www.nupas.co.uk

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Vision

At NUPAS we respect the individual's right to choose by providing a safe environment with compassionate staff, where women can have a termination of pregnancy, contraception and sexual health service.

Values

Our clients are important to us, we respect their right to choose and support them all the way.

- We are transparent and honest in all that we do and communicate openly and honestly.
- We work as a team and with a common goal: To provide the best possible care.
- We are caring and passionate about what we do.
- We value and support our staff.

T: 0333 004 6666 T: (01) 874 0097 (Eire)

Having an Abortion

If you have made the decision to have an abortion remember that you are not alone

Every year **over 200,000** abortions are performed in the UK

1 in 3 women across the UK will have an abortion during their lifetime



Abortions have been legal in England, Wales and Scotland **for over 50 yrs**

If you are pregnant and have decided that an abortion is the right choice for you, please take the time to read this booklet to learn about the different options available to you.

We have provided our services and care to women for over 50 years and fully support and advocate a woman's right to choose to end a pregnancy.

This booklet offers you information about abortion treatments and advises you on what will happen during your visit to us for treatment. The information is based on the guidelines offered by the Royal College of Obstetricians and Gynaecologists (RCOG), National Institute for Clinical Excellence (NICE), and Royal College of Anaesthetists (RCOA).

AFTERCARE HELPLINE

T: 0333 016 0400

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Abortion Law

Under the Abortion Act 1967, abortions are legal in the UK up to 23 weeks and 6 days of pregnancy. Abortions can only be carried out after the 24th week in exceptional circumstances eg. the woman's life is at risk or there are fetal abnormalities.

The law states that two doctors must agree that having an abortion would cause less harm to your mental or physical health than continuing with the pregnancy. The two agreed doctors must then sign a legal form called a HSA1 form.

It is illegal to provide abortion treatment based on the gender of the fetus.

Abortions can only be carried out in a hospital or a specialised licensed clinic.

What is an Abortion?

An abortion is a procedure that ends a pregnancy; it is also known as a "termination".

Considering an abortion can be a very confusing, stressful and upsetting time. We understand this and promise to provide you with our care and support to help you through this time.

Confidentiality

Any contact you have with us or any treatment you receive is completely confidential. Even if you are under 16 years old, we will not tell anyone unless we have your permission to do so. We will only share your details with

other health professionals or organisations if we believe that you are at serious risk of harm. We will always try to tell you if we think we need to do this.

Protecting Young People and Vulnerable Adults

All professionals have a commitment to safeguard the welfare of young people and vulnerable adults. They take reasonable steps to protect them from neglect, physical, sexual or emotional harm or exploitation. If you are identified as being 'at risk', NUPAS staff will work with you to take appropriate action to protect you.

Your Pregnancy Options

The choices you have are:

- Continue with the pregnancy;
- Continue with the pregnancy and consider adoption or foster care;
- Have an abortion

Continuing with the Pregnancy

If you choose to continue with the pregnancy you must contact your GP or you can contact a midwife direct (see your local hospital website); they will confirm your pregnancy and arrange an appointment with your local midwife. The midwife will look after your antenatal care during your pregnancy. It is very important to receive antenatal care so you must inform your GP/midwife as soon as you are sure of your decision to continue with the pregnancy. To find out more about antenatal care and local services see **www.nhs.uk**

Adoption or Foster Care

Adoption might be the choice for you if you don't want to have an abortion. You will continue with the pregnancy and give birth but won't look after the baby or have any legal rights or responsibility to the child after the adoption is complete.

Adoption is a formal process organised by adoption and Local Authorities and made legal by courts. Once

adoption is made legal the decision is final and cannot be changed.

Where can I get help?

- Your GP surgery
- Your local hospital social worker specialising in maternity services or contact your local social services team to discuss adoption
- Contact the British Association for Adoption and Fostering - BAAF works with everyone involved with adoption and fostering across the UK. You can contact them on 020 7520 0300 or **www.corambaaf.org.uk**

Your Decision

There are a number of reasons why someone might choose to end a pregnancy, but whatever the reason, it should always be the CLIENT'S decision.

Your decision to have an abortion should be personal to you and you should be able to make this decision without feeling under pressure or being forced to by anyone. For some, deciding what to do about an unplanned pregnancy can be a difficult or upsetting time; all women will cope with this event in different ways. Some women will feel confident with their decision to end the pregnancy while others may struggle to come to terms with having an abortion.

Counselling

We offer both pre and post abortion counselling.

Counselling appointments will take place over the phone. Please note this is not a crisis service, if we feel you require urgent help for your mental health you will need to be referred to a specialist service.

If you feel that you would like to talk to someone about your decision and the feelings and emotions you are experiencing please call us on 0333 004 6666.– you can talk to a member of our team about the options available to you at any time and we can arrange for you to have counselling.



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Your Consultation

Before any treatment is decided you will have a consultation with a clinician who will explain all your treatment options and answer any questions you may have about the abortion.

Clinical Assessment

The clinician will ask you about your medical, obstetric and gynaecological history. It is very important that you answer their questions honestly and give as much information as you can about any medical conditions you have or medications that you take. This is to ensure your safety and suitability for treatment. Please inform a clinician if you are breastfeeding. Your consultation will be conducted with a clinician over the telephone, or face to face if you prefer, please ensure you are in a quiet environment where you can hear clearly and can be alone for privacy.

During your consultation the clinician will discuss the screening tests we offer for sexually transmitted infections and also your contraception options. We can advise you on what forms of contraception are available. It is important to consider what type of contraception you are going to use as you can still get pregnant following an abortion (see page 12 for your contraception options).

The clinician will ask if you understand the abortion procedure and ensure that you understand about giving consent to receive treatment.

Ultrasound Scan

Depending on your medical, obstetric and gynaecological history you may or may not be required to have an ultrasound scan for an abortion. If required, you will have an ultrasound scan to date your pregnancy and to help us decide what treatment options are available to you. Sometimes the pregnancy can be too early for us to see via an abdominal (tummy) scan so we may need to insert a small ultrasound probe into your vagina. If we can't see the pregnancy on a vaginal scan we can't be sure that the pregnancy is developing as it should and the clinician will discuss this further with you and arrange a rescan in a few days time.

