

Abortion

Your questions answered



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.

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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.

- More than 90 per cent of abortions 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.

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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 is 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 (0845 122 8687) 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.** 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 fee-paying abortion providers directly, you do not have to be referred by a doctor.
- **Self referral.** You may be able to refer yourself for an NHS abortion without seeing a doctor first. Ask your GP or sexual health clinic if this is available in your area.

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 it 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. Once a referral has been made by your GP or NHS clinic, or you have contacted a private clinic directly:

- You should be offered an appointment for your first consultation within five working days. This is to confirm your pregnancy, discuss your eligibility 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 five working days of the decision to go ahead being agreed.
- You should not have to wait more than two weeks from your first referral 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 medical problems may have to wait longer as they may need more specialist advice.

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 and offered extra support, including counselling if you want it, to help you make your decision
- 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 three 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) involves taking drugs to cause an early miscarriage. It does not involve surgery or an anaesthetic and you will need three appointments. The first is an assessment - the abortion will not be carried out at this visit. You will need two more appointments on two separate days. You should be able to carry out your usual activities between appointments.

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 mifepristone. Although studies so far do not show that mifepristone is associated with any risks of fetal abnormality, women are advised to continue with the abortion once they have taken mifepristone. You will be given a 24-hour contact telephone number in case you are worried or would like to talk to someone at any time.

At the third visit (one or two 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 only be used in the vagina. This causes the uterus (womb) lining to break down and you will start to bleed. You may feel cramping pains similar to period pains; you will be offered pain-relieving drugs. The pregnancy is lost with the bleeding just like a miscarriage. This normally happens 4-6 hours after using the prostaglandin tablets.

Medical abortion after 9 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 it may take longer, and higher and repeat doses of prostaglandin may need to be used along with pain relieving drugs. The abortion is like having a late miscarriage and is usually completed in time for you to return home on the same day, but sometimes it is necessary to stay overnight, particularly when the abortion is carried out later in the pregnancy.

Surgical abortion

Vacuum aspiration from 7-15 weeks of pregnancy

Vacuum aspiration (sometimes called suction abortion) 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 make this easier, tablets containing misoprostol are sometimes inserted into the vagina before the procedure is carried out to help soften the cervix. To reduce any discomfort or pain during the abortion there is a choice of pain relief. A local anaesthetic can be injected into the cervix or you can have a light general anaesthetic so you are asleep during the procedure. Some women choose conscious sedation - drugs that make you sleepy but you stay conscious during the abortion procedure - you won't remember everything that happens during the abortion. Vacuum aspiration takes about 5-10 minutes. You will usually go home on the same day, a few hours after the abortion has been carried out.

Surgical dilation and evacuation (D&E) from 15 weeks of pregnancy

This method is usually carried out under general anaesthetic. The cervix is gently stretched and opened (known as dilation) to allow special forceps to remove the pregnancy in fragments. Remaining tissue is 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 dilation 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.

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 have.

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 in early pregnancy and when an experienced doctor performs it.

- Excessive bleeding (haemorrhage) happens in around one in every 1,000 abortions; this increases to four in 1,000 abortions carried out

after 20 weeks.

- Damage to the cervix happens in less than 10 in every 1,000 surgical abortions.
- Damage to the uterus happens in up to four in every 1,000 surgical abortions.
- Damage to the uterus happens in less than one in every 1,000 medical abortions carried out after 12 weeks of pregnancy.

Should complications occur, further treatment such as a blood transfusion or surgery may be required.

- All methods of early abortion carry a small risk of failure to end the pregnancy and a further procedure will need to be carried out. This is uncommon and occurs in fewer than one in 100 women.

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.

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 have your chosen method fitted.
- 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 if you wish within two weeks of the abortion. This is particularly important after early medical abortion to check the abortion is complete.
- 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's counselling service (Northern Ireland only - 0845 122 8687).

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 premature birth if you get pregnant again.

How soon after abortion should I start using contraception?

Normal fertility returns immediately after having an abortion. If you do not want to become pregnant you should start 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. The clinic should be able to give you information and advice about contraception and provide your chosen method.

Where can I get more information and advice?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123 and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics

- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs.24.com and in Northern Ireland at www.hscni.net

Emergency contraception

If you have had sex without 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 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, nurse or pharmacist 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.

A final word

This booklet can only give you general information. The information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) evidence-based Clinical Guideline Number 7, 2011: *The Care of Women Requesting Induced Abortion*.

Remember - contact your doctor, practice nurse or a sexual health clinic if you are worried or unsure about anything.



talking sense about sex



www.fpa.org.uk

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If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

