

Abortion

Your questions answered



A note on gender

This information is for anyone who may get pregnant, including women, trans men and non-binary people.

Are you pregnant but not sure you want to be?

Do you need more information about your pregnancy choices?

Around half of pregnancies aren't planned, and in one in five pregnancies a woman will choose to have an abortion. It can be a difficult choice to make and may be an emotional time. Talking to people you trust and getting information and support can help. If you don't know what to do, FPA's information *Pregnant and don't know what to do?* talks through your options, including abortion, adoption and

becoming a parent. Visit www.sexwise.org.uk

This booklet has information about getting an abortion. It tells you about the different types of abortion and what's involved.

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 you to have an abortion up to 24 weeks of pregnancy, if two doctors agree it's less likely to cause harm to your physical or mental health than continuing with the pregnancy.

- More than 90% of abortions are carried out before 13 weeks of pregnancy.
- More than 98% 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 isn't clear, this can be

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checked with an ultrasound scan.

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

Northern Ireland

The 1967 Abortion Act doesn't extend to Northern Ireland. You can only have an abortion in Northern Ireland if there's a real and serious risk to your mental or physical health and the risk is permanent or long-term.

If you live in Northern Ireland, you can travel to England for an abortion where you can get free care. If you're on a low income, or receive certain benefits, you'll be supported with travel and accommodation costs. You can call 0333 234 2184 to book an appointment with an abortion care provider in England and get information about travel and accommodation funding. You can contact FPA in Northern Ireland (0345 122 8687) for confidential counselling, information and support.

How do I get an abortion?

Abortion is free if you're referred through the NHS. Abortion is also available through private clinics and hospitals where you'll 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.
- Self-referral. You may be able to refer yourself for an NHS abortion without seeing a doctor or nurse first. Ask your GP or sexual health clinic if this is available in your area.
- Privately run clinics. You can contact fee-paying abortion providers directly without being referred by a doctor or nurse.

Can a doctor or nurse refuse to refer me for an abortion?

No. A doctor or nurse doesn't have to take part in abortion if they're against abortion but they

should always refer you to another doctor or nurse who'll help. Guidance from the General Medical Council, the Nursing and Midwifery Council and The Royal Pharmaceutical Society of Great Britain states that the personal beliefs of doctors, nurses or pharmacists shouldn't affect patient care.

If your doctor or nurse isn't 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. An abortion is a matter for you and your health team. Information and treatment can't be shared with anyone else without your agreement. You'll usually be seen separately from your partner or other person accompanying you to an appointment at some point in the consultation.

Your hospital or clinic doesn't have to tell your GP. Many abortion services like to tell your GP 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 don't want them to tell your GP.

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

No. You don't have to tell your parents. You'll be encouraged to involve your parents, carers, or another supportive adult but you can still have an abortion even if you don't tell them. The doctors must think it's in your best interests, and that you fully understand what's involved.

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

Do I need my partner's agreement?

No. Your partner, or the person you got pregnant with, has no legal rights. You can go ahead with an abortion without your partner's knowledge or agreement. Partners have never successfully prevented abortion by legal action.

If you feel that you're at risk of harm if your partner finds out about you having an abortion, please let your abortion provider know.

How long will I have to wait?

Waiting times vary.

- You should be offered an appointment for your first consultation within five working days. This is to make sure you're pregnant, see if you can have an abortion and see if other procedures are necessary, for example sexually transmitted infection testing and treatment.
- The abortion should be carried out within five working days of the decision to go ahead.
- You shouldn't 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. If you have a medical problem, you may have to wait longer for 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?

An abortion usually involves at least two separate appointments. The first is for an assessment - this may sometimes be by telephone. The second is to carry out the abortion. This may be on the same day as the assessment or a different day. You may need a further appointment, depending on the type of abortion and the service. You generally don't have to stay overnight.

During your first appointment you should be given:

- an opportunity to talk things through
- extra support, including counselling if you want it
- information about the different types of abortion, which type 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
- the offer of a check-up for sexually transmitted infections and HIV
- a consent form to say you agree to the abortion and the procedure being chosen.