It may be that your pregnancy is just too early to see on scan, or it may be that an early miscarriage has occurred or that the pregnancy is developing outside the uterus (womb) - an ectopic pregnancy – ***see page 42 for further information and advice about ectopic pregnancy***

STI's – Sexually Transmitted Infections

As part of your consultation you will be offered screening tests for sexually transmitted infections (STI's). STI's are passed on through unprotected vaginal sex, oral sex, anal sex, sharing sex toys and close genital contact. The most common symptoms of an STI is **NO SYMPTOMS AT ALL... many people are unaware that they have a STI.** If left untreated, STI's can lead to long-term problems such as pelvic inflammatory disease or infertility (inability to have children).

STI Screening at NUPAS

NUPAS offer screening for: Chlamydia, Gonorrhoea, HIV and Syphilis. The tests are quick and convenient – a swab or urine test and a fingerprick blood sample is all we need.

The only way to know if you have an STI is to get tested. This is especially recommended if you have had unprotected sex, changed partner recently or if there is a risk that your partner has had sex with someone else. Once diagnosed most STI's are easy to treat with antibiotics. If you have not already been tested for a sexually transmitted infection now is a good time. You should also speak to your partner about getting tested and staying sexually healthy. You can also get tests and treatment at your local sexual health service, contraception and sexual health clinic, specialist service like Brook or by going to your GP surgery. See **NHS Choices** website for local services: **www.nhs.uk**

Contraception

As part of your consultation the clinician will discuss the methods of contraception available to you. A woman is fertile as early as 5 days after an abortion and can get pregnant again if contraception is not used. There are lots of methods of contraception to choose from so don't be put off if the first type isn't quite right for you; you can try another method. Many contraceptives are over 99% effective if used correctly.

LARC – Long Acting Reversible Contraception

LARC is very effective because it doesn't depend on you remembering to take or use it -

The Contraceptive Implant – The implant is the most effective method of contraception. It is well over 99% effective. Fewer than 1 in 1,000 users will get pregnant in the first year of use. Once it's fitted, it works as contraception for 3 years. It can be removed sooner if you choose and your fertility returns to normal very quickly once removed.

How it works: a small, flexible rod is put under the skin of your upper arm. It releases the hormone progesterone. It stops ovulation (releasing an egg), thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to prevent a fertilised egg implanting.

Intrauterine Device (IUD) – The copper IUD is over 99% effective. Fewer than 1 on 100 IUD users

will get pregnant in a year. Once it is fitted it works for contraception for 5-10 years, depending on the type and can be taken out sooner if you choose. Your fertility returns to normal as soon as the IUD is removed.

How it works: A small, flexible plastic and copper device is put into the uterus (womb). The copper stops sperm and eggs from surviving. It also changes your cervical mucus to stop sperm from reaching an egg. An IUD may also stop a fertilised egg implanting in the uterus.

Intrauterine system (IUS) – the IUS is over 99% effective. Fewer than 1 in 100 IUS users will get pregnant in a year. Once fitted it can be used as contraception for 3-5 years, depending on the type, but can be removed sooner. Fertility will return once the device is removed.

How it works: a small, flexible T-shaped plastic device is put into the uterus (womb). It releases the hormone



progesterone. This thins the lining of the uterus to stop a fertilised egg implanting and thickens cervical mucus to stop sperm reaching an egg.

Contraceptive injection – using the contraceptive injection exactly as instructed (every 13 weeks) will ensure it is over 99% effective at preventing pregnancy. Fewer than 1 in 100 injection users will get pregnant.

How it works: Depo-Provera is injected into a muscle, usually the buttock or sometimes in the arm; Sayana Press is injected beneath the skin at the front of your thigh or abdomen with a tiny needle.

Sayana Press can be done yourself at home. The injection releases the hormone progesterone which stops ovulation (releasing an egg, thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus (womb) to stop a fertilised egg implanting.

There are various types of contraceptive methods including the most effective - the contraceptive implant - followed by the contraceptive coil, injectable contraceptives, oral contraceptive pills and condoms.

All these methods are available from NUPAS and as part of our service we will discuss options, provide you with contraception and help you make plans for your long term contraception use.

For more information about contraception see – our website **www.nupas.co.uk**, or visit your GP, nurse or a local sexual health clinic or specialist clinic like Brook; visit **www.fpa.org.uk/resources; or www.sexwise.org.uk/contraception/**

Your Treatment Options

You have a number of options when considering which abortion is the most suitable for you. The type of abortion available to you will depend on how many weeks pregnant you are (this is called gestation) and your suitability for the type of treatment depending on any medical conditions you may have. These will be fully discussed with you during your consultation and are also reviewed by our medical team to ensure the treatment chosen is suitable for you.

Types of Abortion

Early medical abortion (EMA)

(if under 10 weeks pregnant)

- Treatment by post to your home address.
- Collect treatment in clinic in person.
- Treatment issued in clinic – Interval

Surgical options

- Surgical with Local anaesthetic
- Surgical with conscious sedation
- Surgical with general anaesthetic

If you are a resident in England, Scotland, Wales or Northern Ireland abortions are usually funded by the NHS.

Early Medical Abortion

Early Medical Abortion (EMA) or 'the abortion pill' – involves taking two medicines to end the pregnancy.

The first medicine, Mifepristone, ends the pregnancy. It works by blocking the hormone progesterone. Without progesterone, the lining of the uterus breaks down and the pregnancy cannot continue.

The second medicine, misoprostol, makes the womb contract, causing cramping, bleeding and the loss of the pregnancy similar to a miscarriage.

(NB Misoprostol does not have a UK license for use in pregnancy but is a recognised and an approved drug of choice for ending a pregnancy).

The benefits of having an early medical abortion are:

- Non-invasive treatment and no need for anaesthetic
- High safety levels
- Treatment can (often) be accessed more locally than travelling to a surgical clinic
- You can eat and drink before the treatment
- You can be at home whilst the pregnancy is expelled.

