About abortion care:
what you need to know

Royal College of Obstetricians and Gynaecologists

Setting standards to improve women's health

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Contents

Key points

- An abortion is a way of ending an unwanted pregnancy, either through using medicines (drugs) or a surgical procedure.
- In Great Britain, the law allows a woman to obtain an abortion up to 24 weeks of pregnancy if two doctors agree that it would cause less damage to her physical or mental health than continuing the pregnancy. There are more restrictions in Northern Ireland.
- If you think you want an abortion you should see your GP, practice nurse or family planning clinic. They can refer you to an NHS or an independent abortion service, as you wish. If you prefer, you can contact an independent service directly.
- You have a right to confidentiality if you are seeking an abortion. Your GP, parents or partner do not have to be informed, even if you are under 16.
- You should not have to wait more than 3 weeks from your first referral to the time of your abortion.

- The earlier in your pregnancy you have an abortion, the safer it is.
- You should ideally be offered a choice of different methods, depending on how long you have been pregnant.
- You should start using contraception again immediately after your abortion. You should be offered the method of your choice.

About this information

This information replaces the Royal College of Obstetricians and Gynaecologists (RCOG) information for women published in 2001. It is based on the RCOG guideline **The Care Of Women Requesting Induced Abortion (2004).** To find out more about the guideline, see the Sources and acknowledgements section.

This information is for you if you are considering having an abortion. It tells you about the recommendations the guideline makes on:

- how you can access abortion services
- the care you can expect to receive
- the different abortion procedures you may be offered.

The recommendations apply to both NHS and independent abortion services.

This information aims to help you and your healthcare team make the best decisions about your care. It may help you in deciding whether abortion is right for you. It is not meant to replace advice from a doctor or nurse about your own situation.

➢ Some of the recommendations here may not apply to you; this could be because of an illness or condition you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

What is the law on abortion?

Under the Abortion Act 1967, abortion is legal in Great Britain (England, Scotland and Wales) up to the 24th week of a pregnancy (a week of pregnancy is measured from the first day of your last normal menstrual period). An abortion can only be done after 24 weeks in exceptional circumstances. Most abortions (90 out of 100) are carried out before 13 weeks of pregnancy; 98 out of 100 are carried out before 20 weeks.

In England, Scotland and Wales, you can get an abortion if two doctors agree that it would cause less damage to your physical or mental health than continuing with the pregnancy. The doctors may take your life circumstances into consideration. Most doctors feel that the distress of having to continue with an unwanted pregnancy is likely to be harmful and so will refer a woman for an abortion. Abortion is only available in Northern Ireland in more restricted circumstances.

Can my doctor refuse to give me an abortion?

A doctor or nurse has the right to refuse to take part in abortion on the grounds of conscience, but he or she should always refer you to another doctor or nurse who will help. The General Medical Council's *Duties of a Doctor* says that doctors must make sure that their "personal beliefs do not prejudice patient care". The Nursing and Midwifery Council's *Code of Conduct* provides similar guidance to nurses.

Will anyone else be told about my abortion?

The decision to have an abortion is a matter between you and your healthcare team. All information and treatment is confidential. This means that information about you cannot be shared with anyone else without your agreement.

The hospital or clinic where you have an abortion is not required to inform your GP, but many abortion services do this so that the GP can provide appropriate care afterwards. They should only do this with your consent. If you do not want your GP to know, you should tell the staff providing your abortion care.

You do not need your partner's agreement, although many women want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have always been unsuccessful.

What if I am under 16?

Any young person, regardless of age, can give valid consent to medical treatment providing she is considered to be legally competent – that is, able to understand a health professional's advice and the risks and benefits of what is being offered.

All very young women are encouraged to involve their parents or another supportive adult. If you choose not to do this, doctors can offer you an abortion if they are confident that you can give valid consent and that it is in your best interests.

You have a right to confidentiality like everyone else. However, if staff in NHS hospitals suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social services.

How can I get an abortion?

If you think you want an abortion you should see your GP, practice nurse or family planning clinic as soon as possible. They can refer you to an NHS or an independent abortion service, as you wish. If you prefer, you can contact an independent service directly.

