West Hertfordshire Hospitals NHS Trust

A guide to...

Abortion (Termination of Pregnancy)

Patient information

How to contact us

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Finding out that you are pregnant can be a shock when it is unplanned. Most women find out early in a pregnancy and can take time to make the right decision for them.

An abortion is a procedure to end the pregnancy. Abortions are performed up to 24th week of pregnancy. They can be done medically (with tablets) or surgically (a procedure in an operating room). Most women are well afterwards. There is no evidence that having an abortion reduces your chances of having a family when the time is right.

What is an abortion?

Abortion is also known as termination of pregnancy. It is a process that brings an end to a pregnancy.

Who can have an abortion?

In the UK, The Abortion Act (1967) in England, Scotland and Wales made it legal for women to have an abortion. Two doctors need to certify that there are good reasons for doing the abortion. Most abortions are done in the UK on the grounds that continuing the pregnancy 'would cause physical or mental harm' to the mother.

Some countries, such as Northern Ireland and the Republic of Ireland, have different policies which make abortion illegal, except in very particular circumstances. Also some religions such as Muslim and Catholic faiths, believe abortion is wrong.

In the UK, a woman under the age of 16 years may have an abortion if the doctors responsible for her care believe she is able to make the decision for herself. Ideally this decision should be made with the knowledge and consent of her parents. The law supports a woman under the age of 16 making this decision without parental knowledge and consent, as long as she is believed to be capable of making an informed decision.

What are my choices?

Finding out that you are unexpectedly pregnant can be very worrying. You may feel that you need a solution straightaway. If possible, try to take a few days to collect your thoughts and talk to people. Usually women find out they are pregnant as soon as they miss a period. This makes you very early in the pregnancy. An abortion can take place at any time up to 24 weeks in the pregnancy, so there is no need to rush.

Try to talk to your partner. They may be more supportive than you imagine. If your views are very different, it may be worth asking someone else to be there when you talk about it. You should be aware that your partner cannot make you have an abortion. You should also know that they cannot refuse to let you have an abortion.

Talk to your family. This may seem a frightening idea but most families just want to help if they can. They may be upset or angry at first but this usually changes.

The options are generally:

- To have an abortion.
- To continue the pregnancy and keep the baby.
- To continue the pregnancy and give the baby for adoption after birth.

Abortion services do offer counselling which may be helpful in reaching your decision. Take this option if you are unsure about what to do. You can be referred to the counselling and then choose not to have the abortion. So going to the abortion clinic to have counselling does not mean you have made up your mind to have the abortion.

Taking some time to reach the right decision for you is important. Do not rush into this decision. However, if you decide to have an abortion, the earlier this happens in your pregnancy the better. It is simpler and safer in the very early stages than later on. So if you do decide to have an abortion, do not delay going to your doctor or an abortion clinic.

How is an abortion done?

Most abortions (9 out of 10) in the UK take place when the woman is less than 13 weeks pregnant. There are two treatments available.

Medical abortion

For a medical abortion you will be given two types of medicine which together cause you to effectively have a miscarriage. You will be given a tablet called mifepristone to take. After 24-48 hours you are then given a medicine called misoprostol. The timing and the dose of the misoprostol (the second medication) will depend on how far along in your pregnancy you are. It will also affect the options for taking it. You can either let it dissolve under your tongue or inside your cheek, or inside your vagina. Not all these options are suitable at all stages of pregnancy.

Sometime after this you start to have stomach cramps and vaginal bleeding. Most women will lose the pregnancy sometime after this. If you do not start to bleed you may need more misoprostol doses.

Surgical abortion

Before the procedure, you may have a tablet put in the vagina to help make the neck of the womb (cervix) softer. This helps the procedure go smoothly.

You will normally be given the option of having a surgical abortion while you are awake (with local anaesthetic) or asleep (general anaesthetic). The other option is to be awake but relaxed and sleepy (sedated). Usually in early pregnancy, up to 14-16 weeks, all these options are possible.

- If you are having a local anaesthetic, you will be offered some painkillers before the procedure. An injection inside will numb the neck of your womb (your cervix) to prevent it being too painful.
- If you are having a general anaesthetic, you will have an injection into your arm. You will be asleep throughout the procedure and not be aware of anything.
- If you choose sedation, you will again have an injection into your arm. It will not put you to sleep but will make you feel sleepy and relaxed. You may find you do not remember much about the procedure afterwards.

Then an instrument is carefully placed through the neck of the womb and suction is used to remove the pregnancy from the womb.
At later stages of pregnancy, instead of suction the doctor uses surgical instruments to remove the pregnancy. If you are later into your pregnancy (14-16 weeks pregnant or more) you will be advised to have a general anaesthetic.

Does it ever fail?

Both types of procedure usually work very well. There is a small risk that you may continue to be pregnant after both types of abortion. This happens to less than one in a hundred women who have had an abortion.
If your periods do not return or you continue to feel pregnant, you should contact the clinic that treated you. Also, if you continue to bleed after two weeks, or your bleeding is very heavy, or you experience a lot of pain, you should see your GP or contact the clinic that treated you.

How quickly will I be seen?