Treatment by post to your home address (Pills by Post)

Pills by post is a safe and legal way to end a pregnancy at an early gestation (under 9+6 weeks gestation) without having to attend a clinic. If you are suitable for Pills by Post, following your consultation you will receive your EMA treatment in the post with full instructions of how to take the medications and details of our Aftercare service.

Taking the first tablet – You will receive a package containing your abortion tablets. It is important to leave 24-48 hours between the first and second tablets.

Take the first tablet (Mifepristone) with water.

If you vomit within 90 minutes of taking the first tablet you must let us know by phoning 0333 016 0400 as soon as possible as you may need to take another tablet.

Taking the second tablet – see EMA (Interval) on page 18 for full instructions

Your pack will also contain:-

- Contraception leaflet
- Condoms
- Pregnancy testing kit.

Collect your treatment in clinic in person

This is not a drop in clinic, you will require an appointment which will be arranged during your telephone consultation.

Important information

If you change your mind after taking the first tablet and decide to continue with the pregnancy, we cannot guarantee a healthy pregnancy and would advise you to see your GP as soon as possible to arrange antenatal care.

Legal information

These medicines have been prescribed for you.

It is illegal to give your medication to anyone else because it was prescribed for you personally. If you do not use this medicine, contact us about how to dispose of the drug.

This should never deter you from seeking medical help if you need it.

Early Medical Abortion (Interval) – Second Stage Treatment At Home

After your telephone consultation you will be given an appointment to attend a clinic convenient to you. You will be offered an ultrasound scan to date the pregnancy and then, if you are suitable, you will be given the Mifepristone to take orally (swallowed with water).

You will be able to leave the clinic as soon as you have taken the Mifepristone. For your second stage treatment at home you will receive 6 Misoprostol tablets and pain relief.

Misoprostol tablets must be taken between 24 - 48 hours after the Mifepristone (first stage treatment).

How to administer your Misoprostol

Misoprostol tablets are placed in the vagina or between the cheek and gum. See illustrations for more details. Misoprostol causes strong, painful cramps and heavy bleeding.

It is important before starting any treatment that you wash your hands thoroughly with soap and water both before and after inserting Misoprostol tablets either in your mouth or vaginally.

Vaginal Insertion

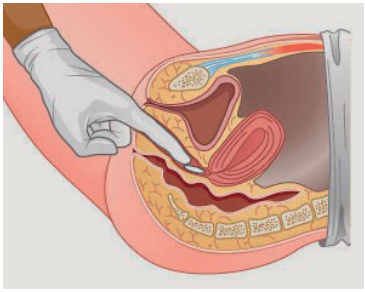
1

Empty your bladder

2

Wash your hands thoroughly using soap and water

3



Insert the *FOUR* tablets as high as possible into your vagina. The Exact position of the tablets is not important as provided they do not fall out. Push them up **as high as possible** with the tip of your finger; either insert them 1 at a time or all together. You can put the tablets in whilst lying down, squatting or standing with one leg up – whichever is most comfortable.

4

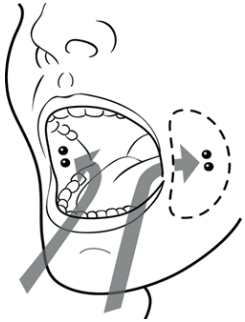
If there is no bleeding after 4 hours, please use the remaining TWO tablets. If you notice a tablet has fallen out of your vagina **please call the clinic for advice.** A nurse/midwife is available to speak 24 hours a day.

In the mouth between cheek and gum (buccal)

1

It is advisable to moisten your mouth by having a drink of water before placing the tablets in your mouth as this will help the tablets to dissolve.

2



Place *FOUR* tablets in your mouth between either upper cheek and gum or lower cheek and gum (2 on each side) whichever is the most suitable for you, and allow the tablets to dissolve for 30 minutes. It is important to sip water to keep your mouth moist as they won't dissolve in a dry mouth. **Do not** swallow the tablets at this stage. If the tablets have not completely dissolved after 30 minutes you may swallow them with a little water. The tablets may leave an unpleasant taste in your mouth.

3

If there is no bleeding after 4 hours, please use the remaining 2 tablets as directed on the box.

Pain relief

You will experience pain, cramping and bleeding similar to a heavy period. This is how the pregnancy is expelled. It is important you have pain medication at home. You will be given some medication to take home from the clinic but we advise you have some Ibuprofen or co-codamol available. Depending on your medical history and potential allergies, the nurse/midwife will have discussed the best options with you and your first treatment.

Examples of pain medication are:

- As your pain starts take Ibuprofen for mild pain – 2x200mgs – these can be taken every 4–6 hours (MAXIMUM 6 TABLETS IN 24 HOURS).
- Paracetamol can be used for mild to moderate pain by those who cannot take ibuprofen (MAXIMUM 8 TABLETS IN 24 HOURS).
- 1x30mg Codeine Phosphate every 6–8 hours
- Use a hot water bottle (as per manufacturer's instructions) as heat can also help alleviate pain.

Please note:

- **Do not drive or operate machinery when taking Codeine.**
- **Do not drive after administering Misoprostol until you have passed the pregnancy and feel well enough to do so**
- **It is recommended that you have a partner or trusted adult companion (aged over 18) with you to give support at home. This is for your own safety and the safety of any dependents you may have.**

What to expect from an Early Medical Abortion and common side effects

The abortion will *usually* take place between 2–12 hours after taking the medication. You should expect to bleed and pass blood clots. You may start to bleed after taking the first stage medication (Mifepristone), if this happens you must still take the second stage medication (Misoprostol) as instructed. You may continue to bleed on and off for up to 4 weeks. If bleeding does not occur after 7 days of taking the Misoprostol you should phone the Aftercare Line and speak to a clinician.

Some clients may experience side effects from the medication such as nausea and/or headache. In rare cases you may have a flushed face or skin rash

- please contact the Aftercare Line immediately if you experience either of these symptoms.

If you vomit within 90 minutes of taking the Mifepristone tablet please contact the clinic or Aftercare Line as you may need a repeat dose.