If your own doctor or nurse does not provide abortion referral he or she must refer you to another GP.

Abortion is free on the NHS. If you choose to have private treatment you will have to pay a fee.

Private hospitals and specialist clinics that carry out abortions are licensed and inspected by the Healthcare Commission and approved by the Department of Health. Some NHS abortions are carried out through independent services. This is quite usual.

How long will I have to wait?

Waiting times vary according to where you live, but once you have seen your doctor or practice nurse, you should not have to wait more than 3 weeks from your first referral to the time of your abortion.

Ideally you should be able to have:

- an appointment for a first consultation within 5 days of being referred and never more than 2 weeks afterwards
- an abortion within 7 days of the decision to go ahead being agreed and never more than 2 weeks afterwards.

You should be seen as soon as possible if you need an abortion for urgent medical reasons.

What can I expect before I have an abortion?

Your healthcare team should make sure you have appropriate, accurate information about the abortion procedure. As well as verbal advice, you should be offered printed information that includes local details. You should be given information on the different methods of abortion that can be used at your stage of pregnancy and the possible risks associated with them.

You should be offered extra support, if you need it, to help you make your decision. You should be offered appropriate information and support if you decide not to have an abortion.

Your healthcare team should ensure that you can access services if you have special needs (if for instance, you do not speak English or if you need to be cared for by a woman doctor).

Before the abortion your healthcare team will need to find out about relevant aspects of your health and medical history. You should therefore be offered:

- blood tests
- tests for genital infections (including chlamydia or other sexually transmitted infections), or antibiotics to help prevent problems after the abortion.

You may be offered:

- a cervical smear test
- an ultrasound scan (this should usually be carried out in a place where you would not meet women who intend to continue with their pregnancies).

What does an abortion involve?

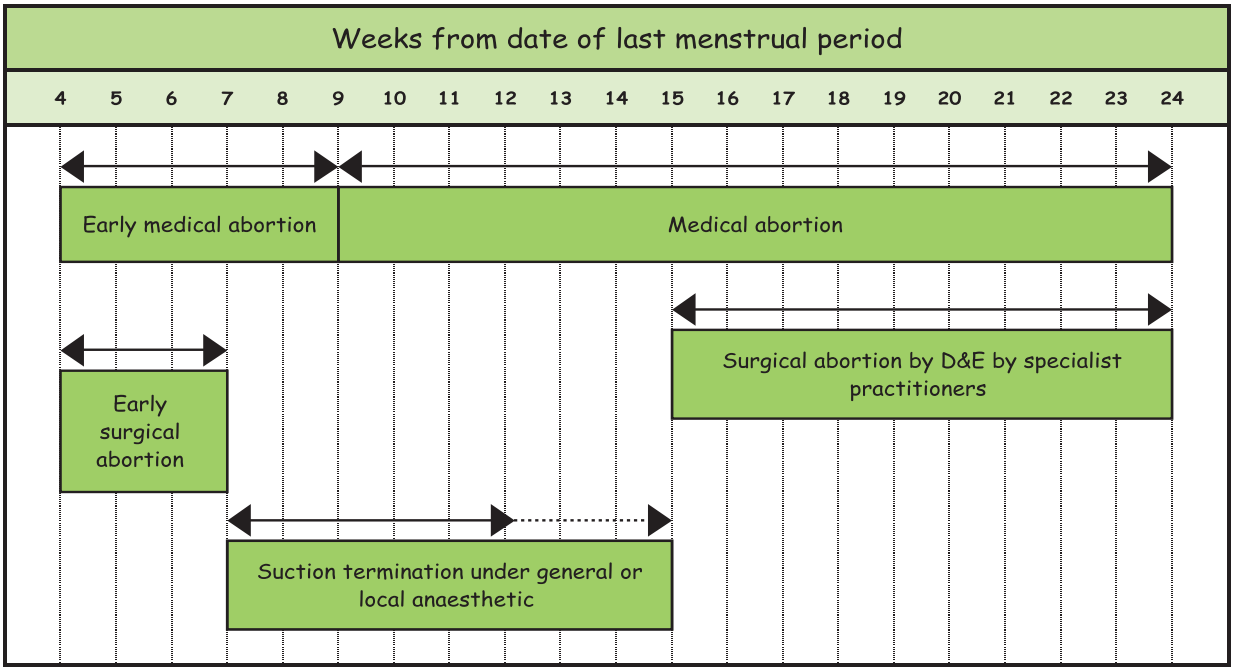
An abortion is a way of ending an unwanted pregnancy using either medicines (drugs) or a surgical procedure. Both types of abortion can be used at any stage of pregnancy.

