

What to watch for after an abortion

This text describes the points most commonly asked at home after a legal pregnancy termination performed by a physician at SoftCare Clinic. The timeframes and restrictions are the same as on the site's after-abortion page: your next period on average in 40 days, no bathtub or pool for 15 days, no sea before 10 days at the earliest, no intercourse for at least 1 week and a condom afterward. The goal is not to frighten you, but to separate what is expected from what should prompt a same-day call. Whatever your doctor tells you on the day of the procedure takes precedence over this page.

Whether the procedure was done by vacuum aspiration or another legal method your doctor chose that day, the path at home is the same: watch bleeding, measure fever, make sense of pain, and observe the bathtub/pool/intercourse timeframes. "It's completely over in three days" does not hold true for most women. But not being over doesn't make every bit of spotting an emergency either.

What this page does and doesn't cover

This text describes the period after a procedure performed at a registered healthcare facility, with written consent, with the gestational week confirmed by ultrasound. It is not a guide for medication abortion at home. If your gestational week was not confirmed, the procedure was done in an unauthorized setting, or bleeding started on its own, this page is not enough — an examination is needed first.

In Turkey, elective termination is available up to the completion of the 10th week of pregnancy. This page was written for the clinical procedure within that framework. Medical indications beyond the 10th week are a separate matter.

The first 24 hours

Most women walk out the same day after the procedure. This doesn't mean "I'm back to normal once I'm home." Whether the anesthesia was local or brief general, driving or being alone that first evening is not a good idea.

Fluids and low-fat food in the first 2–3 hours reduce nausea. A pulling sensation in the groin similar to period cramps is expected. The timing and dose of any pain reliever are whatever your doctor told you that day — don't guess based on an old box at home. Repeated vomiting, dizziness that keeps you from walking, or pain severe enough to make you cry out go beyond the expected residual effects.

- Stock up on pads for the first night. No tampons that night.
- Loose, cotton underwear.
- Leave driving until the next day.
- Alcohol combines badly with both pain relievers and bleeding on the first night.
- Save the phone number given to you on the day of the procedure in your contacts.

Bleeding: expected versus unexpected

Pads are used in the first days. How often you need to change them matters more than the brand.

The expected bleeding described on the site takes one of two forms. One is daily spotting on the pad for 5–10 days. The other is a short, period-like bleed, one or two days apart, following mild groin pain. Neither alone is an emergency picture on its own. This description also does not mean "any amount is normal."

What falls on the expected side

- Daily spotting lasting 5–10 days.
- A short, period-like bleed 1–2 days apart, following mild groin pain.
- Color may shift from bright red to brown.
- Spotting that increases when standing up and decreases when lying down.

Call the same day if

- Flow that completely soaks one pad an hour, lasting more than two hours.
- Palm-sized or larger clots coming one after another.
- A sudden, severe restart of bleeding after it had stopped.
- Bleeding together with dizziness, cold sweat, or a feeling of fainting.

Note how often you change your pad. When describing it to your doctor, "three pads this afternoon" is more useful than "a lot." This note matters especially if you have a history of iron deficiency.

Pain and cramping

The uterus contracts back to size after the procedure. This shows up as pressure in the groin and pain that can radiate to the lower back. It commonly increases with walking and eases with rest, which is on the expected side.

A heating pad softens the cramping for most women. Keeping heat on the abdomen for a long time while running a fever is a separate matter to discuss first. No pill from the home cabinet should be added beyond the pain reliever your doctor approved.

One-sided, knife-like pain that stops you from walking; pain radiating to the shoulder; a rigid abdomen together with vomiting — these don't fit the sentence “a somewhat strong period cramp.” Don't put off the phone call.

Fever, discharge, odor

Fever isn't guessed at — it's measured.

Mild fatigue is common on the day of the procedure. If a fever of 38 °C (100.4 °F) or higher, chills, foul-smelling discharge, and increasing groin pain occur together, this goes beyond “I'll just rest.”

- Use a thermometer.
- If you can't tell a foul odor apart from a normal period odor, don't hold back — describe it.
- If thick yellow-green discharge is increasing while bleeding is decreasing, mention it.
- If antibiotics were prescribed, take them on schedule; feeling better isn't a reason to stop the course.

Bathing, pool, sea, tampons, intercourse

Showers are fine. No bathtub, pool, or hammam for 15 days. No sea before day 10 at the earliest. These timeframes exist to keep bacteria and viruses carried by water away from the vaginal cavity while it's still healing.

If you do go in the sea after day 10, a tampon should stay in the cavity for no more than 30 minutes. After three changes, switch back to a pad and take a one-hour break. This rule matches the after-abortion page on the site.

Stay away from intercourse for at least one week. After that first week, your partner should use a condom. The condom period can continue for up to three weeks. If your doctor gave you a longer interval, that instruction applies. If pain or fresh red bleeding occurs, stop.

