

Abortion

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Post-abortion counselling

Women vary greatly in their emotional response to having an abortion. You may experience a number of different feelings and emotions.

If you need to discuss how you are feeling, you can contact a post-abortion counselling service. It is recommended you seek advice and counselling.

Abortion: your options

An abortion is the medical process of ending a pregnancy so it does not result in the birth of a baby.

It is also sometimes known as a 'termination' or a 'termination of pregnancy'.

Depending on how many weeks you have been pregnant, the pregnancy is ended either by taking medication or by having a surgical procedure.

An abortion is not the same as a miscarriage, where the pregnancy ends without medical intervention (although medical treatment may be needed after a miscarriage).

Why an abortion may be needed

There are many reasons why a woman might decide to have an abortion including:

- personal circumstances
- a health risk to the mother
- a high probability that the baby will have a medical condition

When an abortion can be carried out

Under law, an abortion can usually only be carried out during early pregnancy, as long as certain criteria are met from The Abortion Act.

There are also a number of rarer situations when the law states an abortion may be carried out after 24 weeks. These include:

- if it is necessary to save the woman's life
- to prevent grave permanent injury to the physical or mental health of the pregnant woman
- if there is substantial risk that if the child were born, s/he would have physical or mental abnormalities as to be seriously handicapped

Generally, an abortion should be carried out as early in the pregnancy as possible, ideally before 12 weeks.

Abortions

If you want to have an abortion, you may find it beneficial to discuss your options with a healthcare professional. You will usually need to be referred to a specialist service that deals with abortion.

The law states that a doctor can decline to certify a woman for an abortion if they have a moral objection to abortion. If this is the case, they must recommend another doctor who is willing to help.

Risks

No clinical procedure is entirely risk free, but abortion poses few risks to a woman's physical health, particularly when carried out during the first 12 weeks of pregnancy.

Having an abortion will not usually affect your chances of becoming pregnant and having normal pregnancies in future.

The risk of problems occurring during an abortion is low. However, there are more likely to be problems if an abortion is carried out later in a pregnancy.

The risks associated with abortions are:

- **haemorrhage** (excessive bleeding) – occurs in about one in every 1,000 abortions
- **damage to the cervix** (the entrance of the womb) – occurs in no more than 10 in every 1,000 abortions
- **damage to the womb** – occurs in up to four in every 1,000 abortions during surgical abortion, and less than one in 1,000 medical abortions that are carried out at 12-24 weeks

When an abortion should be carried out

In accordance with The Abortion Act, an abortion must usually be carried out before 24 weeks of pregnancy.

The few situations when the law states an abortion may be carried out after 24 weeks are:

- if it is necessary to save the woman's life
- to prevent grave permanent injury to the physical or mental health of the pregnant woman
- if there is substantial risk that if the child were born, s/he would have physical or mental abnormalities and be seriously handicapped

Generally, an abortion should be carried out as early in the pregnancy as possible and, ideally, before 12 weeks. It is rare for an abortion to be performed after 24 weeks.

Most abortions (around 90%) are carried out before a pregnancy reaches 13 weeks, and virtually all abortions (around 98%) are performed before 20 weeks.

The earlier an abortion is carried out, the easier and safer the procedure is to perform. However, you must be given enough time to consider all your options so you are as comfortable as possible with your decision.

To work out how many weeks pregnant you are, the calculation is usually made from the first day of your last period. If the exact stage of pregnancy is unclear, you may need an ultrasound scan.

Personal decision

Making a decision about whether to have an abortion is not easy. Before deciding, you should discuss your situation with healthcare professionals, family members and, if applicable, your partner.

Always remember the final decision about whether or not to have an abortion is yours, and you should not be pressured into making a decision you might later regret.

If you are under 16 years of age, you can have an abortion without telling your parents, as long as two doctors believe it is in your best interests and you fully understand what is involved.

However, the doctors will encourage you to involve your parents or another adult in your decision-making process. If you have an abortion, you have the right for it to remain confidential, regardless of your age.

Why an abortion may be necessary

As well as a woman deciding to have an abortion due to her personal circumstances, there are also a number of medical reasons why an abortion may be necessary.

Deciding to have an abortion

However, deciding to have an abortion can be difficult, and there are a number of things that may influence your decision, including social, economic and emotional factors. Therefore, a wide range of information and advice services are available to help you make a decision most appropriate for you.

Your doctor is one of the best people you can ask for advice about having an abortion. As well as being able to give you information about the procedure itself, they will also be able to discuss all your available options. Any discussion you have with your doctor will be completely confidential.

