Information for you

Royal College of Obstetricians & Gynaecologists

Abortion care

About this information

This information is for you if you are thinking about having an abortion. It may also be helpful if you are a partner, relative or friend of someone who is in this situation.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

Within this leaflet we may use the terms ‘woman’ and ‘women’. However, it is not only people who identify as women who may want to access this leaflet. Your care should be personalised, inclusive and sensitive to your needs whatever your gender identity.

This information covers:

- How you can access abortion services
- The care you can expect
- The different types of abortion you may be offered.

A glossary of medical terms is available on the RCOG website at:

https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/.

Key points:

- An abortion, or termination of pregnancy, is a way of ending a pregnancy, either through using medicines (drugs) or through an operation.
- If you are considering an abortion, you can seek advice from your GP, practice nurse, sexual health service, or an independent abortion provider.
- The UK law allows an abortion to be performed up to 23 weeks and 6 days of pregnancy if an abortion would cause less harm to the physical or mental health of the woman, than continuing the pregnancy. After 24 weeks, abortion can only be performed in limited circumstances.
- Abortion is generally safe. Complications are uncommon at any stage of pregnancy, but the earlier in your pregnancy you have an abortion, the safer it is.
- You should not have to wait more than 2 weeks from your first referral to the time of your abortion.
- You should be offered a choice of different methods, depending on how long you have been pregnant.
- You have a right to confidentiality if you are thinking about an abortion.

How do I request an abortion?

You should contact your GP, practice nurse or sexual health service as soon as possible. You can also contact an independent abortion provider. Provision of abortion services varies across the UK. Further information is provided at the end of this leaflet.

Abortion is free on the NHS. Most abortions are provided by independent non-NHS organisations, paid for by the NHS. If you choose to have private treatment, you will have to pay a fee.

How long will I have to wait?

Waiting times vary according to where you live. You should not have to wait more than 2 weeks from when you (or your healthcare professional) first contact the abortion provider until you have the abortion.

Ideally, you should be able to have:

- An appointment (in-person, video-call or telephone) within 1 week of requesting an abortion,
- An abortion procedure within 1 week of your decision to go ahead.

This should be arranged more quickly if you are having an abortion for urgent medical reasons.

Can my healthcare professional refuse to arrange an abortion for me?

A healthcare professional has the right to refuse to take part in abortion based on their personal belief. However, they must refer you to another healthcare professional who will help.

Doctors must make sure that their personal beliefs do not prejudice your care. The Nursing and Midwifery Council's code of conduct provides similar guidance.

Will anyone else be told about my abortion?

You have the 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 care afterwards. They should only do this with your permission. If you do not want your GP to know, you should tell the staff providing your abortion care.

You do not need anyone else's agreement to have an abortion. However, if you have a partner, you may wish to discuss the pregnancy with them before coming to a decision. There has not been a case in the UK where legal action by a partner has prevented a woman having an abortion.

In line with other NHS procedures, governments across the UK gather statistics on abortion care. All the information used to calculate statistics is anonymous.

What if I am under 16 years of age?

Any young person regardless of age, who is able to understand a health professional's explanation of a procedure, can give their permission (consent) for it to take place.

This means that healthcare professionals can offer you an abortion if they are confident that you can give consent.

You have the right to confidentiality like everyone else. However, if healthcare professionals suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social care.

What can I expect before I have my abortion?

Your healthcare team should make sure you have accurate information about the abortion procedure. As well as verbal advice, you should be offered written information including the contact details of your local service. You should be given information on the different types of abortion that can be used at your stage of pregnancy and the possible risks of each type.

You should be offered support, including counselling if you want it, to help you make your decision. You should be offered information, support and have pregnancy care arranged 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 example, you wish to be cared for by a female healthcare professional or need a professional interpreter to help your understanding).

You can change your mind about having an abortion, and can delay or cancel appointments.

You may be offered, depending on your individual situation:

- A blood test to check your blood group (Rhesus) or blood count.
- Tests for genital infections (including chlamydia or other sexually transmitted infections).
- A cervical smear test.
- An ultrasound scan to date the pregnancy more accurately. Before an ultrasound is undertaken, you should be asked whether you wish to see the image or not.

Your healthcare professional will discuss your plan for contraception after abortion.

What does an abortion involve?