Some clients may have bleeding vaginally before the second stage of treatment. If this happens please wear a sanitary towel, do not use a tampon. Bleeding similar to a heavy period is acceptable. If the bleeding concerns you, or if you react badly to the medication, contact the clinic or Aftercare Line immediately.

Normal side effects of the Mifepristone include lower abdominal pain/cramping (pain can sometimes be severe requiring the use of strong painkillers such as codeine), nausea, vomiting, diarrhoea, fever/chills (1 in 10).

The Misoprostol medication can cause diarrhoea, sickness, hot flushes and chills. Usually these symptoms disappear within a few hours. If these symptoms persist for longer than 24 hours after taking the Misoprostol, please contact us.

Bleeding

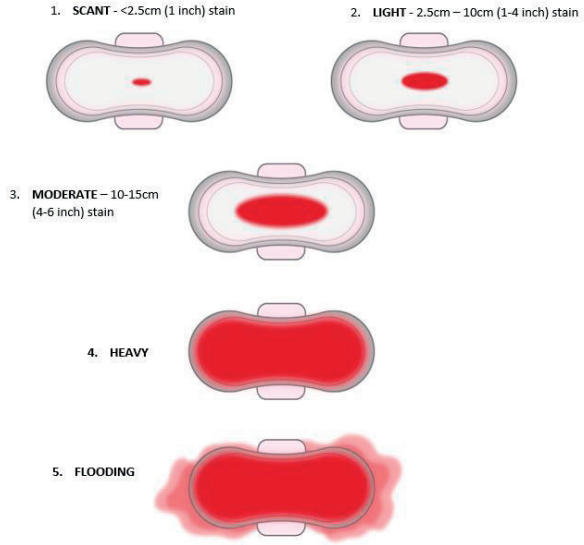
The amount and type of bleeding can vary for each person and each abortion. It is normal to experience light, moderate, or heavy bleeding during a medical abortion (see images on page 25). Not everyone will pass blood clots during a medical abortion, but for those who do, the clots should be no larger than a lemon. It is NOT normal to have no bleeding/scant bleeding (Image 1) or flooding (Image 5) therefore you should telephone the Aftercare Line on 0333 016 0400 for advice if:

- 24 hours after taking the misoprostol, you do not bleed at all, have spotting/only see blood on a tissue when wiping (see *SCANT* image 1)
- You experience heavy bleeding soaking 2 maxi size sanitary pads for 2 hours in a row (*HEAVY* image 4)

Call 999 if you experience extremely heavy bleeding (see *Flooding* image 5) and feel unwell

Bleeding usually begins about 2 hours after medication is given. Most women will bleed for around 2-4 hours. This may start as light blood loss but will get progressively heavier until you miscarry. Once you have miscarried the bleeding will gradually reduce but you will continue to have bleeding (similar to a period) for 7-14 days.

Ensure you use sanitary towels until your next period. Do not use tampons due to the risk of infection. Using sanitary towels will help keep track of the blood loss and prevent infection.



Risks/Complications and Failure Rates

The risks and possible complications of treatment will be discussed thoroughly during your consultation.

The medical method of abortion carries a small risk of failure to end the pregnancy. In these situations there is a smaller risk of the need for further intervention to complete the procedure, i.e. surgical intervention following medical abortion.

The following complications may occur:

- Incomplete abortion associated with some tissue being left behind (less than 1-2 per 100)
- Severe bleeding requiring transfusion (less than 1 in 1000 cases)
- Infection can sometimes occur (less than 1 in 100 cases)

(RCOG 2022)

Infection

Sometimes a small amount of tissue is retained (does not come out with the pregnancy) and may become infected. Serious complications have warning signs. If you experience any of the symptoms below call the Aftercare Helpline on 0333 016 0400 straight away:

- High temperature and/or fever, flu-like symptoms or feeling shivery
- Very heavy bleeding that soaks through more than 2 sanitary pads an hour for 2 hours. These pads should be suitable for a heavy flow.
- Abdominal pain or discomfort that is not helped by pain relief medication, or by using a heat pad.
- Vaginal discharge that smells unpleasant

See Sepsis Tool on page 50.

Telephone 999 or get your support person to phone for an ambulance immediately if you experience any of the following symptoms:

- When passing the pregnancy, soaking thick sanitary pads every 5 - 10 minutes and passing blood clots larger than the size of your hand is not normal and you should attend your local A&E department
- Loss of consciousness
- Severe allergic reaction such as facial, mouth, throat swelling or breathing difficulties.

Early Medical Abortion (EMA) Aftercare

We advise all our clients regardless of gestation (stage of pregnancy) to repeat a pregnancy test after 3 weeks. It is very important to use the first sample of urine that you pass that day. The pregnancy testing kit is in your aftercare pack with full instructions for use. You must contact the clinic immediately if your result is positive.

Medical professionals are available 24 hours a day, including weekends and bank holidays to discuss any worries you have on 0333 016 0400.

AFTERCARE HELPLINE

T: 0333 016 0400

T: (01) 874 0097 (Eire)



Surgical Abortion

Surgical abortion is a safe and simple procedure used to end a pregnancy. There are different methods used depending on your health, personal choice and gestation (stage of pregnancy). Surgical abortions are minor operations and are performed as day-case procedures; they do not require you to stay overnight.

Manual Vacuum Aspiration

This method can be used up to 14 weeks of pregnancy and involves passing a tube into the uterus through the cervix (the opening to the womb from the vagina). The surgeon uses a syringe and gentle suction to remove the pregnancy.

This procedure is very quick, usually taking 10-15 minutes. Recovery is also quick and you can usually leave the clinic after resting for a short period of time.

In certain situations, we can accommodate MVA under local anaesthetic however this method is only recommended for women who are less than 10 weeks pregnant.

Dilatation and Evacuation (D&E)

This method is used after 14 weeks of pregnancy. It involves inserting special instruments called forceps through the cervix and into the uterus to remove the pregnancy.

D&E is usually carried out under General Anaesthetic (GA). The procedure normally takes about 10-20 minutes.

