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Royal College of Obstetricians & Gynaecologists

Information for you

Published in February 2012

Abortion care

This information is for you if you are considering having an abortion. It tells you:

- how you can access abortion services
- the care you can expect to receive
- the different abortion procedures you may be offered

This information aims to help you and your healthcare team make the best decisions about your care. It may help you in deciding whether abortion is right for you. It is not meant to replace advice from a doctor or nurse about your own situation.

Some of the recommendations here may not apply to you; this could be because of an illness or condition you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

Key points

- An abortion is a way of ending a pregnancy, either through using medicines (drugs) or through a surgical procedure.
- In Great Britain, the law allows a woman to obtain an abortion at up to 24 weeks of pregnancy if two doctors agree that it would cause less damage to her physical or mental health than continuing the pregnancy. There are more restrictions in Northern Ireland.
- If you think you want an abortion, you should see your general practitioner (GP), practice nurse or family planning clinic. They can refer you to a National Health Service (NHS) or independent abortion service as you wish. If you prefer, you can contact an NHS or independent service directly.
- You should not have to wait more than 2 weeks from your first referral to the time of your abortion.

- Abortion is a safe procedure for which major complications are uncommon at any stage of pregnancy. The earlier in your pregnancy you have an abortion, the safer it is.
- You should ideally be offered a choice of different methods, depending on how long you have been pregnant.
- You have a right to confidentiality if you are seeking an abortion.

How do I arrange an abortion?

If you think you want an abortion, you should see your GP, practice nurse or family planning clinic as soon as possible. They can refer you to an NHS or independent abortion service, as you wish. If you prefer, you can contact an NHS or independent service directly.

Abortion is free on the NHS. If you choose to have private treatment, you will have to pay a fee. Private hospitals and specialist clinics that carry out abortions are licensed and inspected by the Healthcare Commission and approved by the Department of Health. Some NHS abortions are carried out through independent services.

How long will I have to wait?

Waiting times vary according to where you live but, once you have seen your doctor or practice nurse, you should not have to wait more than 2 weeks from your first referral to the time of your abortion.

Ideally, you should be able to have:

- an appointment for a first consultation within 5 working days of being referred
- an abortion within 5 working days of the decision to go ahead being agreed.

You should be seen as soon as possible if you need an abortion for urgent medical reasons.

Can my doctor refuse to give me an abortion?

A doctor or nurse has the right to refuse to take part in abortion on the grounds of conscience, but he or she must refer you to another doctor or nurse who will help. The General Medical Council's Duties of a Doctor says that doctors must make sure that their 'personal beliefs do not prejudice patient care'. The Nursing and Midwifery Council's Code of Conduct provides similar guidance to nurses.

Will anyone else be told about my abortion?

You have a right to confidentiality. The hospital or clinic where you have an abortion is not required to inform your GP, but many abortion services do this so that your GP can provide appropriate care afterwards. They should only do this with your consent. If you do not want your GP to know, you should tell the staff providing your abortion care.

You do not need your partner's agreement to have an abortion, although many women want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have so far always been unsuccessful.

The Government collects figures on abortions carried out in the UK. This information is sent to the Department of Health after the abortion is carried out. Any information published is anonymous.

What if I am under 16 years of age?

Any young person, regardless of age, can give valid consent to medical treatment providing they are considered to be legally competent; that is, able to understand a health professional's advice and the risks and benefits of what is being offered.

All women under 16 years of age are encouraged to involve their parents or another supportive adult. If you choose not to do this, doctors can offer you an abortion if they are confident that you can give valid consent and that it is in your best interests.

You have a right to confidentiality like everyone else. However, if staff in NHS hospitals suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social services.

What can I expect before I have an abortion?

Your healthcare team should make sure you have accurate information about the abortion procedure. As well as oral advice, you should be offered printed information that includes what happens locally. You should be given information on the different methods of abortion that can be used at your stage of pregnancy and the possible risks associated with them.