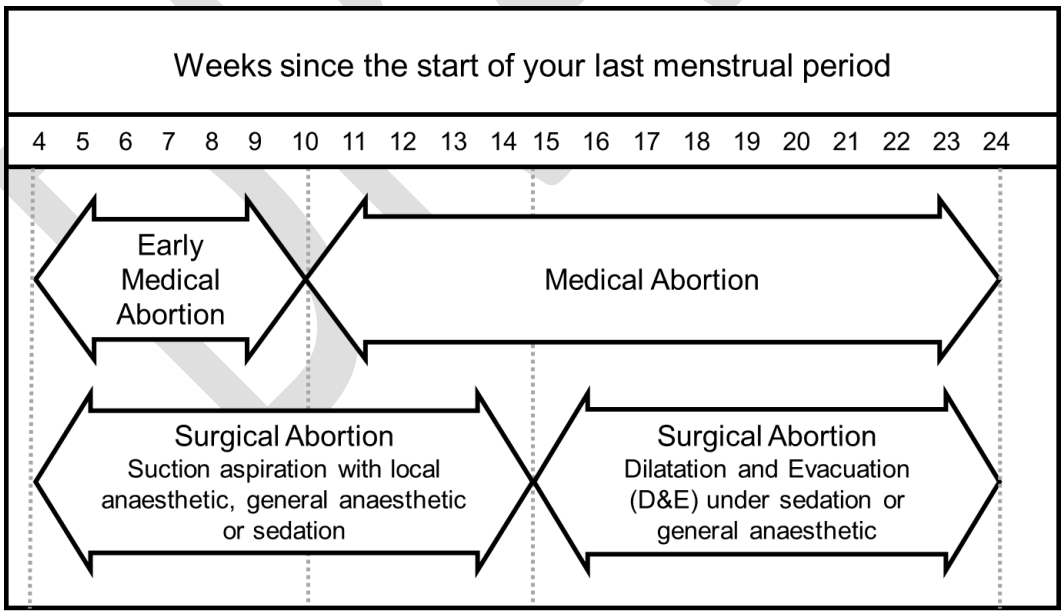
There are two types of abortion:

- Medical abortion: using medicines (drugs) to end a pregnancy.
- Surgical abortion: using an operation to end a pregnancy.

Both types of abortion may be used at any stage of pregnancy.

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 have some bleeding whatever kind of abortion you have. You may also have discomfort or pain, and should be offered pain relief if you need it.



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

You will be given two different medicines to take for the abortion. These medicines can be taken at the clinic, hospital or at home.

The first medicine you will be given, mifepristone, will block the hormones supporting the pregnancy. The second medicine, misoprostol, is taken around 48 hours later. Misoprostol is a hormone that makes your uterus (womb) cramp and bleed, to expel the pregnancy. This usually starts within 4 to 6 hours.

You will be given detailed instructions about when and how to use the medication by your healthcare professional. You should be offered pain relief to take during the abortion. You may continue to bleed for several days.

Medical abortion after 10 weeks of pregnancy

You will take the same drugs as you would for an early medical abortion, but you will need to go to the clinic or hospital to take the first medicine, mifepristone. One or 2 days later you return to the clinic or hospital to take the second medicine, misoprostol, and stay until your abortion has taken place. Misoprostol is a hormone that makes your uterus (womb) cramp and bleed, to expel the pregnancy. This usually starts within 4 to 6 hours. Sometimes you may need several doses of misoprostol for the abortion to take place.

You will be cared for in the hospital or clinic by a midwife or nurse who has appropriate experience.

Surgical abortion

Suction abortion from 7 to 15 weeks of pregnancy

If you have a surgical abortion, you will be offered a local anaesthetic (around the area of your cervix), sedation or general anaesthetic. The cervix (entrance to the uterus) is gently stretched and opened until it is wide enough for the pregnancy to be removed with a suction tube. To make this safer, you may be offered misoprostol tablets to soften the cervix beforehand.

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

Surgical Dilatation and Evacuation (D&E) from about 15 weeks of pregnancy

Your cervix is gently stretched and opened (dilatation) so that the pregnancy can be removed in fragments with a suction tube and forceps. An ultrasound scan may be done at the same time to reduce the risk of complications and make sure that all of the pregnancy is removed. D&E is usually carried out under sedation or general anaesthetic.

You will be offered antibiotics to help reduce the risk of infection with any surgical abortion.

Could my abortion fail, and the pregnancy continue?