Surgical Abortion under Conscious Sedation (CS)

Conscious sedation (CS) is a combination of medicines to help you relax and to block pain during a medical procedure. It reduces anxiety and is highly suited to most short gynaecological procedures. CS lets you recover quickly and return to your everyday activities soon after your procedure.

Medicines for CS are given through a vein in the arm or back of the hand and your observations will be monitored throughout the procedure. You will be awake during your treatment and able to talk to your nurse and doctor, but you will feel drowsy and may continue to do so for several hours afterwards. You may have no or limited memory of the procedure after receiving conscious sedation.

Local anaesthetic is then given to numb the cervix. You may feel some slight stinging which does not last long. The sedating medicines will help with this.

The surgeon then performs the treatment, whilst a nurse/midwife monitors you closely throughout.

After your treatment, you will be supported by a member of staff to walk to the recovery area. Specially trained staff will look after you and monitor your recovery. When they consider that you have recovered from your sedation, you will be discharged.

We ask that you have a responsible adult to accompany you home and stay with you until the next day. You will need to arrange for transportation home as you cannot drive or operate any machinery.

Side effects and complications associated with Conscious Sedation will be thoroughly explained to you prior to gaining your consent for treatment.

Surgical Abortion with General Anaesthetic (GA)

General anaesthetic (GA) is a state of controlled unconsciousness where you are given medicines to send you to sleep so you are unaware of surgery and do not feel pain while the procedure is carried out.

GA is ideal for women who prefer to 'be asleep' while the procedure takes place and is suitable for women who are between 5 and 23 weeks 6 days.

Medicines for GA are given through a vein in the arm or back of the hand that sends you off to sleep and your observations will be monitored throughout the procedure. You are also closely monitored by an anaesthetist and a nurse/midwife will be by your side the whole time.

Cervical Priming

Prior to surgical abortion the cervix (neck of the womb) will be prepared for treatment with the medications Mifepristone, Misoprostol, and absorbent dilators called Dilapan. You may need only one of these medications or you may need more. We will fully explain which

preparation you need and when and how this will be done.

Mifepristone and Misoprostol tablets soften the cervix, making it easier to dilate (open). Dilapan are matchstick-sized rods that are inserted into the cervix before surgery. They swell to gently open the cervix. Insertion takes place in the clinic and takes just a few minutes. We may use injectable or sprayable local anaesthetic for this procedure. If your treatment is planned over 2 days, you will go home after they are placed. As the Dilapan expands it can cause cramping or very light bleeding and very rarely your waters can break and you may go on to miscarry. Sometimes the Dilapan may fall out. You will be given extra information about pain control and what to do if you start labour or your waters break.

Risks of surgical abortions include:

- Damage to the womb (1-4: 1000 cases)
- Damage to the cervix (1: 100 cases)
- Haemorrhage (1-4: 1000 cases)
- Infection (less than 1:100 cases)
- Retained products of pregnancy (3:100)

(RCOG, 2022)

**All surgical procedures carry certain risks, but please be assured that we have an excellent safety record and only employ highly qualified surgeons, anaesthetists and nurses/midwives.*

Physical Activity following surgical abortion.

- You should plan to rest and take it easy for 24-48 hours following your surgical abortion
- You can usually return to normal activities as soon as you feel comfortable to, including having a bath or shower, using tampons, exercising (including swimming) and heavy lifting. (nhs.uk, 2022)

Following an abortion performed under GA we ask that you have someone available to care for you for 24 hours following your treatment.

Contraception

Coils or implants can be fitted as part of this procedure and whilst you are still under GA if you choose.

CS/GA and breastfeeding

Nearly all drugs used during conscious sedation or general anaesthesia will pass into breast milk but in very small amounts that do not affect your baby. You can resume breastfeeding as soon as you feel recovered and ready to. Watch for signs of excessive sleepiness in your infant. Before your procedure you may wish to pump and have a supply of breastmilk available for after treatment.

Following your procedure

Before leaving the clinic your aftercare arrangements will be discussed and you will be given an Aftercare Pack that contains:

- Contraception leaflet
- Condoms
- Pregnancy testing kit
- Contact details for our Aftercare Line

AFTERCARE HELPLINE

T: 0333 016 0400

T: (01) 874 0097 (Eire)

What to expect following a surgical abortion.

Bleeding varies from slight bleeding to as much as your heaviest period, depending on the stage of the pregnancy. It is normal to bleed for 7-14 days after the operation and you may pass small blood clots for a couple of days. As a guideline, base it on your own period - the bleeding should never be heavier than your heaviest period.

If your pregnancy was early (5 - 7 weeks) you may only have minimal blood loss. This does not mean your treatment has failed.

Please contact the Aftercare Line if your symptoms of pregnancy persist longer than two weeks.

Ensure you use sanitary towels until your next period; do not use tampons. This will help you to keep track of the blood loss and prevent infection.

If the bleeding lasts longer than 2 weeks or you are concerned about it, please contact us on the Aftercare Line.

Infection

You will have been given 2 different types of antibiotics during your treatment (unless you are allergic to them). However sometimes tiny pieces of tissue that do not come out at the time of the abortion may become infected. Serious complications have warning signs.

If you experience any of the symptoms below call the Aftercare Helpline on 0333 016 0400 straight away:

- High temperature and/or fever, flu-like symptoms or feeling shivery;

- Very heavy bleeding that soaks through more than 2 sanitary pads an hour for 2 hours. These pads should be suitable for a heavy flow.
- Ongoing abdominal pain more severe than period pain or discomfort that is not helped by pain relief medication, or by using a heat pad.
- Vaginal discharge that smells unpleasant.

See Sepsis Tool on page 50.

AFTERCARE HELPLINE

T: 0333 016 0400

T: (01) 874 0097 (Eire)



Pre-Surgery Advice

Things to remember

It is important to follow these instructions before you arrive at the clinic; failure to do so might mean that your treatment is delayed, or in some cases, cancelled.

