume sexual activity. These are the only forms of contraception that protect against sexually transmitted infections, including HIV/AIDS.

In addition, contraceptive methods requiring vaginal insertion (vaginal ring, diaphragm, etc.) are not recommended immediately after the procedure, during the first menstrual cycle after the abortion.

Contraception emergency

Emergency contraception reduces the risk of unwanted pregnancy after unprotected/minimally protected sex (lack of contraception, forgotten pill, broken condom, etc.).

It should be used on an occasional basis and should not replace regular contraception.

Emergency contraception is at its most effective when taken a few hours after sex and 5 days afterwards, at the latest.

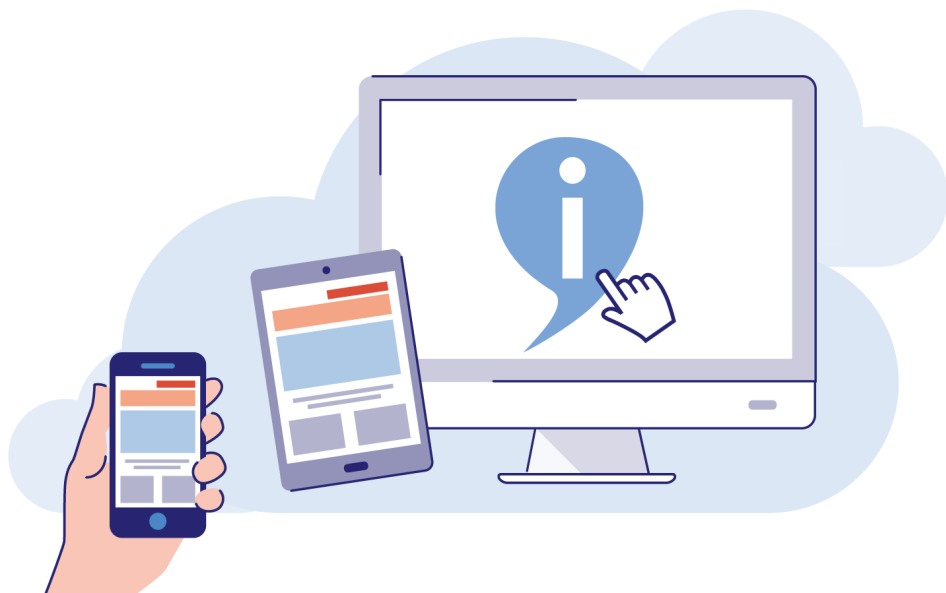
There are two types of emergency contraception:

- hormonal emergency contraception, which can be obtained from pharmacies without a prescription and is **fully covered for all insured persons**. It is free and given anonymously to minors.
- the copper intrauterine device, free with a prescription (doctor, midwife) up to 26 years old, then is 65% reimbursed with a prescription from then.

Hormonal emergency contraception is not 100% reliable. The intrauterine device is the most effective emergency contraception. If you notice that your period is late and you have become pregnant despite using emergency contraception, it is important to consult a doctor or midwife.

Where to find additional information about contraception

- From sexual health centres (formerly CPEF), as well as family information, consultation and advice centres (EICCF) or EVARS. The contact details for these organisations, listed by department, can be found on the websites below.
- From the free and anonymous national “Sexualités – Contraception – IVG” number: **+33 (0) 800 081 111**.
- On the following websites:
 - <https://questionsexualite.fr/choisir-sa-contraception>: this website helps you to choose the method of contraception that is best suited to you depending on your lifestyle and personal circumstances;
 - <https://ivg.gouv.fr/>: this website provides you with useful information concerning abortion and contraception after abortion.



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Specificities of abortion for minors

The law allows all pregnant women, including minors, who do not want to continue a pregnancy, to request its termination from a doctor or midwife.

If you are a minor, you can request this procedure yourself, without the presence of anyone else.

With parental consent

You can choose to request consent from one of your parents or a legal representative and have one of these people close to you accompany you in the abortion process.

Without parental consent

If you want to keep this a secret from your parents or you do not have their consent (parents refusing to give consent or inability to contact one of them), abortion and the related medical care, in particular anaesthesia and the related treatment, can be carried out at your request alone and therefore do not need a parental signature for authorisation to operate.

