



Information for you

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Abortion care

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 thinking about having an abortion.

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 information we may use the terms 'woman' and 'women'. However, it is not only people who identify as women who may need 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 using medicines (drugs) or undergoing a surgical procedure.
- If you are considering an abortion, you can seek advice from your GP, practice nurse, sexual health service, or an abortion provider. It is common to feel a range of emotions and support is available.
- In the UK, an abortion can be performed up to 23 weeks and 6 days of pregnancy. From 24 weeks, abortion can only be performed in very limited circumstances. Pregnancy is measured from the first day of your last menstrual period or based on an ultrasound scan.
- Abortion is safe. Complications are uncommon at any stage of pregnancy, but the earlier in your pregnancy you have an abortion, the lower your risk of complications are.
- You should not have to wait more than 2 weeks from your first contact with the abortion service 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 find out about having an abortion?

Provision of abortion services varies across the UK. Further information and links about how to access abortion services for England, Scotland, Wales and Northern Ireland are provided at the end of this information.

You should contact the abortion service as soon as possible. You can also get advice from your GP, practice nurse or local sexual health clinic.

Abortion is free on the NHS. Many abortions are provided by independent non-NHS organisations, paid for by the NHS. If you are not eligible for NHS care and are not able to pay for private treatment, you can contact an independent abortion provider and discuss your individual circumstances.

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 offered:

- 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 cannot refuse to arrange an abortion for you. They have the right to refuse to provide abortion care themselves, but they must refer you as soon as possible to another healthcare professional who will help.

Healthcare professionals must ensure that their personal beliefs do not affect your care. Your right to care is protected by the code of conduct for all doctors, nurses and midwives.

Will anyone 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. You may give permission for this so that your GP can provide care and support afterwards should you need it. Tell the staff providing your abortion care, if you do not want your GP to know.

Whether to have an abortion is your decision. You do not need anyone else's agreement. You should not feel or be pressured by anyone when making your decision.

Like all areas of healthcare, abortion providers collect information which is protected by law. For more information, see the links at the end of this information.

What if I am under 16 years of age?

Any young person regardless of age, who is able to understand what having an abortion involves, can give their permission (consent) for it to take place. The healthcare team may encourage you to tell an adult you trust for support, but they will not make you.

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 services.

What can I expect before I have my abortion?

Your healthcare team should make sure you have accurate information about what having an abortion involves. As well as verbal advice, you should be offered written or online information. 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 and support to arrange your pregnancy care 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 an independent 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 infections (including [chlamydia](#) and other sexually transmitted infections).
- 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 offer to talk about future contraception.

What does an abortion involve?