Work, travel, sport

Most women return to desk work within one to two days. Heavy lifting, long shifts on your feet, and intense sport don't come back at the same pace. Flying the same day as the procedure makes it harder to monitor bleeding.

Next period, fertility, contraception

Your next period arrives on average within 40 days. This shift happens even in women who previously had a 30- or 35-day cycle — pregnancy has shifted the hormonal cycle. 40 days is an average, not a fixed date on the calendar. Ovulation can return before your first period. The idea that “you can't get pregnant before you've had a period” is misleading during this window.

Becoming pregnant again after an abortion happens faster than most people assume. Ask your doctor about a contraception method. An intrauterine device (IUD/coil) can technically be placed after the procedure; SoftCare does not recommend this for every patient by default — if it will be placed, you'll be told on that day.

Fertility is not, as a rule, affected by a procedure performed within the legal limit using the appropriate technique. The fear of “becoming infertile” is not evidence caused by the procedure itself.

Emotional state

Relief, emptiness, and crying can all show up in the same week. If insomnia lasts longer than three days, you can't go to work, or you have thoughts of harming yourself, this page is not enough — reach out to your doctor.

Why a follow-up exam exists — and why it isn't prescribed to everyone

The inside of the uterus is seen on ultrasound during the procedure itself. A second appointment is not an automatic package.

At SoftCare, a follow-up is not a second session prescribed to every patient by default. As soon as the procedure ends — in most plans, before the patient has even woken up — the doctor scans the inside of the uterus with ultrasound and by hand. Any remaining tissue is visible there. Making sure nothing is left behind that could cause serious bleeding is exactly what that check is for. Directing every patient to “definitely come for a follow-up” is not this clinic's practice.

A call back for a second day is discussed when the in-procedure imaging was insufficient, bleeding is going outside the expected pattern, the description of fever or odor has dropped, or a separate matter such as Rh protection or an IUD was left unfinished. If none of these apply, the doctor will not tell you to come for a routine check.

If your doctor gave you a specific follow-up day, that day still stands. If they didn't, and a new complaint comes up at home, the door isn't closed — call. The “you must always follow up after an abortion” template found online is not used at SoftCare.

If your blood type is Rh-negative, the protective injection needed on the day of the procedure is discussed that same day — it is not postponed to a later follow-up.

Who to call, and when

A number reachable at night is part of being discharged.

Call the clinic

- Your pad-changing frequency has sped up.
- Your fever is approaching 38 °C (100.4 °F).

- It's time for your pain reliever but you can't walk.
- You vomited up the medication you were given.
- Your doctor gave you a separate follow-up day and you need to reschedule it.

Emergency department / 112

- Fainting or cold sweat together with heavy bleeding.
- Shortness of breath, chest pain.
- An abdomen that's rigid like a board, vomiting that won't stop.

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What not to do

- Add a second course of pills based on a forum post.
- Hold off on a fever for two days.
- Try random herbal tea to stop bleeding.
- Go to an unlicensed, back-alley provider for “completion.”
- Brush off a follow-up day your doctor gave you.
- Intercourse in the first week; bathtub and pool for 15 days; sea before day 10.
- Take an over-the-counter blood thinner for pain.

Privacy

Your procedure records stay with you. Privacy does not give you the right to hide a fever. A diagnostic statement is not written into an employer's report without your request.

Frequently asked questions

“The bleeding stopped, so the procedure is complete.”

Bleeding stopping is a good sign. If the in-procedure ultrasound was already checked, the case is closed there for most women. If there's no new complaint, a second appointment isn't invented.

“Do I have to come in for a follow-up?”

What's required is whatever your doctor told you that day. If the inside of the uterus was seen to be clear on ultrasound, SoftCare doesn't automatically schedule you for a second day.

“When will I get my period?”

On average, 40 days. An earlier 30–35-day cycle doesn't have to return on the same schedule after a pregnancy.

“When can I have intercourse?”

Not for at least 1 week. Then a condom. The condom period can last up to 3 weeks.

Quick summary

Eat fluids and low-fat food for the first 2–3 hours. Use pads. No bathtub or pool for 15 days, no sea before day 10 at the earliest (tampon no more than 30 minutes, switch to a pad and take a one-hour break after three changes). No intercourse for at least 1 week; then a condom, up to 3 weeks if needed. Next period on average in 40 days. The inside of the uterus was checked with ultrasound and by hand during the procedure — in most plans before you woke up; a second follow-up isn't prescribed for everyone. If you have a complaint, talk to the clinic that performed the procedure.

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This text is general information. If what you were told on the day of the procedure differs from this page, that day's instructions apply. The timeframes here are aligned with the after-abortion page on the site.