In these situations, you should be accompanied throughout the process by an adult of your choice, although this person will not have any documents to sign.

If you are a minor requesting an abortion, you can remain fully anonymous in having an abortion, regardless of the method chosen.

In order for an abortion to be carried out:

You must have the documents confirming that the mandatory steps have been carried out:

- the confirmation, issued by the doctor or midwife, that specifies that you have complied with the **previous mandatory medical steps** (information period and time to collect consent);
- confirmation of the **psychosocial consultation**;
- **your written confirmation** requesting **an abortion**;
- written consent from your mother or father (or your legal representative) or, if you do not have this consent, **a document confirming that you have chosen to have an accompanying adult**.

Financial cost of abortion for minors

For female minors who are not emancipated and have no parental consent, the legal provisions provide for fully anonymous treatment and for the abortion to be free of charge.

Therefore, regardless of whether the abortion is medical or surgical, there will be no payment for:

- appointments before the abortion;
- additional exams making it possible, in particular, to date the pregnancy (blood analyses, ultrasounds, etc.);
- the pre-anaesthesia appointment, if necessary;
- the costs of treatment and hospital stays for abortions performed in a healthcare facility or the costs for a medical abortion performed by a doctor or midwife outside a healthcare facility (consultations on prescribing medicines, follow-up appointments, medicines).

Abortion costs

Strictly speaking, the costs related to abortion are covered in full by health insurance. As of 1 April 2016, all exams related to abortion are also fully reimbursed.

Abortion is covered in full as part of a flat rate with full advance exemption of costs for all women from 2021.

Costs of appointments carried out in local practices

As of 1 April 2016, the costs associated with the exams needed to carry out an abortion are settled in full in the local practice.

They are the subject of a medical prescription from a doctor or midwife, in line with the following codes:

Service code	Exams concerned	Costs from 18 December 2019
FPB	Lab analyses before the abortion	€69.12
FUB	Lab tests after the abortion	€17.28
IPE	Ultrasound check before the abortion	€35.65

During the follow-up appointment (after the abortion), the doctor or midwife will also invoice for a follow-up ultrasound (appointment and ultrasound = €30.24).

Clinical pathology laboratories and imaging centres cannot apply an additional fee for these procedures.

Cost of medical abortions in local practices

Medical abortions outside hospitals (doctor's surgeries (doctor or midwife), healthcare centres, sexual health centres (formerly CPEF)) are fully reimbursed by health insurance, with costs set by decree at every step.

The doctor or midwife who performs the entire abortion invoices each of the steps for flat-rate reimbursement as provided for by decree¹.

This flat rate includes:

- the medical consultation for obtaining consent, before the abortion. This consultation is fully reimbursed when in a non-hospital centre, even if the abortion was then performed in a hospital;
- the two medical appointments for taking medicines,
- issuing medicines;
- the follow-up medical appointment (during which the doctor or midwife may choose to carry out an ultrasound follow-up);
- a possible anti-D antibody injection for women with RhD-negative blood.

When the abortion process is carried out via remote appointments, the doctor and midwife collect remuneration corresponding to consultations and the pharmacist receives an increased flat rate for issuing medicines.

Cost of medical abortion in a healthcare facility

Medical abortion in a healthcare facility (hospital, clinic) is reimbursed in full by health insurance on the basis of a flat-rate cost set at between €192.75 and €284.95, depending on the medical follow-up and ultrasound check after the procedure.

This price includes:

- laboratory analyses before the abortion;
- ultrasound before the abortion;
- the medical consultation for obtaining consent, before the abortion, if this is not carried out in a local practice;

¹ As of 1 July 2022, these were the decrees of 26 February 2016 on the costs related to abortion and of 1 June 2021 outlining the general measures needed to manage the end of the health crisis, both of which provide for these flat rates.

- the two medical consultations for taking medicines, medications and the follow-up medical appointment (during which the doctor or midwife may choose to carry out an ultrasound follow-up);
- a possible anti-D antibody injection for women with RhD-negative blood;
- lab tests after the abortion.

The lab tests and ultrasounds performed before and after the abortion are reimbursed in full.