You'll be asked about your medical history to ensure you're offered a suitable abortion method.

You may:

- need an ultrasound scan to check your pregnancy dates (you can see the scan picture if you want but don't have to). The scan may be performed through the abdomen or be an internal scan. This scan shouldn't be carried out in antenatal settings where you'd meet people who are continuing their pregnancies
- be offered a cervical screening (smear test) if you've not had one within the last three years.

You should be offered a chance to talk about contraception and which method you'd like to use after the abortion. The clinic can usually give you your chosen method. If they can't, they'll tell you where you can get it.

What does an abortion involve?

Different abortion procedures are available depending on how long you've been pregnant, your medical suitability and your preferences. You should be offered a choice of abortion methods, although this isn't always possible.

Medical abortion

Early medical abortion up to nine or 10 weeks of pregnancy

Early medical abortion (sometimes called EMA or the abortion pill) involves taking medication to cause an early miscarriage. It doesn't involve surgery or an anaesthetic.

Early medical abortion is available up until 9 or 10 weeks of pregnancy, depending on the provider, and you'll have one, two or three appointments. You'll always have an assessment first. The procedure may also be started at this time or you may need to have another appointment.

To start the process, you'll be given a mifepristone tablet to swallow. This blocks the pregnancy hormone. This is usually not enough to end the pregnancy but very occasionally it might be. Occasionally you'll experience some bleeding after taking mifepristone but usually there won't be any other effects and you can carry on with your normal activities.

To complete the abortion, you'll be given prostaglandin tablets, called misoprostol. This may be on the same day as the mifepristone, or at another appointment between 1 and 3 days later. If you're between 9 and 10 weeks there'll always be a second appointment at least 24 hours later. You should be able to carry out your usual activities between appointments. Misoprostol can be used in the vagina or taken by mouth. It causes the uterus (womb) lining to break down and you'll start to bleed. Bleeding usually starts around two hours after taking the misoprostol but may start sooner. You may feel cramping pains similar to period pains; you'll be offered pain-relieving drugs. The pregnancy is lost with the bleeding like a miscarriage. This usually happens within 4-6 hours but may be quicker or take longer. You'll usually be able to leave the clinic after taking the misoprostol.

You'll be given a 24-hour phone number to call if you're worried or would like to talk to someone at anytime during this procedure.

Medical abortion after nine or 10 weeks

The tablets used for early medical abortion are also used for medical abortion later in pregnancy. When abortion is carried out later in the pregnancy, it may take longer, and higher and repeat doses of prostaglandin may be needed, along with pain-relieving medicine. The abortion is like having a late miscarriage. You can usually return home on the same day, but sometimes you'll have to stay overnight, particularly when the abortion is carried out later in the pregnancy.

Surgical abortion

Vacuum aspiration – up to 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, misoprostol tablets are sometimes inserted into the vagina before the procedure is carried out to help soften the cervix. You'll be offered a choice of suitable pain relief methods, but not all methods are available in every setting. Depending on what you prefer and how many weeks pregnant you are, you may have a local anaesthetic injected into the cervix, conscious sedation (you're relaxed and sleepy) or a general anaesthetic (you're asleep). With conscious sedation, you stay awake but won't remember everything that happens. Vacuum aspiration takes about 5-10 minutes. You'll usually go home a few hours after the procedure.

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. The procedure takes 10-20 minutes. You may be able to return home on the same day if you're healthy and there are no complications.

Abortion after 21 weeks

Abortion at this stage isn't 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's not born alive. You may need to attend one or two days before for medication that is taken in the vagina to soften the cervix, returning for the actual procedure. The procedure feels similar to going into labour and you'll be offered pain relief. It takes time and you'll have to stay in the hospital or clinic, sometimes overnight.

Is abortion painful?

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

Is abortion safe?

Yes. Abortion is usually safer than giving birth. Abortion can have risks, but problems are less likely to occur when it's performed early in pregnancy, when local anaesthetic is used and steps are taken to reduce any infection after the abortion. You'll be told about any possible complications.

