

Abortion

Your questions answered



talking sense about sex

Are you pregnant but not sure you want to have the baby?

Do you need more information about your pregnancy choices?

Unplanned pregnancy is very common. At least half of all pregnancies are unplanned, and in one in five pregnancies a woman will choose to have an abortion. It can be a difficult choice to make and it can be a very emotional time. Talking to people you trust and making sure you have accurate information and support can help. If you are undecided about what to do, see the FPA booklet *Pregnant and don't know what to do?* It can give you information about your options, including abortion, adoption and keeping the baby.

Do you need more information about abortion?

This booklet is about abortion. It will give you information about getting an abortion and what is involved. It will tell you about the different types of abortion and what effects they may have.

Is abortion legal?

Yes. In Great Britain (England, Scotland and Wales) the law (Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990) allows a woman to have an abortion up to 24 weeks of pregnancy, if two doctors agree that it is less likely to cause harm to her physical or mental health than continuing with the pregnancy.

- Most abortions (90 per cent) are carried out before 13 weeks of pregnancy.
- More than 98 per cent are carried out before 20 weeks.

The weeks of pregnancy are usually worked out from the first day of your last normal menstrual period. If you have irregular periods, or no periods, or the stage of pregnancy is not clear, this can be checked with an ultrasound scan.

An abortion can be done after 24 weeks if there are exceptional circumstances, for example if there is a serious risk to the woman's health or there is a substantial risk of physical or mental disability if the baby was born.

Northern Ireland

The 1967 Abortion Act does not extend to Northern Ireland. Abortion is legal in Northern Ireland in very exceptional circumstances. It is only lawful where there is a real and serious risk to the woman's mental or physical health and the risk is permanent or long-term. Consequently, most women from Northern Ireland have to travel to England to obtain a private abortion. They are not entitled to an abortion on the NHS. Women can contact FPA in Northern Ireland (see back cover) for confidential counselling, information and support on all options available.

How do I get an abortion?

Abortion is available free if you are referred through the NHS. Abortion is also available through private clinics and hospitals where you will have to pay.

- **NHS.** You should first see your GP or go to your local contraception or sexual health clinic. They can refer you to your local NHS service.
- **Privately run clinics.** You can contact specialist abortion providers such as bpas and Marie Stopes (see page 15). You do not have to be referred by a doctor. These charities provide confidential abortion services. Current costs start from around £500, but vary depending on the stage of pregnancy and the method of abortion. You may wish to contact them if you do not want to use the NHS or if you find you are unable to obtain an NHS abortion. In some areas bpas and Marie Stopes are paid by the NHS to provide free abortion services. This is quite usual.

Can my doctor refuse to refer me for an abortion?

No. A doctor or nurse has the right to refuse to take part in abortion if they do not believe in abortion. However, they should always refer you on to another doctor or nurse who will help. The General Medical Council guidance for doctors makes it clear that a doctor's personal beliefs should not affect patient care. There is similar guidance provided by the Nursing and Midwifery Council for nurses, and by The Royal Pharmaceutical Society of Great Britain for pharmacists.

If your doctor is not being helpful, try to see another doctor or nurse at your general practice or visit a contraception or sexual health clinic near where you live. For details of how to find out about services see page 14.

Will anyone else be told about my abortion?

No. The decision to have an abortion is a matter between you and your healthcare team. All information and treatment is confidential whatever your age. This means that information cannot be shared with anyone else without your agreement. Wherever you have your abortion they are not required to tell your GP.

Many abortion services like to let your GP know out of courtesy, to provide information in case you have any health problems after the abortion, and to allow your medical records to be updated. They can only do this with your permission. Tell your hospital or clinic if you do not want them to inform your GP.

If I am under 16, do I have to tell my parents?

No. You can have an abortion without telling your parents. Your health professional will encourage you to involve your parents or carers, or another supportive adult. If you choose not to do this, you can still have an

abortion if the doctors believe it is in your best interests, and that you fully understand what is involved.

All information, advice and services are confidential. However, health professionals will involve social services if they suspect you, or another person, are at significant risk of sexual abuse or emotional or physical harm. They will not do this without talking to you about this first.

Do I need my partner's agreement?

No. Your partner, or the father of the child, has no legal rights. You can go ahead with an abortion without your partner's knowledge or agreement. Where partners have tried to prevent an abortion by legal action they have failed.

How long will I have to wait?

Waiting times vary according to where you live. Ideally, once you have seen your GP or NHS clinic, or you have contacted a private clinic directly:

- You should be offered a first appointment within 5–14 days, at the hospital or clinic where your abortion will take place. This is to confirm your pregnancy, whether you are eligible to have an abortion and to assess whether any other procedures are necessary, for example sexually transmitted infection (STI) testing and treatment.
- The abortion should be carried out within one week of this first visit. You should never have to wait for more than two weeks.
- You should never have to wait more than three weeks from your first contact with your GP or clinic to the time of your abortion.

You should be seen as soon as possible if you need an abortion for urgent medical reasons. Sometimes women with other medical problems may have to wait longer as they may need more specialist advice.

If you feel your doctor has not managed your abortion request appropriately or you are concerned about any delay, you should contact your local primary care trust (PCT), health board or health and social care trust. For details see page 14.

Where will my abortion take place?

Abortions are carried out in either NHS hospitals or specialist clinics that are licensed and approved.

What will happen before I have an abortion?

For most women, having an abortion will involve at least two separate visits – the first is for an assessment, the second is to carry out the abortion procedure. The abortion is generally a day-care procedure that does not involve an overnight stay.

During your first appointment you should be given:

- an opportunity to talk things through if you want to
- information about the different methods of abortion, which is suitable for your stage of pregnancy and where the abortion will be carried out
- information about what to expect during and after the abortion
- information about any possible risks or complications relating to the abortion
- a blood test to check your blood group and for anaemia
- a consent form to say you agree to the abortion and the procedure being chosen.

The doctor or nurse will ask you questions about your medical history to ensure that you are offered a suitable abortion method and they will ask you about your sexual history to check whether you should be tested for chlamydia or other sexually transmitted infections. To prevent the possibility of any infection occurring after the abortion you will normally be given some antibiotics.

You may:

- need to have an ultrasound scan to check your pregnancy dates (some women ask not to see the scan picture, some prefer to see it). This scan should not be carried out in antenatal settings where you would meet women who are continuing their pregnancies
- need to have a vaginal examination
- be offered a cervical screening test if you have not had one within the last five years.

You should be offered a chance to talk about contraception and discuss which method you would like to use after the abortion. Sometimes the clinic can provide you with your chosen method or if they cannot they will tell you where you can get it.

What does an abortion involve?

There are different abortion procedures and the method used depends on how long you have been pregnant. An abortion service should ideally be able to offer you a choice of abortion methods, although this may not always be possible.

Medical abortion

Early medical abortion (up to nine weeks of pregnancy)

Early medical abortion (sometimes called EMA) can be carried out up to nine weeks of pregnancy and it involves taking drugs to cause an early miscarriage. It does not involve surgery or an anaesthetic. You will need three appointments. The first is an assessment – the abortion will not be carried out at this visit. You will then need two appointments on two separate days. You should be able to carry out your usual activities between appointments. You will be given a 24-hour contact telephone number if you are worried or want to talk to someone at any time.

At the second appointment, you will be given a tablet (called mifepristone) to swallow. This blocks the pregnancy hormone that is necessary for the pregnancy to continue.

It is very unlikely that the abortion will happen after taking only the mifepristone, but very occasionally it can happen. Some women change their mind about the abortion after they have taken the mifepristone. Although studies so far do not show that mifepristone is associated with any risk of fetal abnormality, women are advised to continue with the abortion once they have taken mifepristone.

At the third visit (usually one to three days later) you will be given prostaglandin tablets, called misoprostol or gemeprost. Misoprostol can be used in the vagina or taken by mouth, gemeprost can be used only in the vagina. This causes the uterus (womb) lining to break down and you will bleed. You may feel cramping pains similar to period pains; you can ask for pain relieving drugs. The pregnancy is lost with the bleeding just like a miscarriage. This normally happens four to six hours after using the prostaglandin tablets. Sometimes you stay in the hospital or clinic, and sometimes you may be able to go home.

Medical abortion from 9–20 weeks

The drugs used for early medical abortion are also used for abortion later in pregnancy. Because the abortion is being carried out later in the pregnancy higher doses of prostaglandin have to be used. The abortion is like having a late miscarriage. You will stay in the hospital or clinic for this. The abortion at this stage is usually quick enough for you to return home the same day, but sometimes it is necessary to stay overnight, particularly when the abortion is carried out later in pregnancy.

Surgical abortion

Manual vacuum aspiration (suction abortion) up to ten weeks

Manual vacuum aspiration is also known as MVA and can be used at up to ten weeks of pregnancy. It is a simple method and involves a small tube being inserted into the vagina, through the cervix (entrance to the uterus) and into the uterus to remove the pregnancy by suction. To reduce any discomfort or pain during the abortion the doctor will inject a local anaesthetic into the cervix.

Sometimes this injection can be painful. The procedure takes about 5–10 minutes. You will usually go home on the same day a few hours after the abortion has been carried out. Sometimes this may be earlier.

Vacuum aspiration up to 15 weeks

This method is similar to manual vacuum aspiration, but instead of removing the pregnancy using a manual suction technique it uses an electric pump. To reduce any discomfort or pain during the abortion there is a choice of pain relief. The abortion can be carried out using a local anaesthetic in the cervix or by giving you a light general anaesthetic so you are asleep during the procedure. Some women have conscious sedation – drugs that make you sleepy so you won't remember everything that happens during the abortion. The procedure takes about ten minutes. You will usually go home on the same day a few hours after the abortion has been carried out.

Surgical dilatation and evacuation (D&E) abortion after 15 weeks

This method is carried out under general anaesthetic. The cervix is gently stretched and dilated to allow special forceps to remove the pregnancy in fragments. Any remaining tissue will be removed by suction as in vacuum aspiration. This takes 10–20 minutes. You may be able to return home on the same day if you are healthy and there are no complications.

Abortion after 21 weeks

Abortion at this stage is not common. It involves either the surgical dilatation and evacuation method, or medical abortion. Whichever method is used, a doctor will ensure the heart of the fetus is stopped so it is not born alive. The procedure takes time and you will have to stay in the hospital or clinic, sometimes overnight. Having a late medical abortion will involve you going through what is similar to labour to deliver the fetus.

For more information on having an anaesthetic, talk to your doctor or see www.youranaesthetic.info.

Is abortion painful?

Whatever method of abortion is chosen, you will have some period-type pain or discomfort. The later the abortion the more painful it might be. You will always be offered and advised about appropriate pain relief for this.

Is abortion safe?

Yes. For most women an abortion is safer than having a baby. Abortion is not entirely risk-free, but problems are less likely to occur when abortion is performed early in pregnancy, when local anaesthetic is used and steps are taken to reduce any infection after the abortion. You will be told about any possible complications relating to the type of abortion you will have and the stage of pregnancy you have reached.

Are there risks at the time of the abortion?

Problems at the time of the abortion are not very common and are less likely to occur when the abortion is carried out early in pregnancy and when it is performed by an experienced clinician.

- Excessive bleeding (haemorrhage) happens in around one in every 1,000 abortions.
- Damage to the cervix happens in less than ten in every 1,000 abortions.
- Damage to the uterus happens in less than one in every 1,000 medical abortions done between 12 and 24 weeks.
- Women having an early medical abortion may find that in around one in every 100 abortions the uterus is not completely emptied of its contents and further treatment may be needed.
- Damage to the uterus happens in up to four in every 1,000 abortions that are carried out by surgical methods.
- 1–14 out of every 1,000 medical abortions and just over two out of every 1,000 surgical abortions fail to end the pregnancy and further treatment will be needed.

Are there risks after the abortion?

Most women have no problems after an abortion. Of those who do, infection is the most common problem. Usually this is caused by a pre-existing infection. You are most likely to get an infection in the two weeks after the abortion. Taking antibiotics at the time of the abortion helps to reduce this risk.

Most infections are easy to treat. If not treated, you could get a more severe infection of the reproductive organs, known as pelvic inflammatory disease (PID) which could lead to infertility in the future and ectopic pregnancy (a pregnancy that develops outside the uterus, usually in the fallopian tube – the tube that the egg travels down from the ovary to the uterus). Ectopic pregnancy can be dangerous.

In some cases the abortion may fail to remove the pregnancy (see Are there risks at the time of the abortion? on page 10). This is not harmful, as long as it is recognised at the time. It just means that you will need further treatment. This is more common with medical abortion or very early surgical abortion (less than seven weeks).

The doctor or nurse will tell you what symptoms to look out for after the abortion. You should see your doctor or nurse as soon as possible if you have any of the following, as they may be symptoms of an infection or suggest that the abortion has failed:

- pain in your lower abdomen that does not improve with simple pain relief
- unusual vaginal discharge and any vaginal discharge that smells unpleasant
- persistent bleeding
- feeling unwell
- a high temperature or fever
- ongoing pregnancy symptoms (such as nausea or sore breasts).