For all consultations, early medical abortion and surgical abortions, you should follow these instructions:

- Wear loose fitting, comfortable clothing
- Bring a list of any prescribed medicines or inhalers
- If you are on prescribed medications you should continue to take these as normal
- If you are prescribed the following medications please contact us: Aspirin, Warfarin or Clopidogrel (Plavix)
- You will need to bring a supply of sanitary towels (not tampons)

For surgical abortions under general anaesthetic or conscious sedation please also follow these additional instructions:

- Clear fluids (water) only up to 2 hours prior to procedure
- No solids from 6 hours prior to procedure
- Make sure you have someone to care for you for 24 hours following treatment
- We strongly recommend that you do not smoke for 24 hours before and after your surgical procedure
- Bring with you a dressing gown and slippers
- Prior to surgery please remove all facial and body piercings, makeup and nail varnish
-

- Please remove all contact lenses before your procedure
- If you are ill within 48 hours prior to your surgical procedure, please contact the clinic as you may have to rebook.

AFTERCARE HELPLINE

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Early Medical Abortion & Surgical Abortion Aftercare

After an abortion, you can:

- Take painkillers like ibuprofen or paracetamol to help with pain or discomfort
- Use sanitary towels or pads rather than tampons until the bleeding has stopped (and so you can monitor your blood loss)
- Have sex as soon as you feel ready, but use contraception if you do not want to get pregnant again as you'll usually be fertile immediately after an abortion
- **You can usually return to normal activities as soon as you feel comfortable to, including having a bath or shower, using tampons, exercising (including swimming) and heavy lifting.** (nhs.uk, 2022)

- **Call 999 if you experience extremely heavy bleeding (see Flooding image 5 on page 25) and feel unwell**

Call us if you:

- soak through two or more maxi-size sanitary towels per hour, for 2 hours in a row (see page 25 for advice on the amount and type of bleeding you should expect)
- develop an unusual, unpleasant-smelling vaginal discharge

T: 0333 004 6666 T: (01) 874 0097 (Eire)

- develop a fever or flu-like symptons after 24 hours
- develop worsening pain, including that which might indicate an undiagnosed ectopic pregnancy (for example, if lower abdominal pain is one-sided, under the ribs, or goes up to the shoulders).
- have no bleeding or only spotting or smearing of blood on sanitary towel or underwear in the 24 hours after misoprostol for medical abortion
- still feel pregnant 1 week after the abortion (RCOG, 2022)

Sex

Have sex as soon as you feel ready, but use contraception if you do not want to get pregnant again as you will usually be fertile immediately after an abortion (nhs.uk, 2022)

Please consider your contraception options on page 12.

Breast Discomfort and Leaking

If you had breast discomfort prior to your treatment it may take a week or so before symptoms subside. If you are still experiencing discomfort after 2 weeks please contact the Aftercare Line.

It is unusual for clients whose pregnancy was less than 12 weeks gestation to have leaking breasts. Please ring for advice if you are concerned. If your breasts are painful, tense, hot and have an inflamed/red area you may have an infection. Please contact the Aftercare Line or your own GP.

Sickness/Nausea

If you had sickness or nausea prior to your treatment it may take a week or so before symptoms subside. The medication you took can also make you feel sick. However, if there is no improvement after 2 weeks please contact the Aftercare Line.

Driving

If you have had a general anaesthetic you must not drive for at least 48 hours. Please check with your insurance company. If you are involved in an accident you may not be covered by your insurance.

Travelling/Holidays Outside the UK

It is not advisable to go on holiday anywhere until you have had a negative pregnancy test and a 4 week check up. Your travel insurance company may not cover any medical problems incurred if you have not informed them. You are advised not to swim in the sea for 4 weeks due to the risk of infection.

Please note – it is illegal to take abortion medication out of the country.

Post procedure check

You are advised to have a check-up in 4 weeks' time. The check-up can be at your local Contraception and Sexual Health (CASH) clinic or with your doctor.

Repeating your Pregnancy Test

You must repeat a pregnancy test in 3 weeks to ensure the treatment has been successful. It is very important to use the first sample of urine you pass that morning. The pregnancy test kit will be in your Aftercare Pack. You must contact the clinic or Aftercare Line immediately if the result is positive and we will arrange a follow up appointment. If a follow up ultrasound scan reveals that the termination has failed and you are still pregnant, a surgical termination of pregnancy may be arranged for you. It is not recommended that you continue with the pregnancy due to the risks associated with the medication that you have taken.

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Pregnancy of Unknown Location (PUL) and Ectopic Pregnancy

A positive pregnancy test means that you are pregnant but if the pregnancy is very early it may be difficult to detect it with an ultrasound scan.

This is very common as a pregnancy test only requires a hormone level of 10mIU/mL to show a positive result. Scans through the tummy/abdomen need a hormone level of around 1500mIU/mL for the pregnancy to be found. The earliest pregnancy/gestation found using scanning equipment is around 4 weeks and 6 days, nearly 5 weeks. Treatment cannot be offered until the pregnancy is detected by a scan.

In some cases the pregnancy may not be found by a scan due to it being outside of the uterus. This is known as "ectopic". Ectopic means "misplaced".

An ectopic pregnancy occurs in around 1 in 100 pregnancies so is, therefore, quite rare. It is most likely that the pregnancy is too early/small to be found by a scan. You should always, however, visit A&E if you think that you have an ectopic pregnancy.

What are the symptoms of an ectopic pregnancy?

Symptoms may develop at any time between 4 and 10 weeks of pregnancy.

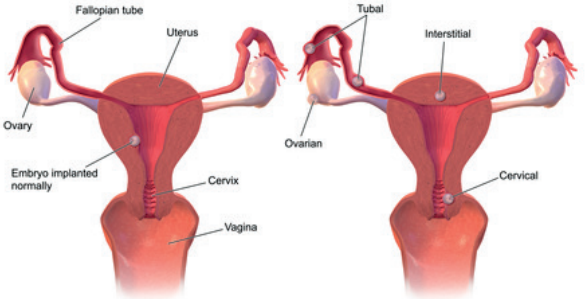
Symptoms include one or more of the following:

- Pain on one side of the lower abdomen (tummy). This may be a sharp pain, or develop slowly, getting worse over several days. It can become severe.
- Vaginal bleeding often occurs but not always. It is often different to the bleeding associated with periods. For example, the bleeding may be heavier or lighter than a normal period. The blood may look darker. However, you may think the bleeding is a late period.
- Other symptoms may occur such as diarrhoea, feeling faint or being in pain when passing poo (faeces).
- Shoulder-tip pain may develop. This is due to some blood leaking into the abdomen and irritating the diaphragm (the muscle used to breathe).
- Severe pain or "collapse". This is an emergency as the bleeding is heavy.
- Sometimes there are no warning symptoms (such as pain) therefore collapse, due to sudden heavy internal bleeding, is sometimes the first sign of an ectopic pregnancy.