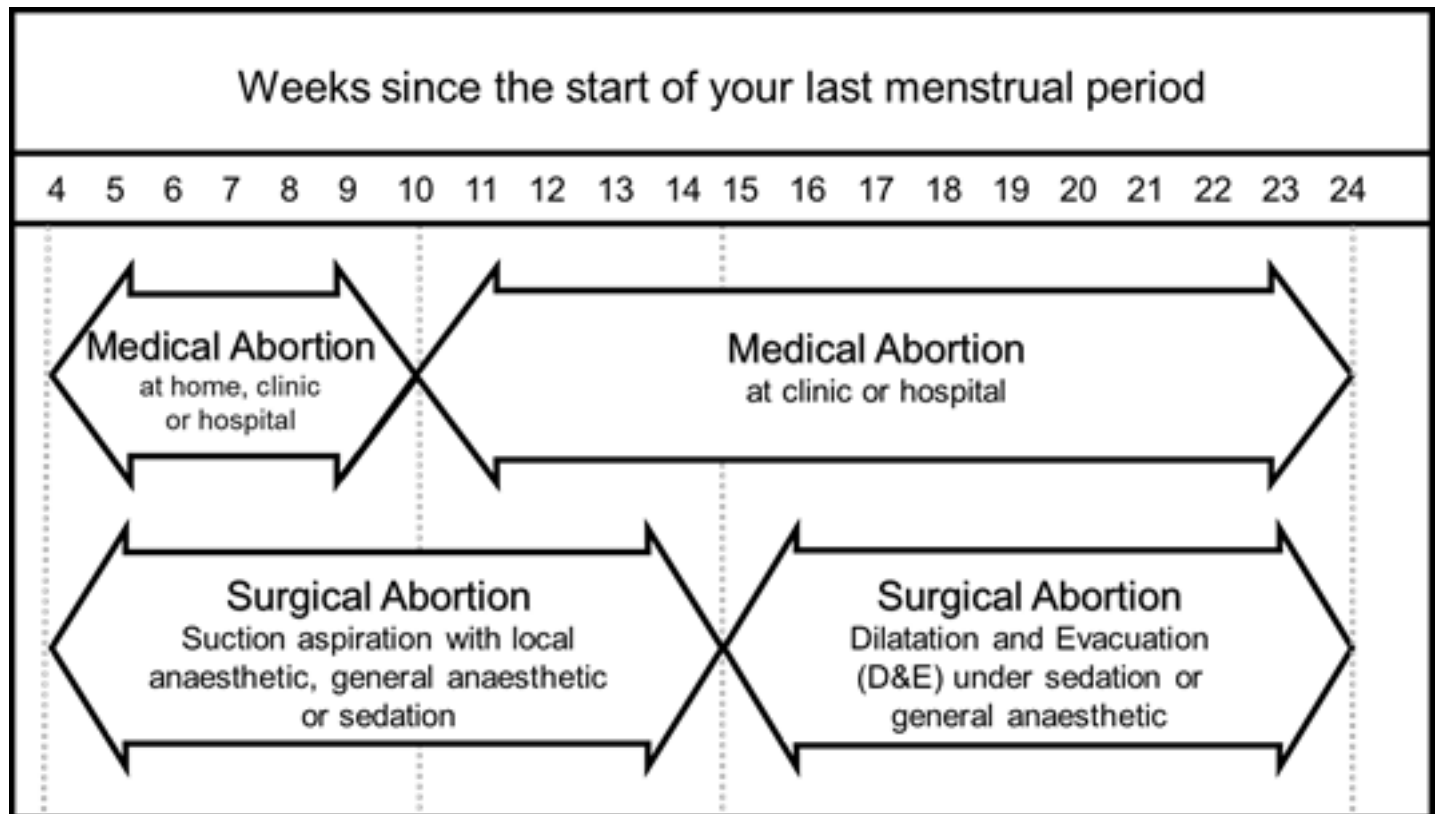
There are two types of abortion:

- Medical abortion: using medicines (drugs) to end a pregnancy.
- Surgical abortion: having a procedure to end a pregnancy.

Both types of abortion may be used up to 23 weeks and 6 days of pregnancy.

You should ideally have a choice of methods, although this may not always be possible, depending on local services and also, your individual situation.

You will have some bleeding and abdominal cramps whatever kind of abortion you have. You may also have more severe pain, and should be offered adequate pain relief.



Medical abortion before 10 weeks of pregnancy

You will be given two different medicines to take for the abortion. These medicines may be taken at the clinic, hospital, or at home. The exact stage of pregnancy when you can take medication at home varies across the UK.

The first medicine you will be given, mifepristone, will prepare the uterus (womb) for the next stage of treatment. The second medicine, misoprostol, is taken 24 to 72 hours later. Misoprostol is a hormone that makes your uterus (womb) cramp and bleed, to expel the pregnancy. This usually starts within 1-2 hours, and is usually completed 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. Some women can experience more severe pain. You may continue to bleed for several weeks.

Medical abortion after 10 weeks of pregnancy

You will take the same drugs, but you will need to go to the clinic or hospital to take the first medicine, mifepristone. One or 2 days later, you will need return to the clinic or hospital to take the second medicine, misoprostol.

Misoprostol is a hormone that makes your uterus (womb) cramp and bleed, to expel the pregnancy. This usually starts within 1 to 2 hours and is usually completed 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 nurse or midwife who has appropriate experience. You should be offered pain relief to take during the abortion. Some women can experience more severe pain. You may continue to bleed for several weeks.

Surgical abortion

Suction abortion up to 15 weeks of pregnancy

If you have a surgical abortion, you will be offered a local [anaesthetic](#) (into your cervix) often together with gas and air (Entonox or equivalent), sedation or general anaesthetic. The [cervix](#) (entrance to the uterus) is 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 medication 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.

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

Your cervix is stretched and opened (dilatation) so that the pregnancy can be removed using surgical instruments and suction. An ultrasound scan may be done at the same time to reduce the risk of complications and make sure that all of the pregnancy has been 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.

What are the risks of abortion?