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.

Whichever type of abortion you have, you will usually be able to go home the same day. If you need an overnight stay an inpatient bed must be made available for you.

As far as possible, you should be cared for separately from women who are having other kinds of treatment.

Methods of abortion and when they can be used



Early medical abortion – up to 9 weeks of pregnancy

Medical abortion is the most effective method for women who are less than 7 weeks pregnant. It is also a possible choice at any stage of pregnancy.

You will need to attend the hospital or clinic twice, on 2 separate days. On the first visit you take tablets of mifepristone to block the hormones that help a pregnancy to continue. On the second visit you will be given prostaglandin, either as tablets or as vaginal pessaries. Prostaglandin is a hormone that makes your womb expel the pregnancy, usually within 4 to 6 hours.

The RCOG guideline recommends a number of drug combinations for medical abortion. Some of them include a drug called misoprostol (a type of prostaglandin) which is not yet licensed for use in abortion but has been shown to be safe and effective. Your doctor or nurse should tell you if you are being prescribed an unlicensed but recommended treatment.

Medical abortion – after 9 weeks of pregnancy

You take the same drugs as you would for an early medical abortion. At this stage, however, abortion takes longer and you may need to have more than one dose of prostaglandin. If you have a medical abortion between 12 and 24 weeks of pregnancy, you should be cared for by a midwife or nurse who has appropriate experience. You should ideally have a single room.

Suction termination – usually from 7 to 12 or 15 weeks

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

Suction termination can be carried out with a local or general anaesthetic. A local anaesthetic is safest. The suction device may be electric or operated by hand. Electric suction is quicker.

The entrance to your womb (known as the cervix) is gently stretched and opened until it is wide enough for the contents of the womb to be removed with a suction tube. The extent to which the cervix needs to be opened depends on the size of the pregnancy. To make this safer, there are a number of effective ways to soften the cervix beforehand, for example by inserting tablets containing misoprostol (a type of prostaglandin hormone) into your vagina.

Surgical dilatation and evacuation (D& E) – from about 15 weeks of pregnancy

Your cervix is gently stretched and opened (this is known as dilatation) so that the pregnancy can be removed in fragments with a suction tube and forceps. You usually need a general anaesthetic.

What sort of anaesthesic will I have?

If you have a surgical abortion you may be offered:

- a local anaesthetic (around the area of your cervix), or
- a general anaesthetic, or
- conscious sedation – this uses a drug that makes you sleepy but means that you stay conscious during the procedure.

You can find more information about having an anaesthetic at:
www.youranaesthetic.info

Is abortion painful?

You will probably have some pain or discomfort, whatever kind of abortion you have, during or after the procedure. You should be offered a choice of appropriate pain relief if you need it.

How will I feel after an abortion?

How you react will depend on the circumstances of your abortion, the reasons for having it and on how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both.

Some studies suggest that women who have had an abortion may be more likely to have psychiatric illness or to self-harm than other women who give birth or are of a similar age. However, there is no evidence that these problems are actually caused by the abortion; they are often a continuation of problems a woman has experienced before.

What is the risk of the abortion failing?

There is a small risk in all methods of early abortion that the pregnancy may not be ended. Before the 7th week of pregnancy medical abortion is more successful than surgical abortion.

Overall, just over two out of every 1,000 women who have a surgical abortion continue to be pregnant.

With medical abortion (including those carried out after the 7th week), different studies have come up with different rates of failure. Some have found that only one or two out of every 1,000 medical abortions failed to end the pregnancy, while others have reported that up to 14 out of every 1,000 fail.