Are there risks at the time of the abortion?

Problems at the time of the abortion aren't very common. They're less likely to occur when the abortion is carried out in early pregnancy and 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 1 in every 100 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.
- If 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. If this happens a further procedure will need to be carried out. This is uncommon and occurs in less than one in 100 abortions.
- All operations using a general anaesthetic carry some risks, but serious problems are rare.

Are there risks after the abortion?

Problems after an abortion are rare. Infection is the most common problem, usually caused by a pre-existing infection. Infection is most likely in the two weeks after the abortion. You're likely to know if you have an infection as you may develop pain, heavy bleeding and sometimes a fever or unpleasant discharge. You'll usually be given antibiotics at the time of the abortion to help reduce this risk.

Most infections are easy to treat. If not treated, you could get a more severe infection of the reproductive organs called pelvic inflammatory disease (PID), have problems with fertility in future or be at increased risk of an ectopic pregnancy (a pregnancy that develops outside the uterus, usually in the fallopian tube).

Sometimes a small amount of pregnancy tissue remains in your uterus (womb) after the abortion. This is known as retained products of conception. This isn't dangerous. You're likely to have cramping pain and heavy bleeding a little while after the abortion. Sometimes this resolves on its own but sometimes you might need further treatment.

In some cases, the abortion may not remove the pregnancy (see *Are there risks at the time of the abortion?* on page 10). This isn't harmful, as long as it's recognised at the time. It just means that you'll 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 that you're still pregnant or have an infection:

- pain in your lower abdomen that doesn't 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're likely to experience, for example what bleeding to expect and how long it might last.
- A 24-hour helpline number for advice on any problem or concern.
- 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 and 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. You may be offered a follow-up phone call and a pregnancy test to do at home instead.
- An opportunity to go back and talk about any worries or concerns, or to talk about your feelings about the abortion if you're finding the experience difficult or distressing (see How will I feel? on page 13).

How will I feel?

You may feel relieved, sad or have mixed feelings after an abortion. These are natural reactions. It's rare to have any long-term psychological problems and those who do often had similar problems before the abortion. It depends on the circumstances and reasons for having the abortion and how comfortable you are with the decision. It's always important to seek help and support if you're feeling distressed about having had an abortion whether it's at the time of the abortion or some time after.

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 - 0345 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'd like the fetal tissue to be disposed of, talk to your healthcare team at the hospital or clinic before you have your abortion.

How long will I bleed for after the abortion?

Bleeding after abortion is normal. How long you bleed for depends on the abortion method. Bleeding can vary. You may bleed for a long time or you may not bleed much at all. Bleeding after medical abortion can last for several weeks. Bleeding after surgical methods can last for about two weeks. Either can be spotting or heavy. If you have very heavy bleeding you should seek advice straight away.

If you don't 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. Abortion doesn't increase your risk of breast cancer.

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

Having an abortion won't 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's some evidence that if you've had an abortion there may be a small increased risk of premature (early) birth if you get pregnant again.

How soon after abortion should I start using contraception?

If you don't want to get pregnant, you should start using contraception immediately after the abortion. Any method of contraception can be started at this time. If you start contraception immediately you'll be protected from pregnancy straight away. Your abortion provider should be able to give you information and advice about contraception and provide your chosen method or tell you how you can get it.

Where can I get more information and advice?

The National Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm.

For more information on sexual health visit www.fpa.org.uk or www.sexwise.org.uk

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

Clinics

To find 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.

Details of general practices and pharmacies in England are at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland, details of general practices are at www.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

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

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with levonorgestrel can be taken up to three days (72 hours) after sex. It's available with a prescription or to buy from a pharmacy. There are a number of different brands.

Try and get emergency contraception as soon as possible after unprotected sex. Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections. External (male) and internal (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 may increase the risk of HIV 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.

Contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.



the sexual health charity



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If you'd like information on the evidence used to produce this booklet or would like to give feedback email feedback@fpa.org.uk



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