

Patient Information Leaflet

Termination of Pregnancy



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A 'termination of pregnancy' or a 'termination' is known legally as an abortion and is the medical process of ending a pregnancy so it does not result in the birth of a baby. Depending on how many weeks you have been pregnant, the pregnancy is ended either by taking medication (medical termination) or by having a surgical procedure (surgical termination).

Risks during and after Abortion

Abortion is a safe procedure for which major complications and mortality are rare at any gestation.

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 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 carried out at 12-24 weeks

After an abortion, the main risk is infection in the womb, which is usually caused by failing to completely remove all of the foetus and associated tissue.

You can reduce the risks of infection by using sanitary pads and avoid using tampons until your next period. You should also avoid having sex until the bleeding has stopped.

If an infection is not treated, it could lead to a more severe infection of your reproductive organs, such as pelvic inflammatory disease (PID), which can cause infertility or ectopic pregnancy (where a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes). However, the risk of an infection can be reduced by taking antibiotics at the time of the abortion.

Repeated abortions can cause damage to your cervix and increase the risk of early labours. (pre-term labours)

After having an abortion, you may experience some period-type pains and some vaginal bleeding, which should gradually improve after a few days. Most women are able to return to their usual activities within a day or so. However, you should seek medical attention if:

- you have severe pain
- the bleeding becomes very heavy
- the bleeding has not stopped after 14 days

Seek advice from your GP, a family planning clinic or a pregnancy advisory service if you experience physical or emotional problems after having an abortion.

Your First Appointment

When you go for your first appointment, you should be given the opportunity to talk about your situation. You'll 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.

You should be offered extra support, including counselling if you want it, to help you make your decision. You should be offered information and support if you decide not to have an abortion. You also have the right to delay or cancel appointments

At your first visit, the doctor or nurse will take your medical history to make sure the type of abortion you are offered is suitable for you and you will have a blood test to find out your blood group and to see if you're anaemic. You should also be tested for genital infections (STIs)

You may also have: an ultrasound scan (to confirm how many weeks pregnant you are), a vaginal examination and a cervical smear in certain circumstances. 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 will 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. Broadly speaking there are two types of abortion – medical and surgical. A medical abortion is carried out using medication while a surgical abortion involves a minor operation. These will now be discussed in further detail

Early Medical Abortion (up to nine weeks)

This involves taking two different medicines 36-48 hours apart. The effect of the medication will be similar to having an early natural miscarriage – this means you will have some bleeding and some pain when the abortion happens.

During your first appointment you will be given an abortion pill called mifepristone, which blocks the hormone that makes the lining of the womb suitable for the fertilised egg. After taking the first tablet, you will be able to go home and continue normal everyday activities.

Very little will happen while you are waiting for the second part of the treatment. A few women will have mild cramps and a little bleeding, but most will not. If you have heavier bleeding or significant pain, you should contact the Woodlands Clinic on 01438 286190 for advice or information. If it is out-of-hours, you should go to your nearest walk-in centre or local hospital's accident and emergency (A&E) department.

Two days later, on your second visit to the hospital or clinic, you will be given the second medicine, prostaglandin. You should expect to stay for approximately 6-8 hours and therefore you may wish to bring something to make your stay more comfortable such as a book. You may also wish for a friend, partner or relative to stay with you. Within four to six hours of taking prostaglandin, your womb lining will break down and be lost, along with the embryo, through bleeding from your vagina. This part of the process can be painful, but you will be prescribed pain relief. Medicines used during an early medical abortion may make you feel sick and you may have diarrhoea.

You will be asked to use a bedpan each time you use the toilet, this allows the nursing staff to check to see if you have passed the pregnancy. If you have not passed the pregnancy after the first dose of Misoprostol then further doses can be given vaginally or by mouth. Once the pregnancy has been expelled and the termination is complete, if you are well, you will be able to go home. You will be asked to perform a urine pregnancy test in 3 weeks and contact the Woodlands Clinic (01438 286190) if it is positive.

Following the medical termination, you will be given two antibiotics. If your blood group is Rhesus negative you will be given an anti-D injection prior to your discharge. The nursing staff will be happy to explain this to you if it is required

Vacuum Aspiration or Surgical Abortion (six to 14 weeks)

Vacuum aspiration, or surgical abortion, is a procedure that uses gentle suction to remove the foetus from the womb. The procedure usually takes five to 10 minutes and can be carried out under a local anaesthetic or general anaesthetic. If you choose this option you will be given a date and time to come to the Treatment Centre for this procedure to be performed.

Your cervix (womb entrance) will be dilated (widened) to make accessing your womb easier. Some tablets may be placed inside your vagina a few hours before the abortion to soften your cervix and make it easier to open. 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 and you will be advised to do a pregnancy test in 3 weeks to ensure that it is negative and to contact the Emergency Gynaecology Unit if it is still positive.

If your blood group is Rhesus negative you will be given an anti-D injection prior to your discharge. The nursing staff will be happy to explain this to you if it is required

However, following the procedure, you will usually experience some bleeding which can last for up to 21 days. The average length of bleeding is about nine to 10 days.

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

Late Medical Abortion (from nine to twenty weeks)

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 is likely. 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.

Counselling Before and/or after an Abortion

Women vary greatly in their emotional response to having an abortion. You may experience a number of different feelings and emotions. However, research suggests that having an abortion does not lead to long-term emotional or psychological problems.

If you need to discuss how you are feeling before or after having an abortion, you can contact your GP or a pre/post-abortion counselling service. It is recommended you seek advice and counselling from a recognised counselling provider, such as CareConfidential or the British Pregnancy Advisory Service (bpas). Marie Stopes UK also offer pre- or post-abortion counselling as well as grief, pregnancy, self-esteem and relationship counselling.

Further Information or Support

The British Pregnancy Advisory Service (BPAS)

Telephone 03457304030

Email info@bpas.org

Website www.bpas.org

Marie Stopes UK

Telephone 03453008090 (open 24 hours) or request a confidential call back via their online form

Website www.mariestopes.org.uk

The Pregnancy Advisory Service (PAS)

Telephone 08453596666—alternatively, individual clinics have their own local numbers you can call, or you can fill in a confidential enquiry form on the PAS website

Website www.smpclinic.co.uk

NHS Choices (for information regarding both abortion and contraception)

Website: www.nhs.uk

Information regarding Abortion

Information regarding Contraception

FPA (Sexual Health Charity)

Website: www.fpa.org.uk

Choice - Crisis Pregnancy Centre

For support before and after an abortion

Telephone: Letchworth 01462 683 054

Stevenage 01438 847535

Website: www.choicenorthherts.org.uk

Useful contact numbers at the Lister Hospital

Woodlands Clinic 01438 286190 / 01438 286194

Ward 7AS, 01438 286193

Saturday Gynaecology Clinic 0143828 6166