Cost of surgical abortion

Surgical abortion is reimbursed in full by health insurance on the basis of a flat-rate cost between €463.25 and €664.05, depending on the facility (healthcare facility – hospital or clinic – or health centre), the type of anaesthesia (local or general) and the duration of hospitalisation.

This price includes:

- the medical consultation for obtaining consent, before the abortion, if this is not carried out in a local practice;
- analyses before the abortion;
- local or general anaesthetic and the pre-anaesthesia appointment, if needed, the abortion procedure and monitoring, reception and hospital stay;
- the follow-up medical appointment (during which the doctor or midwife may choose to carry out an ultrasound follow-up).

The daily flat rate cannot be invoiced.



Women who do not receive the open entitlements of health coverage can receive free treatment only in a hospital.

Remote appointments for abortion

Abortion can be carried out in full or in part remotely using telemedicine, with video appointments organised between the woman and the medical professional. Surgical abortion is the only method that cannot be carried out remotely.

Therefore, remote video appointments can also be used for:

- Providing information,
- If applicable, the psychosocial interview,
- The consent collection and prescription issuing step:
 - From then, during a remote appointment, the woman indicates to the healthcare professional the pharmacy to which her medicines should be issued;
 - Therefore, abortion medicines are issued to women by in-house pharmacies after video appointments and after receiving the prescription sent by the healthcare professional without invoicing the woman.
- Taking medicines at home,
- Follow-up consultation after the abortion.

These steps can take place either in-person or remotely, depending on the choice by the healthcare professional and the woman. The healthcare professional is free to decide whether or not to offer remote appointments: they may decide that an in-person appointment is necessary, depending on the woman's health. The woman is free to choose whether to accept or refuse a remote appointment. Furthermore, she can, at any time, withdraw her consent and request an in-person appointment if she prefers.

Data and medical confidentiality are guaranteed with the use of dedicated telemedicine tools.

The cost and treatment are the exact same, regardless of whether the abortion takes place in-person or remotely.

Practical memo on at-home medical abortion



FIND OUT MORE

WWW.IVG.GOUV.FR



**MINISTÈRE
DE LA SANTÉ
ET DE LA PRÉVENTION**

*Liberté
Égalité
Fraternité*

At-home medical abortions

Practical memo



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This memo should be given to the woman when the healthcare professional is issuing or prescribing the medicines. It does not release the professional from their legal obligation to provide the information guide in its entirety to the women during the information appointment.

1- WHAT HAPPENS IN A MEDICAL ABORTION

Two different medicines are taken with an interval of 24 h/48 h: **mifepristone**, then **misoprostol**. These medicines are issued or prescribed by the doctor or midwife.

→ the day on which you take the 1st medicine (mifepristone) and the **following day**

There are **usually no significant reactions** after taking this medication. You might experience some bleeding. In very rare cases, you may bleed more heavily and experience some pain. Don't hesitate to take the **painkillers** prescribed to you by the doctor or midwife. If it does not pass, consult your doctor or midwife.

You can go about your day as normal.

→ the day on which you take the 2nd medicine (misoprostol)

Even if you had some bleeding after taking the first medicine, it is **vital** to take the second as well, as instructed. The 1st medicine starts the process of terminating the pregnancy. It is the combination of these two medicines that triggers contractions and causes the abortion. Therefore, it is essential to take them both.

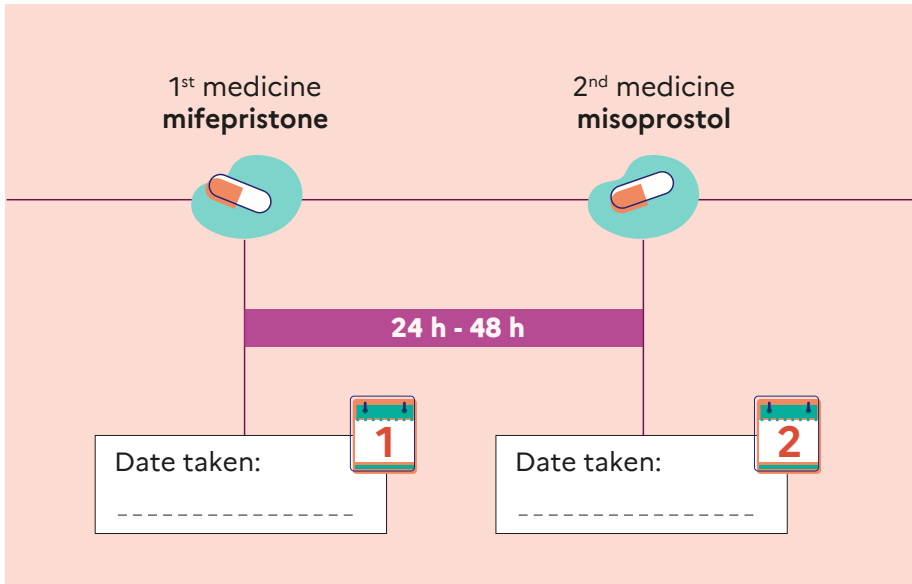
It is recommended that you take painkillers 15 to 30 minutes before taking misoprostol to anticipate the pain that this medicine can cause.