How safe is abortion?

For most women, an abortion is safer than carrying a pregnancy and having a baby. All medical and surgical procedures have risks, but the earlier in pregnancy you have an abortion, the safer it is. Your doctor or nurse should tell you about risks and complications that relate to the specific abortion procedure(s) being offered to you. If you have special concerns about certain kinds of risk, let your healthcare team know so that they can tell you more.

Are there risks at the time of the abortion?

Problems at the time of abortion are not very common:

- excessive bleeding (haemorrhage) happens in around one in every 1,000 abortions
- damage to the cervix happens in no more than ten in every 1,000 abortions
- damage to the womb at the time of surgical abortion happens in up to four in every 1,000 abortions.
- damage to the womb happens in fewer than one in every 1,000 medical abortions done between 12 and 24 weeks (a time known as mid-trimester).

Are there risks after the abortion?

You are more likely to get problems in the 2 weeks after the abortion than at the time of the procedure itself. Up to one in ten women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk. If you are not treated, it can lead to a more severe infection (known as pelvic inflammatory disease or PID).

In one in every 100 abortions the womb is not completely emptied of its contents and the woman may need further treatment.

Will abortion affect my future chances of having a baby?

If there are no problems with your abortion it will not affect your future chances of becoming pregnant, although you may have a slightly higher risk of miscarriage or early birth. Your fertility may be affected if you have a serious infection such as PID or if you have an injury to your womb.

Does abortion cause breast cancer?

Research evidence shows that having an abortion does not increase your risk of developing breast cancer.

What should happen afterwards?

After your abortion you should be offered:

- written information that tells you what you are likely to experience
- a 24-hour telephone helpline number that you can ring if you develop pain, bleeding or a high temperature
- the chance to discuss contraception and obtain supplies if you need them
- a follow-up appointment within two weeks of your abortion (this is particularly important if you have an early medical abortion)
- further counselling if you experience continuing distress (this happens to a few women and is usually related to personal circumstances).

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately.

What if I am rhesus (RhD) negative?

If you are RhD negative, you should usually be offered an anti-D injection after your abortion. You can find more information about this in *Guidance on the routine use of anti-D prophylaxis for RhD negative women: information for patients*, by the National Institute for Clinical Excellence (NICE), at www.nice.org.uk/pdf/Anti_d_patient_leaflet.pdf.

Is there anything else I should know?

- Sometimes extra procedures are necessary at the time of an operation to save a person's life or prevent serious harm to their health. Your doctor or nurse will tell you about these. You have a right to say whether there are any procedures you do not want the surgeon to carry out.
- You have the right to be fully informed about your health care and to share in making decisions about it. Your healthcare team should respect and take your wishes into account.

Other organisations

This organisation offers support and information.

CareConfidential
Clarendon House
9-11 Church Street
Basingstoke
RG21 7QG
Tel: 0800 028 2228
www.careconfidential.com

fpa (Family Planning Association)
2-12 Pentonville Road
LONDON N1 9FP
Tel: 0845 310 1334
www.fpa.org.uk

These non-profit-making organisations provide confidential abortion services:

bpas abortion care
Stratford Road
Wootton Wawen
Henley-in-Arden B95 6BX
Tel: 08457 30 40 30
www.bpas.org

Marie Stopes International UK has nine centres in England.
Tel: 0845 300 8090 for abortion information and appointments.
www.mariestopes.org.uk

Sources and acknowledgements

This information replaces the previous leaflet published in May 2001. It is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline **The Care Of Women Requesting Induced Abortion** (revised and published by the RCOG in September 2004). The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/mainpages.asp?PageID=108&GuidelineID=31

The guideline recommendations will be reviewed as and when appropriate in the light of new research evidence. This information for women will be updated whenever changes are made to guideline recommendations.

Clinical guidelines are written for health practitioners. They are drawn up by teams of medical professionals and consumers' representatives who look at the best research evidence there is about care for a particular condition or treatment. The guidelines make recommendations based on this evidence.

This information has been developed with input from the RCOG Consumers' Forum and the authors of the clinical guideline. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG. It was funded by a grant from the Department of Health.