If you have been advised to have a rescan between 7-14 days but you develop any of these symptoms within that time, you **MUST** attend A&E.

Where does an ectopic pregnancy develop?

Most ectopic pregnancies occur when a fertilised egg attaches to the inside lining of a Fallopian tube (a tubal ectopic pregnancy). Rarely, an ectopic pregnancy occurs in other places such as in the ovary or inside the abdomen (tummy).



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Venous Thromboembolism (VTE)

What is Venous Thrombosis?

A thrombosis is a blood clot in a blood vessel (a vein or an artery). Venous thrombosis occurs in a vein. Veins are the blood vessels that take blood back to the heart and lungs whereas arteries take the blood away.

A Deep Vein Thrombosis (DVT) is a blood clot that forms in a deep vein of the leg, calf or pelvis.

Why am I at Risk?

Pregnancy increases your risk of a DVT. However, Venous Thrombosis is still uncommon in pregnancy or in the first 6 weeks after birth, occurring in only 1–2 in 1000 women. A DVT can occur at any time during your pregnancy.

Why is DVT Serious?

Venous Thrombosis can be serious because the blood clot may break off and travel in the bloodstream until it gets lodged in another part of the body as the lung. This is called a pulmonary embolism (PE) and can be life threatening.

Symptoms of DVT may be:

- Swelling of the arm or leg
- Pain or tenderness in the calf
- Increased heat or redness of arm/leg

You should seek help immediately if you experience any of these symptoms. Diagnosing and treating a DVT reduces the risk of developing a pulmonary embolism (PE).

Symptoms of a PE can include:

- Feeling very unwell
- Collapsing suddenly
- Sudden unexplained difficulty in breathing
- Chest pain/tightening in the chest
- Coughing up of blood

What Increases My Risk of DVT/PE?

Your risk of having a blood clot increases if you are:

- Over 35 years of age
- Overweight with a body mass index (BMI) over 30
- A smoker
- Have already had three or more pregnancies
- Have had a previous venous thrombosis / have family history of venous thrombosis
- Have a medical condition such as heart disease, lung disease or arthritis
- Have severe varicose veins that are painful or above the knee with redness/swelling
- Become dehydrated or less mobile in pregnancy due to, for example, vomiting in pregnancy
- Immobile for long periods of time or when travelling for 4 hours or longer (by air, car or train)

If you are identified as having a risk factor for venous thrombosis, we will offer you a blood thinning injection and compression stockings if you are booked for a surgical procedure.

AFTERCARE HELPLINE

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Sepsis Information for Clients and Carers

What is Sepsis?

Sepsis is a life-threatening condition that arises as the body's response to an infection which injures its own tissues and organs. An infection is caused by micro-organisms or "germs" (usually bacteria) invading the body and can be limited to a particular body region (e.g. a tooth abscess) or can be more widespread in the bloodstream (often called "septicemia" or "blood poisoning").

Sepsis is a medical emergency, just like heart attacks and or strokes. Patients with sepsis are up to five times more likely to die than patients who have had a heart attack or stroke. Caught early, the outlook is good for the vast majority of patients but it is vital not to delay seeking medical attention. Sepsis can lead to shock, multi-organ failure and death, especially if not recognized early and treated promptly. The rapid diagnosis and management of patients with sepsis is vital to successful treatment.

Why am I at Risk?

Everybody is potentially at risk of developing sepsis from minor infections (such as "flu", urinary tract infections, gastroenteritis, respiratory tract infections etc.) if not detected and treated in time. If you have any symptoms (see below) before or after your treatment, please let us know immediately.

T: 0333 004 6666 T: (01) 874 0097 (Eire)

Symptoms of Sepsis

The symptoms of sepsis usually develop quickly and can include:

- Extreme shivering and muscle pain.
- Change in vaginal discharge and /or irregular vaginal bleeding with or without lower abdominal/back ache.
- Passing no urine (in preceding 12-18 hours).
- Low blood pressure which may result in feeling dizzy on standing.
- A change in mental alertness such as confusion or disorientation.
- Cold, clammy and/or mottled /pale skin.

If you have any of these signs/symptoms in the first 6 weeks post termination of pregnancy, please call our 24 hour helpline number, your GP or attend Emergency Services.

Treatment

- Antibiotics to treat the infection. This may be at home or in hospital, depending on severity of infection.
- Source control – this means to treat the source of infection, such as an abscess or infected wound.
- Fluids – may be necessary through the intravenous catheter (the "drip").
- Oxygen - if vital organs are affected by sepsis, such as your breathing and/or blood pressure, it may be necessary to be admitted to the

- Intensive Care Unit (ICU) for organ support, such as artificial ventilation for the lungs (breathing machine), kidney support (kidney machine) etc. while the infection is treated.



Anti-D Injection (for procedures over 10 weeks only)

The Rhesus (Rh) blood factor is present in the blood group of the majority of the population. About 85% are Rh positive and the remainder are Rh negative.

If the Rh negative woman becomes pregnant and the father of the child is Rh positive, there is a strong possibility that the baby will be Rh positive. (We are unable to tell the Rh factor of the baby at this stage).

Should the Rh positive cells enter the mother's blood stream from the baby, they would produce special cells called antibodies (Anti D) to attack and destroy these foreign Rh positive blood cells just as if her body were fighting an infection.

Once such antibodies are allowed to develop, they will remain in the mother's blood for future pregnancies and possibly for life.