All methods of abortion carry a small risk of failing to end the pregnancy. If this happens, you may need to have another procedure. This is uncommon. The chance of needing another procedure to remove parts of the pregnancy that have stayed in the womb is 10 to 20 in 1000 women having a medical abortion, and 1 in 1000 women having a surgical abortion. An early surgical abortion has a higher chance of failing to end the pregnancy compared to surgical abortions after 7 weeks of pregnancy.

You should be given clear information about what to expect. This should also include how and when to contact your healthcare provider if you think the abortion has not worked or if you need further advice.

What are the risks of abortion?

Abortion, at any time in pregnancy, is a safe procedure. Serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is. Your healthcare professional should tell you about risks and complications that relate to the specific abortion procedure being offered to you. If you are worried about the risks, let your healthcare professional know.

What are the risks at the time of the abortion?

Problems at the time of abortion include:

- Heavy vaginal bleeding, that may need you to have a blood transfusion. This happens in around 1 in every 1000 abortions. After 20 weeks of pregnancy, it happens in around 4 in 1000 abortions.
- Damage to the cervix happens in around 10 in every 1000 surgical abortions.
- Damage to the uterus (womb) happens in between 1 in 1000, and 4 in 1000 surgical abortions.

If serious complications occur, you may need further treatment, possibly including an operation.

What are the risks after the abortion?

- Around 10 in 1000 women will get an infection after an abortion. If you are not treated, it can lead to a more severe infection known as pelvic inflammatory disease. See RCOG Patient Information: Acute pelvic inflammatory disease (PID): tests and treatment.
- Some pregnancy tissue may remain in the uterus and further treatment (such as an operation) may be needed. This happens in fewer than 70 in 1000 women having a medical abortion, and in 30 to 40 in 1000 women having a surgical abortion.

What happens after my abortion?

After the abortion, you should be offered:

- Written information that tells you what you are likely to experience with bleeding and pain
- A 24-hour telephone number that you can call if you develop pain, bleeding or a high temperature
- The chance to discuss and obtain contraception
- Information on where to get help if you want to discuss contraception later
- A follow-up appointment within 2 weeks of your abortion, if you wish
- Information on symptoms of a continuing pregnancy
- Further counselling if you experience continuing distress
- Information on symptoms that you should see a doctor for urgently.

If you have a rhesus (RhD) negative blood group, you are recommended to have an anti-D injection after the abortion, unless it was medical abortion under 10 weeks where anti-D is not required. For further information, see NHS patient information: Rhesus.

When should I start using contraception?

You can start using contraception straight away. It is safe to have an intrauterine contraceptive device (IUD) fitted immediately after an abortion.

What are the long-term effects of abortion?

How may I be affected emotionally?

It is common to feel a range of emotions after an abortion.

How you react will depend on the circumstances of your abortion, the reasons for having it and how you feel about your decision.

Support for you after your abortion may come from:

- Your family, friends or other personal contacts
- Support groups for women who had an abortion
- Counselling or other psychological therapies.

The service that provided your abortion will be able to give you emotional support and provide more information about ongoing support if this would help you.

How might my future health be affected?

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant. Your chance of having a future pregnancy affected by miscarriage, ectopic pregnancy, or a low-lying placenta are not affected by having had an abortion.

Having had an abortion does not increase your changes of breast cancer.

Further information

Under the Abortion Act 1967, abortion is legal in England, Scotland and Wales up to 23 weeks and 6 days of pregnancy (pregnancy is measured from the first day of your last normal menstrual period). An abortion can be performed after 24 weeks only in limited circumstances.

In England, Scotland and Wales, you can have an abortion if two doctors agree that it would cause less harm to your physical or mental health than continuing with the pregnancy. You can have an abortion if there is high chance that the baby would be born with serious disabilities, or be unable to survive.

Abortion in Northern Ireland comes under the Abortion (Northern Ireland) Regulations 2020 and allows for abortions up to 11 weeks and 6 days with the requirement for one doctor to certify the gestation, and from 12 weeks onwards following the same regulations as the rest of the UK.

Most abortions (75 out of 100) are carried out before 10 weeks of pregnancy, and 98 out of 100 abortions are carried out before 20 weeks of pregnancy.