Bleeding may be heavier than it is during your period. This may be accompanied by pain that is similar to period pain or worse.

Side effects are possible: nausea or vomiting, sometimes diarrhoea, rising fever at 38°C. These symptoms only last a few hours.

In most cases, the termination occurs in the **4 hours** after taking the 2nd medicine. It sometimes happens earlier or later (up to 3 days).





To make things as easy as possible for yourself:

- Do not plan any trips or important events for 3 days because the abortion often occurs quickly, but in other cases, it can take 3 days.
- Make yourself comfortable at your home or the home of a trusted person.
- Make sure there is someone to help you if needed.
- If you have children, ensure that there is someone to take care of them in the hours after you take the second medicine.
- Take the painkillers prescribed to you by the doctor or midwife before you start to feel pain and in line with the instructions.

2 - WHEN TO BE CONCERNED AND WHAT TO DO?

<ul style="list-style-type: none"> • If you vomit less than 30 minutes after taking the medicines 	<p><i>Contact the centre, doctor or midwife who was responsible for your abortion treatment.</i></p>
<ul style="list-style-type: none"> • If you are experiencing bleeding that is too heavy, meaning you have to change sanitary towel every 30 minutes (maxi pad) for more than two hours afterwards 	<p><i>Go to the accident and emergency department recommended by your doctor or midwife with your records file and your carte vitale card, if possible.</i></p>
<ul style="list-style-type: none"> • If you are feeling very unwell, despite the prescribed painkillers 	<p><i>Consult the doctor or midwife who was responsible for your abortion treatment or go straight to the accident and emergency department.</i></p>
<ul style="list-style-type: none"> • If you have a fever in the days after taking the second medicine 	<p><i>Consult the doctor or midwife who was responsible for your abortion treatment.</i></p>
<ul style="list-style-type: none"> • If you have bled very little or not at all in the 3 days after taking the second medicine 	<p><i>Consult the doctor or midwife who was responsible for your abortion treatment (without waiting for the scheduled follow-up visit).</i></p>

If you are worried, first contact the doctor or midwife who was responsible for your abortion treatment on:

In an emergency, contact:

→ the healthcare facility recommended by your doctor or midwife

- number
- address

→ 112 or 15

3 - WHAT IS THE FOLLOW-UP AFTERWARDS?


Follow-up consultation

It is normal to bleed for 15 days, sometimes until the follow-up appointment.

This appointment is essential because it is an opportunity to ensure that the pregnancy was terminated properly and that there is no need for additional action. In a very low number of cases, the pregnancy may continue despite considerable bleeding.

The appointment is planned 14 to 21 days from the abortion.

I had an appointment on: _____



The following month

If you have not had your period or bleeding 4 to 6 weeks after the abortion was performed, contact the centre, doctor or midwife who was responsible for your abortion treatment.



BE CAREFUL

You could become pregnant again from the first month after the abortion. This is why it is vital to discuss contraception as early as possible with your doctor and midwife, who will advise you on the best method for your lifestyle.

All information on this subject can be found on the website:
questionsexualite.fr/choisir-sa-contraception

FIND OUT MORE





WWW.IVG.GOUV.FR





0 800 08 11 11 **Service & calls**
Free and anonymous




Sexuality - Contraception - Abortion

Number is valid for mainland France and overseas department:
Monday, from 9 a.m. to 10 p.m. and Tuesday to Saturday,
from 9 a.m. to 8 p.m.