Rh positive blood cells may enter the woman's blood in a number of ways:

- During a normal delivery of a baby
- After a miscarriage
- Due to an incorrect blood transfusion

If your blood test shows you are Rh negative and your pregnancy is 10 weeks or over, you will be given an injection of Anti D after your operation. This will destroy

any Rh positive blood cells that may have entered your blood stream. This will prevent the development of your own Anti D and avoid problems with any future pregnancies.

There is no need to be unduly concerned about being Rh negative. If you have had children before, you will already have been given Anti D after the delivery. If this is your first pregnancy, there is no need to worry. All Rh negative women are checked regularly at hospital antenatal clinics during pregnancy and the baby's blood is also checked. If the baby is Rh negative then an Anti D injection is not needed.

It does not mean that any future pregnancies will necessarily be Rh positive. This only applies if your partner is Rh positive.

It is important that an Anti D injection is given after termination of pregnancy or miscarriage since the baby's blood group is not known. Anti D may be given after pregnancy depending on the blood group of the baby. Always check with your doctor.

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FAQ's

What if I change my mind?

If you feel unsure regarding your decision, please don't worry. You can change your mind right up to the point where treatment begins. If for any reason you feel like you need more time to determine your decision, please tell us. If you feel that you would benefit from speaking to a trained counsellor we can arrange this for you.

Will having an abortion stop me from getting pregnant in the future?

Having an abortion should not affect your ability to get pregnant. In fact, your fertility can return to normal immediately, so it is very important that you use contraception to prevent becoming pregnant again.

How much does an abortion cost?

If you live in England, Wales and Northern Ireland most abortions are fully funded by the NHS. Please give us a call with your location and GP's details to find out if you are eligible for funding. If you live outside England and Wales then you would need to pay for the treatment.

Please refer to our website for up to date prices. **www.nupas.co.uk**

Can I bring someone with me on the day?

Of course; you may find that having the support of a loved one or a friend will help you through the day. They will be able to accompany you for some parts of your consultation, but during other parts you will need to be on your own. Whilst you have your procedure, they will be directed to the waiting room where they can watch TV. If you are under 16 years old and you wish to be accompanied throughout treatment, please let a member of our team know.

Pregnancy Remains

What happens to the Foetal tissue remains after the abortion?

You may not have specific wishes regarding the disposal of the foetal remains. If this is the case, we will dispose of them in a sensitive manner. We usually collect and store remains separate from clinical waste before sending them to be cremated. The Human Tissue Authority Guidelines can be viewed at **http://www.hta.gov.uk/sites/default/files/ Guidance_on_the_disposal_of_pregnancy_remains.pdf**

You may wish to take the foetal remains away, depending on the type of treatment you have had, and make your own arrangements for them. This may include arranging a private service, burial or cremation. If you wish to take remains away, we will place them in a container which is opaque (you can't see through it) and water-tight. We can

then put you in touch with a funeral director who will be able to discuss your individual wishes.

I have young children; can I bring them with me?

Unfortunately we do not allow children at the clinics so you must arrange childcare for the day of your appointment. Failure to do so might mean that you have to rebook your appointment or treatment.

Will my treatment be kept confidential?

We will not disclose your details to anyone unless we have your permission to do so. We will respect your privacy and dignity at all times. All consultations and treatments are completely confidential. However, if we feel that you are at risk of abuse or harm, then we are obliged to inform a local safeguarding team. This is for your protection.

How is my information used?

We are legally obliged to send certain data to the department of health (Chief Medical Officer) i.e. age, region, number of pregnancies and gestation of pregnancy. The HSA4 form is sent to the Department of Health and is an Abortion Notification Form. The contents of the statutory HSA4 form are used to inform the CMO of abortions and will be used for statistical purposes by the Department of Health. None of your personal details will be published and it is not possible to identify you from the data submitted to the department of health.

None of your personal details will be published and it is not possible to identify you from the data submitted to the department of health.

Feedback and Complaints

Your care and comfort are very important to us and we work hard to ensure that every stage of your care is delivered to the highest standards. We welcome all feedback given to us and therefore, by completing the feedback form you will be given at the end of your treatment with your thoughts about our service, you will help us to continue making improvements.

We understand that there may be a time when you wish to feedback to us formally or to raise a complaint. If you are dissatisfied with any aspect of our service and would like to make a complaint, please:

- Speak to a member of staff or the Clinic Manager or

Send an e-mail to: **enquiries@nupas.co.uk**

The time frame for investigation and response to a complaint is dependent on its nature and complexity. On receipt of a complaint, you will be contacted by the investigating manager who will agree a time frame with you. This is to ensure that responses are both timely and proportionate to the issues raised, and in line with the complainant's wishes.

Useful Contacts

NUPAS CLINIC

Support for choices around pregnancy, contraception and sexual health. Helpline: 0333 004 6666
Website: **www.nupas.co.uk**

NHS CHOICES

Information on sexual health and local sexual health services.
Website: **www.nhs.uk**

SEX: WORTH TALKING ABOUT

Sexual health information for young people.
Helpline: 0300 123 2930
Website: **www.nhs.uk/worthtalkingabout**

BROOK

Free and confidential sexual health advice and contraception for young people under the age of 25.
Website: **www.brook.org.uk**

FAMILY PLANNING ASSOCIATION

Sexual health information and advice on contraception, sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy.
Website: **www.fpa.org.uk**

DOMESTIC ABUSE

Help and support for victims of **all types** of domestic abuse. Helpline: 0808 168 9111
Website: **www.victimsupport.org.uk/domestic/abuse**

Notes

Notes

APPOINTMENT DETAILS

1st Appointment

Day: .....

Date: .....

Time: .....

2nd Appointment

Day: .....

Date: .....

Time: .....

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Clients Treatment Summary

Treatment	Date	Time	Comment
1st stage medication taken (Mifepristone)			
2nd stage medication taken (4 Misoprostol tablets)			
If no bleeding after 4 hours take 2 extra tablets of Misoprostol			
Tablets taken for pain		Name of tablets:	

Bleeding pattern			
Pregnancy test result 3 weeks after treatment			Result :
Any problems			
NUPAS Clinic contacted record			

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V7 October 2022