Emotional Support

Going through an abortion may be a difficult experience. If you are feeling anxious or worried in any way, please speak to your healthcare team who can answer your questions and help you get support.

https://www.msichoices.org.uk/other-services/counselling/

Further information:

For information on access to abortion care in UK:

www.nhs.uk/conditions/abortion/

Scotland: www.nhsinform.scot/tests-and-treatments/surgical-procedures/abortion

Wales: 111.wales.nhs.uk/abortion

Northern Ireland:

www.nidirect.gov.uk/articles/abortion-services

Non-profit organizations that provide confidential abortion services:

NUPAS:): https://www.nupas.co.uk/ *Tel: 0333 0046666*

BPAS (British Pregnancy Advisory Service) www.bpas.org Tel: 03457 304030

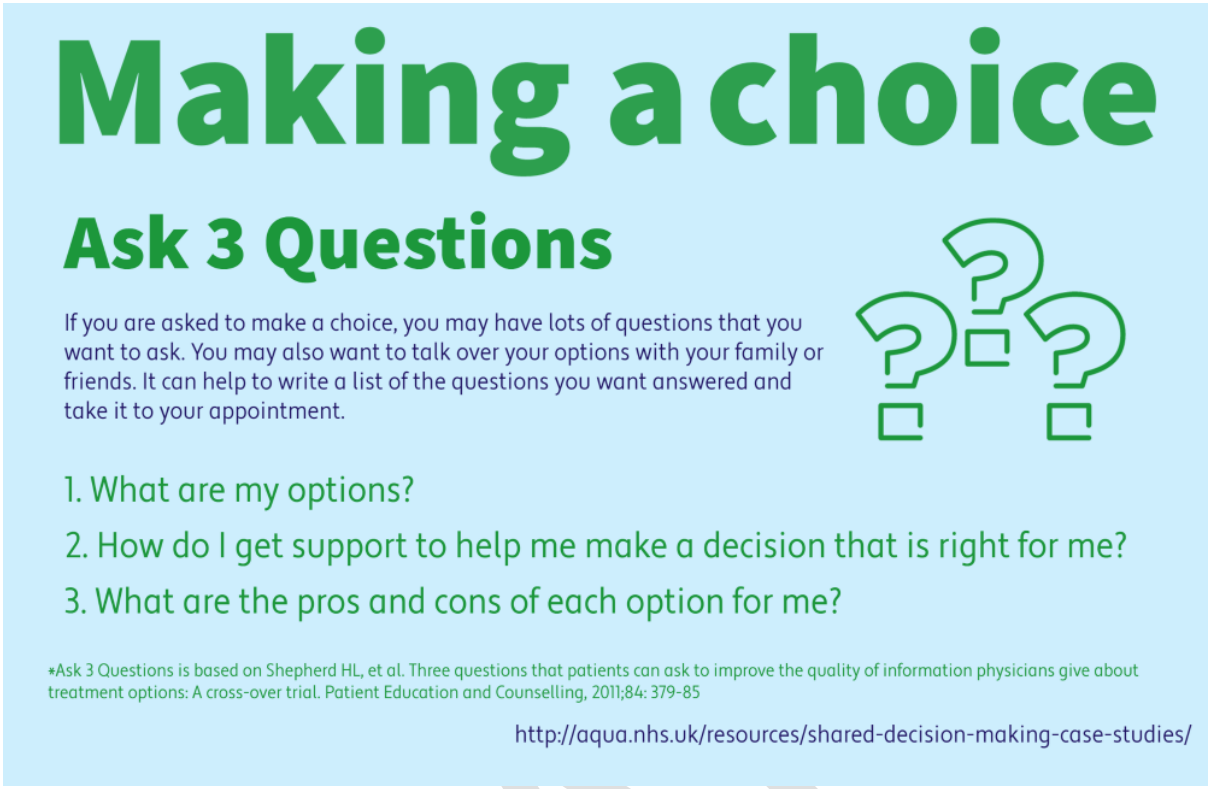
MSI Reproductive Choices UK: www.msichoices.org.uk Tel: 0345 300 8090

Other sources for support:

www.brook.org.uk

www.abortiontalk.com

Making a Choice



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), the RCOG Best practice paper and the NICE guideline NICE NG140 Abortion Care (September 2019). You can find them online at https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/the-care-of-women-requesting-induced-abortion-evidence-based-clinical-guideline-no-7/ and https://www.nice.org.uk/guidance/ng140.

The guideline contains a full list of the sources of evidence we have used. This information is also based on Clinical Guidelines for Early Medical Abortion at Home – England (January 2019) produced by the RCOG, FSRH and BSACP. You can find it online at https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/clinical-guidelines-for-early-medical-abortion-at-home-england/.