This may vary locally but guidelines produced by the Royal College of Obstetricians and Gynaecologists say that a woman should be seen within five working days of the referral letter being received. After assessment, an abortion should be offered no more than five working days later.
If you have a serious medical condition, you may need to be seen at another hospital. They will have the necessary specialists to take care of you safely.

Are there any risks to me?

No procedure is without risks; however, major problems are very rare. The most common complication is infection. This occurs in 1 in 10 procedures. Before the abortion, the risk is reduced by screening for the germs (bacteria) usually responsible and by giving antibiotics.

Sometimes there may be damage to the neck of the womb (cervix). This happens in approximately 1 in 100 surgical procedures. It is less common when the procedure is done earlier in the pregnancy.

In about 1 in 1,000 surgical operations, there may be a small hole made in the womb. This is called perforation. This happens because the womb becomes softer than it normally is, when it is pregnant.

The risk of serious bleeding increases the further along the pregnancy is. Serious bleeding is that which needs a transfusion to correct. If you are under 13 weeks pregnant the risk of serious bleeding is 1 in 1,000. If you are over 20 weeks pregnant the risk is 4 in 1,000. Some bleeding is normal after most abortions.

Where will I have the abortion?

Most abortions in the UK are provided by independent groups such as the British Pregnancy Advisory Service or Marie Stopes UK. They provide the service on behalf of the NHS and you will not have to pay. You can access this service through your GP or family planning clinic. If you want to avoid the NHS or have your choice of where you go, you can go directly to an abortion provider but you will have to pay.

At your first visit you will be seen by a doctor who will assess your general health and how far along the pregnancy is. They will talk to you about the available treatment options. They may also ask you about what you plan to do for contraception after the abortion. The clinic may be able to help - for example, by fitting a coil after the surgical procedure has been done. They may also offer to take a cervical smear test if you need one.

When you leave this appointment you should have a date to come back to have the abortion.
If you have a medical abortion you come to the clinic to have the tablet. You will be asked to stay for a couple of hours, to make sure you are not sick after it. You are then allowed to go home until the next tablet. After the second tablet you have a choice whether to stay at the clinic or go home. This is a personal choice. If you prefer to be in your own home, you can be. It may be a good idea to have someone on hand to help or offer support if needed. Some women may be anxious about being at home whilst they lose the pregnancy. They can choose to stay at the clinic until it is all over.

If you have a surgical abortion you will come back to the clinic for the procedure. The procedure is quite quick (normally 10 minutes or less) but you will be asked to stay until the effect of any sedation has worn off. This varies between people but is normally a couple of hours. They will also want to check that you are not bleeding heavily and can pass urine without a problem.

What tests will I have?

The tests you have will depend on your own health. Women with no health problems may not need any tests. Sometimes blood tests may be necessary. These might be to check that you are not anaemic or that your blood clots normally when you bleed. The clinic will need to check your blood group. This is to see whether you are rhesus positive or negative. Rhesus-negative women need to have an injection called anti-D after the abortion. This is to prevent an immune reaction happening in any future pregnancies, which may make that baby anaemic.

Some women may need an ultrasound scan to see how many weeks pregnant they are. This is usually only necessary if you are very unsure of your last period and have no idea how pregnant you are.

The clinic may check if you have certain germs (bacteria) in the vagina and womb. If they are present, you may be more likely to have an infection after the procedure. To prevent this, a course of antibiotics is given.

There are usually two different antibiotics -metronidazole and doxycycline or azithromycin. They may be given during the procedure, if you have a surgical abortion.

What happens afterwards?

Immediately afterwards, you will usually feel crampy tummy (abdominal) pain, like period pain. You can take simple painkillers such as the ones you might use for period pain - for example, ibuprofen. The pain usually settles in a few hours.

After the abortion it is normal to have some vaginal bleeding. This should be no worse than a period and should stop after a week or so. While you are bleeding you should not use tampons or have sex. This is because you have an increased risk of getting an infection at this time. Be aware that you can become pregnant again immediately after an abortion. This is why discussing contraception with your doctor at the clinic is a good idea. See separate leaflet called Contraception - General Overview for more details.

Infection may make you feel hot and sweaty and a bit sick. There may also be pain in your lower abdomen. The discharge from your vagina might become smelly. If you feel you may have an infection you should talk to your doctor.

You may feel absolutely fine the next day and be able to go back to work. You may feel quite emotional. This is normal and usually settles as your body goes back to normal. If you continue to feel upset it may help to talk to a counsellor about it. Your doctor or your clinic should be able to arrange this.

You will not normally need a follow-up appointment, unless there are any problems.

Are there any risks to my health in the future?

Many women worry that having an abortion may affect t their chances of having a baby when they want to start a family; there has been lots of studies looking at this and there is no evidence that this is the case. Women who have had abortions are no more likely than anyone else to have problems having children.

There is no evidence that having a medical abortion affects your health in any way. It appears to be as effective and as safe as a surgical abortion.

There is some evidence that women who have had many surgical abortions may be at increased risk of having a premature baby. It has not been shown that the abortion is definitely the cause for this.

Acknowledgment

The Trust would like to thank the Patient website (https://patient.info/) for allowing the Trust to reproduce part of their work on **Abortion.**