What happens after my abortion?

You should be offered:

- Written information telling you what you are likely to experience, for example what bleeding to expect and how long it might last.
- A 24-hour telephone helpline number for advice on any problem or worry.
- The opportunity to discuss future contraception, get supplies or be advised where you can get some.
- An anti-D immunoglobulin injection if your blood group is rhesus negative. This will help prevent problems in any future pregnancy. This should be given within 72 hours of the abortion.
- A follow-up appointment within two weeks of the abortion. This is particularly important after early medical abortion to check the abortion is complete. It can be at the hospital or clinic where the abortion took place or at your general practice, contraception or sexual health clinic.
- An opportunity to go back and talk about any worries or concerns, or to talk about your feelings about the abortion if you are finding the experience difficult or distressing. See How will I feel? below.

How will I feel?

A woman can experience many feelings after an abortion.

You may feel relieved or feel sad or you may have mixed feelings. These are natural reactions. Only a few women experience any long-term psychological problems and those women who do often had similar problems before pregnancy. A lot depends on the circumstances and reasons for having the abortion and how comfortable you are with the decision. It is always important to seek help and support if you are feeling distressed about having had an abortion.

You can talk to:

- your doctor or practice nurse
- a doctor or nurse at your contraception or sexual health clinic
- FPA (see back cover).

What happens to the fetal tissue after the abortion?

All tissue from the abortion is disposed of in a sensitive way. If you have a specific request about how you would like the fetal tissue to be disposed of, you will need to talk about this with your healthcare team at the hospital or clinic where you are having your abortion. This should be done before you have your abortion.

How long will I bleed for after the abortion?

Bleeding after abortion is normal. How long you bleed for after the abortion depends on the abortion method. Bleeding can vary, some women bleed for long periods of time and some do not have much bleeding at all. Bleeding after medical abortion can last for several weeks – this might be spotting or heavy. Bleeding after surgical methods can last for about two weeks; this might be spotting or heavy. If you have very heavy bleeding you should seek advice straightaway.

If you do not have a period within 4–6 weeks of the abortion see your doctor or clinic as sometimes the pregnancy can continue. This is uncommon.

Does abortion cause breast cancer?

No. Research shows that having an abortion does not increase your risk of developing breast cancer.

Will abortion affect my chances of having a baby in the future?

Having an abortion will not affect your chances of having a baby in the future if there are no problems with the abortion, such as injury to the uterus or cervix, or serious infection. These problems are not common. There is some evidence that if you have had an abortion there may be a small increased risk of miscarriage and early birth if you get pregnant again.

How soon after abortion should I start using contraception?

You can get pregnant within two weeks of having an abortion, so you will need to make sure you have thought about contraception. If you do not want to become pregnant you should begin to use contraception immediately after the abortion. All methods of contraception can be used at this time. If you start your contraception immediately you will be protected against pregnancy straightaway.

How do I find out about contraception services?

Contraception is free for women and men of **all** ages through the National Health Service.

- You can find out about all sexual health services from **sexual health direct**, the helpline run by FPA, on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of health boards and general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call the FPA helpline on 0845 122 8687 or for details of health and social care trusts and general practices see www.n-i.nhs.uk.
- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of young people's services from Brook on 0808 802 1234, www.brook.org.uk.

Emergency contraception

If you have had sex without using contraception, or think your method might have failed there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An emergency IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

Further information

Fee paying clinics

bpas: Helpline: 08457 30 40 30
www.bpas.org

Marie Stopes: Helpline: 0845 300 8090
www.mariestopes.org.uk

Both **bpas** and **Marie Stopes** provide pregnancy testing, pregnancy counselling and abortion through a network of regional centres.

How FPA can help you

sexual health direct, the helpline run by FPA.
It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England

helpline 0845 122 8690
9am to 6pm
Monday to Friday

Northern Ireland

helpline 0845 122 8687
9am to 5pm
Monday to Friday

www.fpa.org.uk

Visit the FPA website for confidential information and advice or send your enquiry to Ask WES, the FPA Web Enquiry Service at www.fpa.org.uk.

A final word

The information in this booklet is based on the national Royal College of Obstetricians and Gynaecologists (RCOG) evidence-based Guideline No7, 2004: *The Care of a Woman Requesting Induced Abortion*. You will find this at www.rcog.org.uk. This booklet can only give you basic information about abortion. The information is based on evidence-guided research available at the time this booklet was printed. Different people may give you different information and advice on certain points.

Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



talking sense about sex



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