

View this article online at: patient.info/news-and-features/how-to-get-anabortion

# What to do if you need an abortion

If you need to have an abortion, you probably have a lot on your plate. Quite aside from the emotions you may be experiencing, there are a number of practical considerations to think about - not least how you go about arranging the procedure or what it is likely to involve.

In fact, our culture is so intent on rehashing the ins and outs of abortion law, that the actual reality of the abortion procedure is often eclipsed. It's not uncommon to begin the process feeling woefully uninformed, which can bring with it a whole new layer of stress.

However, for anyone setting out down this road, it is critical to know you aren't alone - and that there are many resources out there to help.

"Many women arrive at our clinic afraid that they might be judged. Nothing could be further from the truth," says Katherine O'Brien, spokesperson for the British Pregnancy Advisory Service (BPAS). "Clinic staff treat every woman with care and compassion, and no woman should feel ashamed for experiencing an unplanned pregnancy or a pregnancy they are unable to continue."

In fact, with one in three women experiencing an abortion in their lifetime, there is no reason why the procedure should be clad in mystery. Below, we run through some of what you can expect.

## How to get an abortion

As O'Brien explains, the majority of women in the UK are able to self-refer directly into an abortion care provider such as BPAS or Marie Stopes UK, but others will need to be referred by their GP.

"Providers will be able to let them know the local arrangements in place in their area and advise if they need to first make an appointment with their GP," she says. "Over 96% of the women we see have their treatment paid for by the NHS. To assess eligibility, we will need the woman's address and the name and address of her GP."

Once you arrive at the clinic, you will have a consultation with a member of staff, who will run through your particular circumstances and medical history before discussing your options.

"We will talk with them about their thoughts and feelings regarding the pregnancy, and this session is entirely focused on their individual needs," says O'Brien. "If a woman is certain of her decision, we will then discuss the treatment options that are available to her."

It's important to point out that you're able to change your mind at any stage. Although many women and girls are clear about what they want to do, others will attend multiple counselling sessions first (under-16s are required to attend counselling), and around one in five will choose not to proceed to treatment.

### **Medical abortions**

There are two types of abortion: medical and surgical. The choice will depend on how far through the pregnancy you are, your medical suitability and, of course, your personal wishes. Before any procedure, you will be given a full medical assessment.

Medical abortions (the most common kind in this country) involve taking two sets of medication - mifepristone and misoprostol - to induce a miscarriage. The first pill is swallowed with water at the clinic. It blocks the hormones needed for the pregnancy to grow. After taking the pill, you can leave the clinic whenever you like.

At some point within the next three days, you'll return for the second round of pills. These are placed in the mouth or vagina and left to dissolve, and will cause the body to expel the pregnancy. After returning home to complete the abortion, you'll experience heavy bleeding, cramping and blood clots.

Andrea, who underwent her procedure at Marie Stopes, says the medication kicked in extra quickly.

"It took 30 minutes to leave the centre and get home. As soon as I put my key the door, I realised I had started to bleed," she says. "For two to three hours, the cramping was strong and painful. My advice for others is to source quality pain relief, ensure you have enough time off to rest fully and be kind to yourself."

This type of procedure is usually only offered if your pregnancy is up to nine weeks along. However, some abortion providers such as BPAS offer medical inductions up to 24 weeks. In this instance, you'll need to stay in the clinic for the second round of pills – they'll be administered as vaginal pessaries, inducing delivery. This takes around six hours on average, and can sometimes involve an overnight stay.

## **Surgical abortions**

In practice, most people over 12 weeks of gestation opt for a surgical abortion. This is a minor operation, performed in the clinic, and there are two types: vacuum aspiration or dilation and evacuation.

Vacuum aspiration, which uses gentle suction to remove the pregnancy, takes around 5-10 minutes from start to finish, although you should be prepared to be at the clinic all day. It can be performed under local anaesthetic, conscious sedation or general anaesthetic, and is available up to 15 weeks.

Between 15 and 24 weeks, you will be offered dilation and evacuation, which uses instruments and suction to remove the pregnancy while you're asleep.

"Women won't feel any pain during the procedure, which takes about 10-20 minutes from start to finish," says O'Brien. "You'll require cervical preparation on the day of surgery, or the day before."

# After the procedure

After the procedure is over, you'll probably experience a little pain and bleeding, which can persist up to your next period. Any remaining pregnancy symptoms will probably subside within a few days.

"Most women bleed, similar to a normal period, for around one to two weeks after an abortion, and it is best to use sanitary towels during this time," says O'Brien. "On and off cramping is normal for about a week after an abortion, and the pain should be manageable with ibuprofen and paracetamol."

You may also be given antibiotics to minimise the risk of infection, along with anti-sickness tablets and maybe contraceptive pills. Remember - although it's recommended you avoid sex for two weeks after the abortion, you can get pregnant again almost immediately. It's highly unlikely an abortion will affect your future fertility.

Over this time, you may be going through all kinds of emotions - but whatever you're feeling, there are always places you can go for support. Both Marie Stopes and BPAS offer a 24/7 aftercare line, which you can call if you're experiencing any physical or emotional difficulties.

"We can also organise post-abortion counselling either in a clinic or over the phone if a woman feels that would be helpful," adds O'Brien.

Andrea, the Marie Stopes client, says that after her procedure she felt slightly 'raw'.

"I feel disappointed that I happened to fall pregnant at an unsuitable time for me, but I am looking forward to a future scenario where I can make a different choice and feel happy to do so. I owe everyone involved a sincere thank you for the kindness and professionalism I was afforded," she says.

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our conditions.

#### Last updated by:

Abi Millar 24/05/2018

#### Peer reviewed by:

Dr Sarah Jarvis MBE, FRCGP 24/05/2018

View this article online at: patient.info/news-and-features/how-to-get-anabortion

Discuss What to do if you need an abortion and find more trusted resources at Patient.

### Patient Access

To find out more visit www.patientaccess.com or download the app





Follow us