You should be offered extra support, including counselling if you want it, to help you make your decision. You should be offered information and support if you decide not to have an abortion.

Your healthcare team should ensure that you can get help if you have additional needs (if, for instance, you do not speak English or if you need to be cared for by a woman doctor).

You have the right to delay or cancel appointments. You can also change your mind about having the abortion at any stage.

You should be offered:

- a blood test to check your blood group
- tests for genital infections (including Chlamydia trachomatis or other sexually transmitted infections).

In some circumstances, you may be offered:

- a blood test to make sure you are not anaemic
- a cervical smear test.
- an ultrasound scan – before an ultrasound is undertaken, you should be asked whether you wish to see the image or not.

You will have an opportunity to discuss with your healthcare team your plan for contraception after the abortion.

What does an abortion involve?

An abortion is a way of ending an unwanted pregnancy using either medicines (drugs), called a medical abortion, or using a surgical procedure, called a surgical abortion. Both types of abortion may be used at any stage of pregnancy. If you are less than 7 weeks pregnant, a medical abortion is more likely to work than a surgical abortion.

Your abortion service should be able to offer at least one method for each stage of pregnancy. You should ideally have a choice of methods, although this may not always be possible. You will usually be able to go home the same day.

You will probably have some pain or discomfort, whatever kind of abortion you have. You should be offered a choice of appropriate pain relief if you need it.

Whichever type of abortion you have, you will be offered antibiotics to prevent infection.

Medical abortion - updated January 2019

Early medical abortion up to 9 weeks and 6 days of pregnancy

You will need to attend the clinic or hospital to receive two different medicines. The first medicine you will be given is mifepristone which will block the hormones to the pregnancy. You will take the mifepristone orally whilst in clinic or hospital. The second medication misoprostol will be given to you to take home and administer yourself, if you wish to do so (48 hours after taking the first medication). You will be given detailed instructions about when and how to use the medication by your healthcare professional. Misoprostol is a hormone that makes your uterus (womb) expel the pregnancy, usually within 4 to 6 hours. You will be offered pain relief during the abortion. You may continue to bleed for a few days.

You should be given detailed follow up instructions about what to do if you suspect the abortion has not ended the pregnancy.