METHODS OF CONTRACEPTION

METHOD	PRICE ¹	HOW TO GET IT
<p> IUD (Intrauterine device)</p> <p>There are two types: copper or levonorgestrel. The IUD (previously known as ‘the coil’) is inserted in the uterus by a doctor or midwife. This takes a few minutes. It can be removed by a doctor or midwife whenever the woman wants.</p> <p>Depending on the version, it is effective for 4 to 10 years. It has long-lasting action and means you do not have to worry.</p>	<p>Copper IUD: €34.</p> <p>Hormonal IUD²: between €96 and €107. 65% reimbursed.</p> <p>Free:</p> <ul style="list-style-type: none"> • for those under 26 years old: in pharmacies² and without age conditions in sexual health centres (formerly CPFF³); • for those without social insurance: in CPFF³. 	<p>Prescribed, fitted and removed by a doctor or midwife.</p> <p>Issued with a prescription from a pharmacy.</p>
<p> CONTRACEPTIVE PILL</p> <p>A pill to take daily and at the same time for 21 or 28 days, depending on the type of pill.</p> <p>There are two types: the combined oestrogen and progesterone pill that contains two hormones and progesterone-only pills that only have one. The combined pill is categorised according to the generation of progesterone.</p> <p>The preferred generation will be considered with the healthcare professional consulted.</p>	<p>Around €1.50/month for the pill, 65% reimbursed (1st- and 2nd-generation pills). The others have a varying price range.</p> <p>Free:</p> <ul style="list-style-type: none"> • for those under 26 years old: in pharmacies² and without age conditions in sexual health centres (formerly CPFF³); • for those without social insurance: in sexual health centres (formerly CPFF³). 	<p>Prescribed by a doctor or midwife. The prescription can be renewed by a nurse for a maximum of 6 months.</p> <p>Issued with a prescription from a pharmacy.</p> <p>The pharmacist can renew the prescription for a maximum of 6 months.</p>
<p> CONTRACEPTIVE PATCH</p> <p>A patch that is stuck to the skin once per week and changed every week for 3 weeks.</p> <p>The 4th week is without a patch, but the user is still protected. The pause in wearing the patch is when you should get your period.</p> <p>The patch is a combined method because it contains two types of hormone: oestrogen and progesterone. Discuss its potential use with the healthcare professional consulted.</p>	<p>Approximately €15/month.</p> <p>Variable pricing. Not reimbursed.</p>	<p>Prescribed by a doctor or midwife. Issued with a prescription from a pharmacy.</p>
<p> CONTRACEPTIVE IMPLANT</p> <p>A cylindrical rod (4 cm long and 2 mm wide) is inserted under the skin of the arm, under local anaesthetic. This takes a few minutes.</p> <p>It can be removed by a doctor or midwife whenever the user wants. The implant can be left in for 3 years. The implant is a hormonal contraceptive method.</p>	<p>€103</p> <p>65% reimbursed. Free:</p> <ul style="list-style-type: none"> • for those under 26 years old: in pharmacies² and without age conditions in sexual health centres (formerly CPFF³); • for those without social insurance: in sexual health centres (formerly CPFF³). 	<p>Prescribed, fitted and removed by a doctor or midwife.</p> <p>Issued with a prescription from a pharmacy.</p>
<p>(1) Public prices used as a guide in mainland France in 2016.</p> <p>(2) For minors at least 15 years old, with social health insurance or eligible</p> <p>(3) Centres for family education and planning (centres de planification et d'éducation familiale).</p>		