How an abortion is carried out

Seek medical assistance

You should seek immediate medical help if, after having an abortion, you:

- experience heavy bleeding
- are in severe pain
- have a high temperature

In most cases, an abortion will be carried out as a day procedure and an overnight stay in hospital will not be needed.

Before the abortion

When you go for your first appointment, you should be given the opportunity to talk about your situation (if you want to). You will be informed about the different methods of abortion, and which method is suitable for your stage of pregnancy. You will also be advised about any related risks and complications.

The doctor or nurse will take your medical history to make sure the type of abortion you are offered is suitable for you. You will have a blood test to check your blood group and to see if you are anaemic (have a reduced number of red blood cells). You should also be tested for sexually transmitted infections (STIs), and may be given antibiotics to stop an infection developing after the abortion.

Before having an abortion, you may also need to have:

- an ultrasound scan (if there is any doubt about how many weeks pregnant you are)
- a vaginal (internal) examination
- a cervical screening test (if appropriate)

If you have never had a vaginal examination before, the healthcare professional examining you will be aware you are anxious and will be as careful as possible. You should let them know if you are anxious and have not been examined internally before.

You may also be given information and advice about which method of contraception to use after the abortion. Finally, before having the abortion, you will be given a consent form to sign.

Methods of abortion

There are a number of different methods of abortion. The method recommended for you will depend on how many weeks pregnant you are. This is usually calculated by counting the number of weeks from the first day of your last period.

The methods of abortion are described below.

Early medical abortion (up to nine weeks of pregnancy)

An early medical abortion involves taking two different medicines 48 hours apart. The effect of the medication will be similar to an early natural miscarriage.

Medicines used during an early medical abortion may make you sick and you may have diarrhoea.

Vacuum aspiration or suction termination (from 7-15 weeks of pregnancy)

Vacuum aspiration, or suction termination, is a procedure that uses gentle suction to remove the foetus from the womb. The procedure usually takes 5-10 minutes and can be carried out under a local anaesthetic (where the area is numbed) or general anaesthetic (where you are put to sleep).

Your cervix (womb entrance) will be dilated (widened) to make accessing your womb easier. A tablet may be placed inside your vagina a few hours before the abortion to soften your cervix and make it easier to open. Sometimes, an alternative 'preparing' tablet is given by mouth.

A small, plastic suction tube connected to a pump will then be inserted into your womb and used to remove the foetus and surrounding tissue.

After having a vacuum aspiration abortion, you will usually be able to go home the same day. However, following the procedure, you will usually experience some bleeding which can last for up to 14 days.

In most cases, the bleeding will be quite heavy for 2-3 days before settling down. Some women only bleed for 3-4 days in total. You may experience mild or moderate cramps for which you can take simple painkillers.

Late medical abortion (from 9-20 weeks of pregnancy)

As well as being used for early abortion, mifepristone and prostaglandin can also be used for abortion later in pregnancy. However, the abortion will take longer and more than one dose of prostaglandin may be needed. This type of abortion is similar to having a late natural miscarriage.

After having a late medical abortion, you will usually be able to return home on the same day. However, sometimes an overnight stay in hospital may be required.

In rare cases, a second course of prostaglandin tablets may be required. This will be discussed with you. In a small number of cases (less than one in 20), the placenta or afterbirth does not pass. In this case, you may need to have a small operation under a general anaesthetic to remove the placenta.

Surgical dilation and evacuation (from 15 weeks of pregnancy)

Surgical dilation and evacuation (D&E) is a procedure carried out under general anaesthetic. Your cervix will be gently stretched and dilated and forceps and a suction tube will be used to remove the foetus.

Surgical D&E usually takes 10-20 minutes to perform and, if you are healthy and there are no complications, you may be able to return home the same day. As with vacuum aspiration, you may experience some bleeding for up to 14 days.

Late abortion (20-24 weeks)

There are two options for a late abortion carried out at 20-24 weeks. Both require an overnight stay in hospital and are described below.

- **Surgical two-stage abortion** – stage one stops the heartbeat of the foetus and softens the cervix. Stage two is carried out the following day and involves removing the foetus and surrounding tissue. Both stages are carried out under general anaesthetic.

- **Medically induced abortion** – this is similar to a late natural miscarriage and involves the medicine, prostaglandin, being injected into your womb, making it contract strongly (as in labour). Contractions can last 6-12 hours. You will remain awake during the procedure and may be given medicines to help control the pain. D&E may then be used to ensure the womb is completely empty.