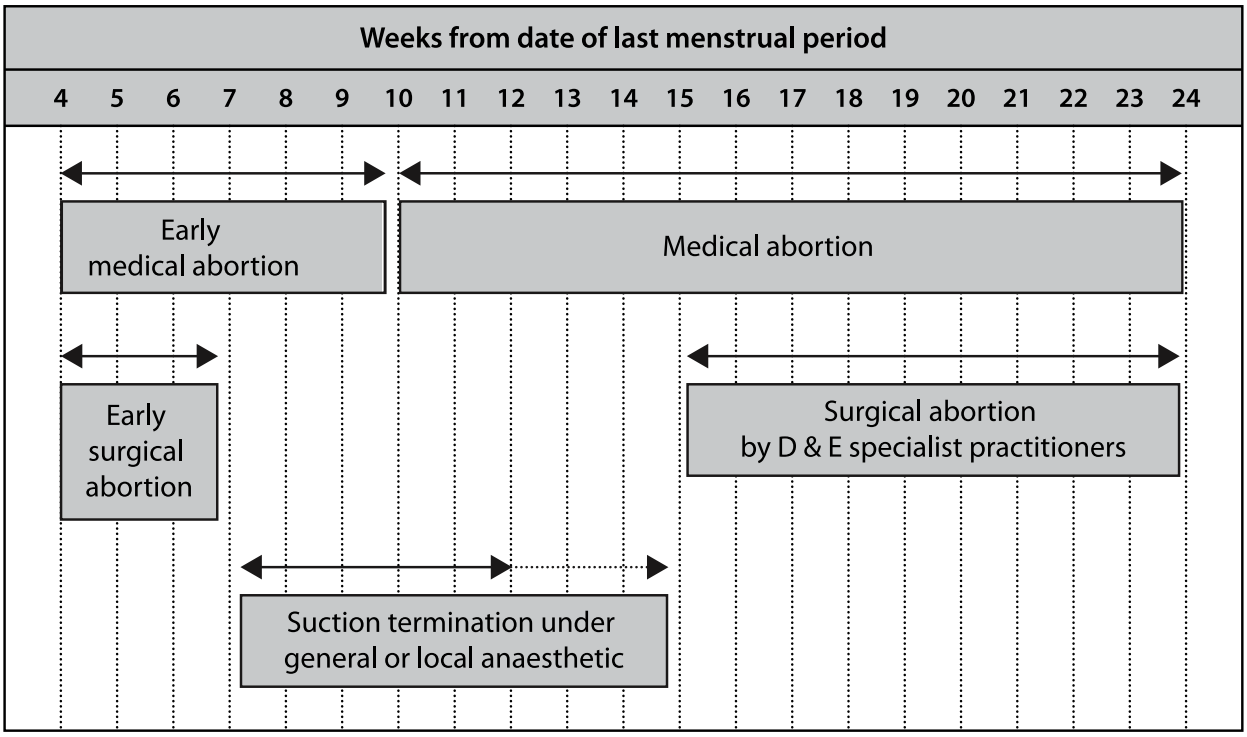

Figure 1. Methods of abortion and when they can be used

The RCOG guideline recommends a number of drug combinations for medical abortion. These will be discussed with you by your healthcare team.

Medical abortion after 9 weeks and 6 days of pregnancy

You take the same drugs as you would for an early medical abortion. At this stage, however, abortion takes longer and you may need to have more than one dose of misoprostol and additional pain relief. If you have a medical abortion between 13 and 24 weeks of pregnancy, you should be cared for by a midwife or nurse who has appropriate experience and you will usually need to be in hospital.

Surgical abortion

Suction termination: usually from 7 to 15 weeks of pregnancy

Most services offer suction termination up to the 12th week of pregnancy, while some offer it up to the 15th week. It can sometimes be used if you are less than 7 weeks pregnant.

If you have a surgical abortion, you may be offered:

- a local anaesthetic (around the area of your cervix), or
- a general anaesthetic, or
- conscious sedation: this uses a drug that makes you sleepy but means that you stay conscious during the procedure.

The cervix (entrance to the uterus) is gently stretched and opened until it is wide enough for the contents of the uterus to be removed with a suction tube. The extent to which the cervix needs to be opened depends on the size of the pregnancy. To make this safer, there are a number of effective ways to soften the cervix beforehand, for example by inserting tablets containing misoprostol into your vagina.

Surgical dilatation and evacuation (D&E): from about 15 weeks of pregnancy

Your cervix is gently stretched and opened (this is known as dilatation) so that the pregnancy can be removed in fragments with a suction tube and forceps. An ultrasound scan should be done at the same time to reduce the risk of complications and make sure that all the pregnancy is removed. You will usually need a general anaesthetic.

What is the risk of the abortion failing?

All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This is uncommon, occurring in fewer than 1 in 100 women.

What are the risks of abortion?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is. Your doctor or nurse should tell you about risks and complications that relate to the specific abortion procedure being offered to you. If you have concerns about the risks, let your healthcare team know so that they can tell you more.

Are there risks at the time of the abortion?

Problems at the time of abortion include:

- Excessive vaginal bleeding, such that you may need a blood transfusion, happens in around 1 in every 1000 abortions. It occurs in 4 in 1000 abortions performed after 20 weeks of pregnancy.
- Damage to the cervix happens in no more than 1 in every 100 surgical abortions.
- Damage to the uterus happens in between 1 and 4 in every 1000 surgical abortions.
- Damage to the uterus happens in fewer than 1 in every 1000 medical abortions done between 12 and 24 weeks of pregnancy.

Should complications occur, treatment – including surgery – may be required.