Abortion, at any time in pregnancy, is safe. Serious complications are uncommon. The earlier in the pregnancy you have an abortion, the lower the risk of complications are.

Your healthcare professional should tell you about risks and complications for the specific type of abortion 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:

- Very heavy vaginal bleeding, so that you need to have a blood transfusion. This happens in less than 1 in every 1000 abortions before 20 weeks of pregnancy. After 20 weeks, it happens in around 4 in 1000 abortions.
- Injury to the cervix happens in around 10 in every 1000 surgical abortions.
- Injury to the uterus (womb) happens between 1 in 1000, and 4 in 1000 surgical abortions.

If serious complications occur, you may need further treatment, which could include an operation.

What are the risks after the abortion?

- Some pregnancy tissue may remain in the uterus and further treatment may be needed. This happens in fewer than 70 in 1000 women having a medical abortion under 14 weeks, and in 30 to 40 in 1000 women having a surgical abortion under 14 weeks. This risk is higher for abortions after 14 weeks.

- 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.](#)

Could my abortion fail, and the pregnancy continue?

All methods of abortion carry a small risk of failing to end the pregnancy. This can happen in 10 to 20 in every 1000 medical abortions and 1 in every 1000 surgical abortions.

Possible signs that your abortion has not worked, and you may still be pregnant, include:

- having none or only very light bleeding after having a medical abortion, or
- still feeling pregnant for more than a week after the abortion.

If you have any concerns, you should contact your abortion provider.

What happens after my abortion?

You should be offered:

- Written information that tells you what pain and bleeding you are likely to experience
- A telephone number that you can call if you develop pain, bleeding or a high temperature, or need any other information or support
- The chance to discuss and obtain contraception
- Information on where to get help if you want to discuss contraception later
- Information on symptoms of a continuing pregnancy
- Access to post-abortion counselling, if you wish
- Information on symptoms that you should seek urgent medical care.

If you have a rhesus (RhD) negative blood group, you may be recommended to have an anti-D injection. For further information, see NHS patient information: [Rhesus](#).

When can I return to my usual activities?

You can return to your usual activities as soon as you feel comfortable. This includes having a bath or shower, using tampons, exercising (including swimming), heavy lifting and having sex.

When should I start using contraception?

Your abortion provider should discuss contraception choices and provide you with your chosen method. You should start using contraception immediately after your 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.

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

Abortion Talk offers a confidential phone line for anyone who wants to talk about abortion:

<https://www.abortiontalk.com/>

How might my future health be affected?

If there are no problems with your abortion, it will not affect your chance of becoming pregnant in the future. It also will not increase your risk of [ectopic pregnancy](#), [placenta praevia](#), breast cancer or mental health problems.

Abortion law in the UK

Under the Abortion Act 1967, in England, Scotland and Wales you can have an abortion up to 23 weeks and 6 days of pregnancy if two doctors agree that having an abortion would:

- cause less harm to your physical or mental health, or
- cause less harm to the health of your existing children, than continuing with the pregnancy.

You can also have an abortion at any stage of pregnancy if two doctors agree that:

- the pregnancy poses a potential risk to your life,
- the pregnancy would cause very serious risks to your health, or
- there is high chance that the baby would be born with a serious disability, or be unable to survive after it is born.

Abortion in Northern Ireland comes under the Abortion (Northern Ireland) Regulations 2020 and allows for abortions up to 11 weeks and 6 days. One healthcare professional (doctor, nurse or midwife) needs to certify the abortion. From 12 weeks onwards, Northern Ireland follows similar regulations to the rest of the UK.

Further information

For information on access to abortion care in UK:

www.nhs.uk/conditions/abortion/

England: <https://www.nhs.uk/service-search/other-health-services/pregnancy-termination>

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

NICE Patient decision aid: <https://www.nice.org.uk/guidance/ng140/resources/patient-decision-aids-and-user-guides-6906582256>

Other organizations that provide confidential abortion services:

BPAS (British Pregnancy Advisory Service) www.bpas.org

Tel: 03457 304030

NUPAS: <https://www.nupas.co.uk/abortion-care/>

Tel: 03330 046666

MSI Reproductive Choices UK: www.msichoices.org.uk

Tel: 0345 300 8090

Other sources for support:

www.brook.org.uk (for those age under 25)

www.abortiontalk.com

<https://www.nhs.uk/conditions/contraception>

Making a choice

Making a choice

Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

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/>.