METHOD	PRICE ¹	HOW TO GET IT
<p> VAGINAL RING</p> <p>A flexible ring is placed in the vagina by the user, similar to a tampon. It is left in for 3 weeks. You remove the ring yourself at the start of the 4th week, which will cause your period.</p> <p>You are protected even for the week when the ring is removed. It allows you to have effective contraception without having to think about it for 3 weeks.</p> <p>The vaginal ring is a combined method because it contains two types of hormone: oestrogen and progestogen. Discuss its potential use with the healthcare professional consulted.</p>	<p>Approximately €16/month.</p> <p>Variable pricing. Not reimbursed.</p>	<p>Prescribed by a doctor or midwife. Issued with a prescription from a pharmacy.</p>
<p> DIAPHRAGM AND CAP</p> <p>The diaphragm is a silicone dome that you place in the vagina yourself. It is used with a spermicide and prevents the passage of sperm.</p> <p>The cap is a very thin silicone dome that covers the cervix.</p> <p>The diaphragm or cap can be fitted right before sex, but also several hours before. It is important to keep it in for 8 hours after sex. It can be reused.</p>	<p>Between €20 and €60.</p> <p>Diaphragm reimbursed on the basis of a cost of €3.14.</p> <p>The cap is priced freely and is not reimbursed.</p>	<p>Issued with a prescription from a pharmacy.</p> <p>Prescribed by a doctor or midwife who will show you how to insert it. Issued with a prescription from a pharmacy. The diaphragm can be obtained from sexual health centres (CSS).</p> <p>The spermicides that go with the use of the diaphragm can be bought in pharmacies without a prescription.</p>
<p> EXTERNAL CONDOM ("MALE")</p> <p>Made from latex or polyurethane, it is rolled onto an erect penis before penetration and catches the sperm. After sex, unroll the condom from the base of the penis while still erect, tie a knot in it and throw it in the bin. A new condom must be used every time you have sex. A lubricant can be used in addition to the condom. This and the internal ("female") condom are the only methods of contraception that also protect against HIV and the majority of sexually transmitted infections (STIs).</p>	<p>From €0.56 for the condom. Some brands of condoms that are available in pharmacies over the counter are fully covered by Assurance Maladie up to the age of 26. For those over 26 years old, they are available on prescription and 60% of the cost is covered by Assurance Maladie.</p> <p>Free in the CSS2 (formerly CPEF³) and CeGIDD⁴.</p>	<p>Without a prescription from a pharmacy, supermarket, vending machine and online.</p>
<p> INTERNAL CONDOM ("FEMALE")</p> <p>A sheath made from nitrile or polyurethane, equipped with a flexible ring at both ends, placed in the vagina. It can be inserted several hours before sex. A new condom must be used every time you have sex.</p> <p>This and the external ("male") condom are the only methods of contraception that also protect against HIV and the majority of sexually transmitted infections (STIs).</p>	<p>Approximately €6.30 for a box of 3 condoms.</p> <p>Variable pricing. Not reimbursed.</p> <p>Free in the CSS2 (formerly CPEF³) and CeGIDD⁴.</p>	<p>Without a prescription from a pharmacy and online.</p>
<p>(1) Public prices used as a guide in mainland France in 2019.</p> <p>(2) Sexual health centres (centres de santé sexuelle)</p> <p>(3) Centres for family education and planning (centres de planification et d'éducation familiale)</p> <p>(4) Centres for Free Information, Screening and Diagnosis of HIV, hepatitis and other STIs (centres gratuits d'information, de dépistage et de diagnostic du VIH, des hépatites virales et autres IST)</p>		

METHOD	PRICE	HOW TO GET IT
 <p>SPERMICIDES</p> <p>Spermicides can be found as a gel or capsule that is placed in the vagina a few minutes before sex and destroys sperm. This is a temporary contraception.</p>	<p>Approximately €5 to €20 for several doses, depending on the type. Variable pricing. Not reimbursed.</p>	<p>Without a prescription from a pharmacy.</p>
 <p>INJECTABLE PROGESTOGEN</p> <p>A synthetic progesterone (medroxyprogesterone) is administered as an intramuscular injection every three months. It ensures continuous contraception for 12 weeks. The injections should be administered regularly by a doctor, nurse or midwife. Injectable progesterone is a hormonal contraceptive method.</p>	<p>Each dose costs €3.</p> <p>Free:</p> <ul style="list-style-type: none"> • In sexual health centres for minors and those without social insurance • In pharmacies: for those under 26 years old (with conditions). 	<p>With a prescription from a pharmacy.</p>
 <p>METHODS OF STERILISATION FOR CONTRACEPTIVE PURPOSES</p> <p>These methods can be considered for all adults. They result in permanent sterility. The procedure must be the result of a personal decision and be carried out in a healthcare facility. For more information, see the website https://questionsexualite.fr/ or www.sante.gouv.fr, under the section "Contraception" (see the information booklet "Sterilisation for contraceptive purposes").</p>	<p>80% reimbursed.</p>	<p>The procedure can be performed:</p> <ul style="list-style-type: none"> • only after an initial medical information consultation; • after a 4-month period of reflection after the first consultation; • and after written confirmation from the person with regard to their desire to have the procedure.
<p>(1) Public prices used as a guide in mainland France in 2016.</p> <p>Some methods may present medical contraindications that will be mentioned by the healthcare professional consulted. There are also several "natural" methods of contraception, such as pulling out or periodic abstinence (Ogino, Billings and temperature methods). These methods are restrictive and not particularly reliable.</p> <p>Regardless of the method you choose, do not forget that condoms (internal and external) are the only methods of contraception that also protect against HIV and the majority of other STIs. They can also be used with another method of contraception, which is known as "double protection".</p>		

Legislative and regulatory references

Abortion: a right guaranteed by law

The law (Article L. 2212-1 of the French Public Health Code) allows all pregnant women, whether adults or minors, who do not want to continue a pregnancy to request its termination from a doctor. Only the pregnant woman herself can make this request.

This right is guaranteed by law. Interference with an abortion is a crime punishable by two years of prison and a fine of €30,000.

2022

→ 2 March

Law no. 2022-295 on strengthening the right to abortion extends the legal time frame for a surgical abortion from 12 to 14 weeks of pregnancy and the legal time frame for a medical abortion is 5 to 7 weeks of pregnancy. It also allows for carrying out a medical abortion via a remote appointment. It authorises trained midwives to perform surgical abortions in a healthcare facility. It removes the minimum one-week period of reflection for both minors and adults. Lastly, it gives a penalty for refusing to issue emergency contraception.

→ 23 December

The 2012-2016 Social Security Financing Act for 2023 allows for all insured persons to have free access to emergency contraception without the need for a prescription.

2016

→ 26 January

Law no. 2016-41 on modernising our healthcare system removes the minimum one-week period of reflection for adults. It also allows midwives to perform medical abortions and health centres to offer surgical abortions.

2014

→ 4 August

Law no. 2014-873 of 4 August 2014 on real equality between women and men removes the idea of distress caused by the conditions of accessing abortion and extends illegal interference with abortion to include restricting information on abortion.

2001

→ 4 July

Law no. 2001-588 on abortion and contraception reforms the Neuwirth laws on contraception (1967) and the Veil law on abortion (1975), extends the legal time frame from 10 to 12 weeks of pregnancy and relaxes the conditions for minors accessing contraception and abortion.

2000

→ 13 December

Enactment of law no. 2000-1209 on emergency contraception.

1993

→ 27 January

Law no. 93-121 creates, in particular, the illegal interference in abortion and removes the penalty for self-induced abortion.

1982

→ 31 December

Law no. 82-1172 on the coverage of costs pertaining to abortions performed for non-medical reasons and the means of funding this procedure establishes the State settling costs provided by health insurance for abortions.

1979

→ 31 December

Law no. 79-1204 on abortion makes the provisions of the law of 1975 definitive, removing, in particular, some obstacles to performing abortion.

1975

→ 17 January

Law no. 75-17 authorising abortion, known as the “Veil law”, is adopted for a period of five years.

1974

→ 4 December

Law on various provisions on regulating birth, which liberalised contraception and broadened the measures of the law of 1967: in particular, reimbursement of contraception by social security and removing parental authorisation for minors (**law no. 74-1026**).

→ 13 November - 20 December

After a long legislative procedure, the bill on abortion, presented in the Conseil des ministres on 13 November, was adopted on 20 December by the Assemblée nationale.

The law authorises abortion within a period of 10 weeks, based on a simple request to a doctor; it allows any doctor or hospital facility to refuse to proceed with an abortion request; it endeavours to limit abortions to necessary cases and prevent it from becoming a means of birth control; it does not provide for reimbursement by social security but for payment on request from medical aid.

1967

→ 28 December

Law no. 67-1176 on birth control, known as the “Neuwirth law”, authorises the manufacture and import of contraceptives, their sale exclusively in pharmacies on prescription, with parental authorisation for minors, and prohibits any commercial advertising or anti-birth propaganda.