Are there risks after the abortion?

You are more likely to get problems in the 2 weeks after the abortion than at the time of the procedure itself:

- Up to 1 in 10 women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk. If you are not treated, it can lead to a more severe infection known as pelvic inflammatory disease or PID; see RCOG Patient Information: *Acute pelvic inflammatory disease (PID): tests and treatment* (http://www.rcog.org.uk/womens-health/clinical-guidance/acute-pelvic-inflammatory-disease-pid).

- The uterus may not be completely emptied of its contents and further treatment may be needed. This happens in fewer than 6 in 100 women having a medical abortion and in 1 to 2 in 100 women having a surgical abortion. An operation may be needed to remove the pregnancy tissue within the uterus.

What happens after the abortion?

After the abortion you should be offered:

- written information that tells you what you are likely to experience, including:
    - symptoms that you should see a doctor for urgently
    - symptoms of a continuing pregnancy
- a 24-hour telephone helpline number that you can ring if you develop pain, bleeding or a high temperature
- the chance to discuss contraception and obtain supplies if you need them
- information on where to get help if you want to discuss contraception again later
- a follow-up appointment, if you wish, within 2 weeks of your abortion (this is particularly important if you have an early medical abortion)
- further counselling if you experience continuing distress (this happens to a few women and is usually related to personal circumstances).

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately.

What if my blood group is RhD-negative?

If you are RhD-negative, you should usually be offered an anti-D injection after your abortion. You can find more information about this in *Routine antenatal anti-D prophylaxis for women who are rhesus D negative: information for patients*, by the National Institute for Clinical Excellence (NICE), at http://guidance.nice.org.uk/TA156/PublicInfo/pdf/English.

What are the long-term effects of abortion?

How may I be affected emotionally?

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure.

The majority of women who have abortions do not have long-term emotional problems; long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Talk to your doctor if you do have any concerns.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems in the past you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems experienced before and to happen whether you choose to have an abortion or to continue with the pregnancy.

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

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. However, you may have a slightly higher risk of a premature birth.

Does abortion cause breast cancer?

An abortion does not increase your risk of developing breast cancer.

Further information

What is the law on abortion?

Under the Abortion Act 1967, abortion is legal in Great Britain (England, Scotland and Wales) up to the 24th week of a pregnancy (a week of pregnancy is measured from the first day of your last normal menstrual period). An abortion can be done after 24 weeks only in exceptional circumstances. Most abortions (75 out of 100) are carried out before 10 weeks of pregnancy, 90 out of 100 abortions are carried out before 13 weeks of pregnancy and 98 out of 100 abortions are carried out before 20 weeks of pregnancy.

In England, Scotland and Wales, you can have an abortion if two doctors agree that it would cause less damage to your physical or mental health than continuing with the pregnancy. You may also consider an abortion if there is substantial risk that the baby would be seriously handicapped if born. The doctors will take your life circumstances into consideration. Most doctors understand the distress of having to continue with an unwanted pregnancy and so will refer a woman for an abortion. Abortion is more restricted in Northern Ireland and available only in certain circumstances.

Other organisations

These organisations offer support and information:

FPA (Family Planning Association)
50 Featherstone Street
LONDON EC1Y 8QU
Tel: 020 7608 5240
www.fpa.org.uk

Non-profit-making organisations which provide confidential abortion services:

bpas (British Pregnancy Advisory Service)
Tel: 08457 304030
www.bpas.org

Marie Stopes International
Tel: 0845 300 8090 for abortion information and appointments
www.mariestopes.org.uk

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG guideline *The Care of Women Requesting Induced Abortion* (November 2011), which replaced the RCOG guideline *The Care of Women Requesting Induced Abortion* (2004). The guideline contains a full list of the sources of evidence we have used. You can find it online at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

This information is also based on *Clinical Guidelines for Early Medical Abortion at Home – England* (January 2019) produced by the RCOG, FSRH and BSACP.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained.