Contents

Vision

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

Values

- Our patients are at the heart of our service.
- We are transparent in all that we do.
- We work as a team and with a common goal.
- We are caring and passionate about what we do.
- We value and support our staff.

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 legally accessible 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 treatment. The information is based on the guidelines offered by the Royal College of Obstetricians and Gynaecologists (RCOG), National Institute for Health and Clinical Excellence (NICE), and Royal College of Anaesthetists (RCoA).

AFTERCARE HELPLINE

T: 0333 016 0400

T: (01) 874 0097 (Eire)

Abortion Law

Under the Abortion Act 1967, abortions are legally accessible 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 severe 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.

Abortions can only be provided by 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 of pregnancy".

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 confidential unless their are concerns for your safety or your health, where we may share information. 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 patients in their care. 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 and become a parent;
- 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 directly (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 **https:www.nhs.uk/pregnancy/**

Adoption or Foster Care

Adoption or foster care might be the choice for you if you don't want to have an abortion or be a parent. You will continue with the pregnancy and give birth but won't look after the baby. If you think this is the option for you then please inform your midwife at the earliest opportunity.

Your Decision

There are a number of reasons why someone might choose to end a pregnancy, but whatever the reason, it should always be your 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 by anyone. We will ask about your circumstances so we can support you and comply with UK abortion Law. 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. 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.

Please note this is not a crisis service. If you are struggling mentally you can call 111, but if you are in immediate danger or crisis please contact 999. If you feel you require support for your mental health we can help to refer you to a specialist service.

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Your Consultation

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

Clinical Assessment

The nurse or midwfe 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 the treatment is safe and suitable for you. Your consultation will be conducted with a nurse or midwfe over the telephone, via video call or face to face. Please ensure you are in a quiet environment where you can hear clearly and be alone for privacy.

During your consultation the nurse or midwfe will discuss sexually transmitted infections and contraception. 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 nurse or midwfe will check that you understand the abortion procedure and ensure that you understand about giving consent to receive treatment.

Ultrasound Scan

You may be required to have an ultrasound scan before your abortion to date your pregnancy and exclude ectopic pregnancy. This is to help decide what treatment options are available to you. Sometimes the pregnancy can be too early for us to see via an abdominal scan so we may need to insert an ultrasound probe into your vagina. If we can't see the pregnancy on a vaginal scan the clinician will discuss this further with you and may arrange a rescan or a referral to an early pregnancy unit.

If you have an ultrasound, please let the clinician know if you would like to see the screen or be told information about your pregnancy, such as whether it is a twin pregnancy. During your visit to the clinic you will always be seen alone at some point to ensure your safety and abortion decision.

See page 41 for further information and advice about ectopic pregnancy and other early pregnancy problems.

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STI's – Sexually Transmitted Infections

It is common for people to have no symptoms of a sexually transmitted infection (STI) so many people are unaware that they have a STI. As part of your consultation we will discuss your risk of STI's. STI's are passed on through unprotected vaginal sex, oral sex, anal sex, sharing sex toys and close genital contact. If left untreated, STI's can lead to long-term problems such as pelvic inflammatory disease or infertility (inability to have children). If you have symptoms of an STI or you have tested positive it is important this is treated before your abortion.

STI Screening at NUPAS

NUPAS will discuss with you the options for screening for: Chlamydia, Gonorrhea, HIV and Syphilis. The tests are quick and convenient.

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 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.

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 reversible 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 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.

Copper Intrauterine Device (Cu-IUD) – The Cu-IUD is over 99% effective. Fewer than 1 in 100 Cu-IUD users will get pregnant in a year. Once it is fitted it works for up to 10 years, depending on the type and can be taken out sooner if you choose. Your fertility returns to normal as soon as the Cu-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 Cu-IUD may also stop a fertilised egg implanting in the uterus.

Levonorgestrel Intrauterine Device (LNG-IUD) – the LNG-IUD is over 99% effective. Fewer than 1 in 100 LNG-IUD users will get pregnant in a year. Once fitted it works for 3-8 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

progestogen. 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 progestogen 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.

All these methods are usually 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, visit **www.contraceptionchoices.org/**

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)
(for pregnancies up to 10 weeks)

Surgical options

Surgical abortion with:

- local anaesthetic
- sedation and analgesia
- general anaesthetic

Early Medical Abortion

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

The first medicine, Mifepristone, works by blocking the hormone progesterone.

The second medicine, misoprostol, makes the womb contract, causing cramping, bleeding and expulsion of the 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 as normal
- You can be at home whilst the pregnancy is expelled.

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

EMA Pills can be posted to you and is a safe and legal way to end a pregnancy. You must take the first tablet before you are 10 weeks pregnant. 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.

Your pack will also contain:

- Contraception leaflet
- Condoms
- Pregnancy testing kit

EMA 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.

How to take your Mifepristone (EMA stage 1)

Take the first tablet (EMA stage 1- Mifepristone) with a full glass of water. Do not chew or crush the tablet.

If you vomit within 60 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.

How to administer your Mifepristone (EMA stage 2 & 3)

EMA stage 2 - Insert 4 tablets into the vagina OR between upper cheek and gum (2 per side), 1-2 days after taking EMA stage 1. Tablets in the vagina will dissolve on their own. Tablets between the cheek and gum can be swallowed with water after 30 minutes. see page 18 for full instructions

EMA Stage 3 - After 3 hours of stage 2 if you are feeling well but have had no bleeding or only light spotting/ smearing insert 2 tablets into the vagina OR between upper cheek and gum (1 per side). Tablets in the vagina will dissolve on their own. Tablets between the cheek and gum should be swallowed with water after 30 minutes

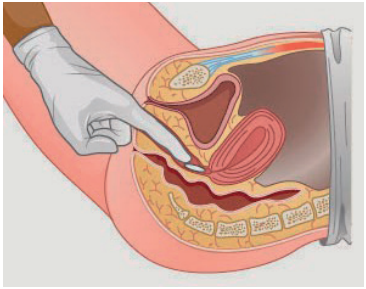
It is important before starting any treatment that you wash your hands thoroughly with soap and water both before and after inserting Misoprostol tablets either in your mouth or vaginally.

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 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.

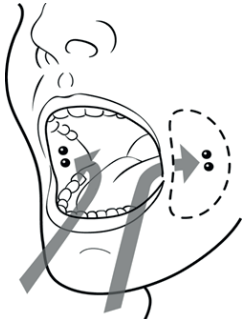


4. After 3 hours, if you are feeling well but have had no bleeding or only light spotting/smearing, insert the additional TWO (2) tablets into the vagina. Avoid vaginal route if there is some bleeding, instead refer to directions for between the cheek and gum (Buccal) (Page 19) administration.

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. After 3 hours if you are feeling well but have had no bleeding or only little spotting/smearing. Insert the additional two (2) tablets between upper cheek and gum (1) per side. Leave for 30 minutes before swallowing any remainder with water.

- 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.

Changing your mind

If you change your mind after taking any of the EMA medications please contact us immediately for further advice. If you do not use your EMA medicine, contact us about how to dispose of the drugs. You can either return to NUPAS or a pharmacy. This should never deter you from seeking medical help if you need it.

Legal information

It is illegal to give your medication to anyone else because it was prescribed for you personally. It also is illegal to intentionally use the medications over 10 weeks at home when you are more than 10 weeks pregnant or for a subsequent pregnancy.

Pain relief

You will experience cramping and pain, which can be severe for a short period of time. This is how the pregnancy is expelled. It is important you have pain medication at home. You will be given some medication from NUPAS but we advise you have some ibuprofen or paracetamol available as well. Depending on your medical history and potential allergies, the nurse/midwife will discuss pain management with you.

Examples of pain medication are:

Doses for people who weigh 50kg or more:

- Ibuprofen 800mg (either 4 x 200mg or 2 x 400mg, check the dose on the box) at the same time as misoprostol. This can be repeated every eight hours during the painful phase. Ibuprofen can be bought over the counter. The dose advised for ibuprofen bought over the counter is 400mg, but the higher dose of 800mg is safe for the short duration of a medical abortion. You should not consume more than 2400mg of ibuprofen in a 24 hour period.
- Paracetamol 1000mg (2 x 500mg). This can be repeated every 4-6 hours if you cannot take ibuprofen or if you want to take it in addition to ibuprofen, at the same time as misoprostol. You must be careful not to take any other medicines that contain paracetamol – check the labels. You can take up to 4 doses of paracetamol in 24 hours.
- Codeine 15-60mg. This is obtained from NUPAS. You should take 30mg if you cannot take ibuprofen, at the same time as misoprostol. It can also be used if you have already taken ibuprofen with or without paracetamol, but you need more pain relief before the next dose is due. You can take 15mg for mild pain or doses up to 60mg for more severe pain. Your dose of codeine can be repeated every 4-6 hours up to a maximum of 240mg in 24 hours.

If you weigh less than 50mg use the following doses:

- Ibuprofen 400mg (either 2 x 200mg or 1 x 400mg, check the dose on the box) at the same time as misoprostol. This can be repeated every eight hours during the painful phase. Ibuprofen can be bought over the counter. You should not consume more than 1200mg of ibuprofen in a 24 hour period.
- Paracetamol 500mg (one tablet). This can be repeated every 4-6 hours if you cannot take ibuprofen or if you want to take it in addition to ibuprofen, at the same time as misoprostol. You must be careful not to take any other medicines that contain paracetamol – check the labels. You can take up to 4 doses of paracetamol in 24 hours.
- Codeine 15-30mg. This is obtained from NUPAS. You should take 15mg if you cannot take ibuprofen, at the same time as misoprostol. It can also be used if you have already taken ibuprofen with or without paracetamol, but you need more pain relief before the next dose is due. You can take 15mg for mild pain or doses up to 30mg for more severe pain. Your dose of codeine can be repeated every 4-6 hours.

Please note:

- **Do not drink alcohol or drive or operate machinery when taking Codeine.**

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 second 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 (Misoprostol) as directed. If the bleeding is heavy insert the tablets between the cheek and gum (see page 19).

The pregnancy is not usually recognisable until after 9 weeks, at which time a fetus may be identifiable. Many people will pass the pregnancy whilst on the toilet and it is safe to dispose of the pregnancy this way. Since you will pass the pregnancy at home, you can decide how you wish to dispose of the pregnancy remains. They can be flushed down the lavatory or wrapped in tissue and disposed alongside your sanitary products. You can also make your own arrangements for them which may include arranging a private service, burial or cremation. The Human Tissue Authority Guidance on the disposal of pregnancy remains following pregnancy loss or termination can be found here https://www.hta.gov.uk

You may continue to bleed on and off until your next period. Unless told otherwise if bleeding does not occur after 48 hours 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 60 minutes of taking the Mifepristone tablet please contact the clinic or Aftercare Line as you may need a repeat dose.

Some patients 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

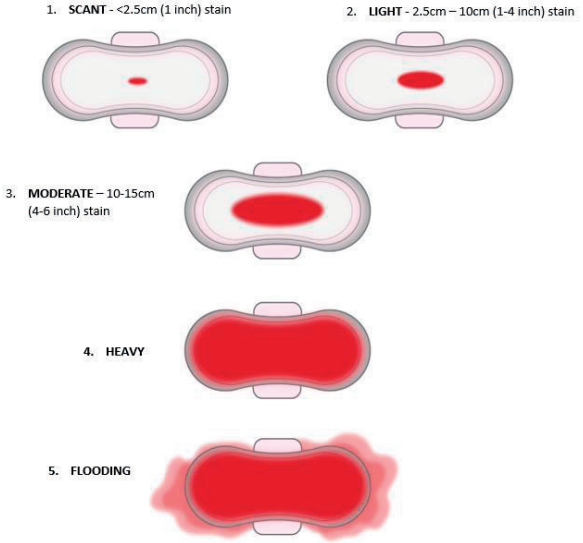
The amount and type of bleeding can vary for each person and each abortion. It is normal to experience light, moderate, or heavy bleeding during a medical abortion (see images on page 26). Not everyone will pass blood clots during a medical abortion, but some people will. It is NOT normal to have no bleeding/scant bleeding (Image 1) or flooding (Image 5) therefore you should telephone the Aftercare Line on 0333 016 0400 for advice if:

- 48 hours (unless told otherwise) 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 faint or 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 pass the pregnancy. Once you have passed the pregnancy the bleeding will gradually reduce but you may continue to have bleeding or spotting until your next period is due.

Ensure you use sanitary towels until you have passed the pregnancy. Do not use tampons until the abortion is complete. Using sanitary towels will help keep track of the blood loss.



Risks/Complications and Failure Rates

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

The following complications may occur:

- Continuing pregnancy (less than 1 in 100)
- Infection (2 in 100)
- Hemorrhage (too much bleeding) (4 in 1000)

Infection

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

- High temperature and/or fever, flu-like symptoms or feeling shivery
- Abdominal pain or discomfort that is not helped by pain relief medication, or by using a heat pad.
- Vaginal discharge that smells unpleasant

Early Medical Abortion (EMA) Aftercare

All our patients must take the pregnancy test provided by NUPAS 3 weeks after their EMA to make sure the abortion is complete. This pregnancy test is specifically for use post abortion. You must contact the Aftercare helpline 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.

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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). A surgical abortion is a minor operation performed as a day case (you will return home the same day).

Vacuum Aspiration (VA)

This method is generally 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 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.

We can usually perform VA under local anesthetic with or without sedation.

Dilatation and Evacuation (D&E)

This method is normally 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 sedation or General Anesthetic (GA). The procedure normally takes about 10-20 minutes.

Surgical Abortion under Sedation and Analgesia (SA)

Sedation (SA) is a combination of medicines to help you relax and to block pain during surgical procedure. It reduces anxiety and is highly suited to abortion procedures. SA allows you to recover quickly and you can eat and drink as normal.

Medicines for SA are given through a vein in the arm or back of the hand and you 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 sedation.

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 are ready to go home.

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 or make important decisions.

Surgical Abortion with General Anaesthetic (GA)

General anaesthetic (GA) 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.

Medicines for GA are given through a vein in the arm or back of the hand that sends you off to sleep and you will be monitored throughout the procedure by an anaesthetist.

Cervical Priming

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

Mifepristone and Misoprostol tablets soften the cervix, making it easier to dilate (open). Dilapan are small rods that are inserted into the cervix before surgery. They gradually swell to gently open the cervix. Insertion takes place in the clinic and takes just a few minutes. It may be uncomfortable but it is not usually painful. If your treatment is planned over 2 days, you will be asked to come back to the clinic early the next day for your surgery. As the Dilapan expands it can cause cramping or very light bleeding. Sometimes the Dilapanmay fall out and if they do please tell us when you come back. Sometimes your waters break during or after the insertion of Dilapan. Very rarely you may experience strong pain which could lead to expelling the pregnancy. You will be given extra information about pain control when to seek further medical help.

Risks of surgical abortions include:

Complication/risk	Surgical abortion
Failed abortion and continuing pregnancy	1 in 1000 people (higher in pregnancies less than 7 weeks)
Need for further intervention to complete the procedure	Before 14 weeks of pregnancy: 35 in 1000 people From 14 weeks of pregnancy: 3 in 100 people
Infection*	Less than 1 in 100 people
Severe bleeding requiring transfusion	Before 20 weeks of pregnancy: less than 1 in 1000 people From 20 weeks of pregnancy: 4 in 1000 people
Cervical injury from dilation and manipulation†	1 in 100 people (lower for early abortions)
Uterine perforation	1–4 in 1000 people (lower for early abortions)

* Upper genital tract infection of varying degrees of severity is unlikely but may occur after abortion and is usually associated with pre-existing infection. Infection after surgical abortion is reduced with the use of prophylactic antibiotics.
† Cervical injury is less likely if cervical preparation is undertaken in line with best practice.
‡ The presence of a uterine scar (for example, following a previous caesarean) is a risk factor.
Data from: [RCOG, 2011; RCOG, 2022a]

Physical Activity following surgical abortion.

- After local anesthetic you can return to normal activities when you feel ready
- After sedation or general anesthetic, avoid strenuous activities for 24 hours
- Women can usually return to normal activities as soon as they feel comfortable doing so, including taking a bath or shower, using tampons, exercising (including swimming), heavy lifting and resuming sexual intercourse.

SA, GA and breastfeeding

Some drugs used during 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.

Following your procedure

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

- Discharge Letter
- Contraception information
- Condoms
- Contact details for our Aftercare Line

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T: 0333 016 0400
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What to expect following a surgical abortion.

Bleeding varies from very slight bleeding to as much as your heaviest period. It is normal to bleed for 7-14 days after the operation and you may pass small blood clots.

Using sanitary towels, rather than tampons until your next period will help you to keep track of the blood loss and prevent infection.

Please contact us on the Aftercare Line if:

- the bleeding is heavy or lasts longer than 2 weeks or you are concerned about it.
- your symptoms of pregnancy persist longer than one week or you still 'feel' pregnant.

Infection

You will have been given antibiotics during your treatment. However it is possible to get an infection in your womb after an abortion.

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.

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Pre-Surgery Advice

Things to remember

Your appointment time is your arrival time. You should expect to be at the clinic for most of the day. Patients are not always seen in the order they arrive due to the different procedures we undertake.

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 surgical abortions, you should follow these instructions:

- Wear loose fitting, comfortable clothing
- Bring any prescribed medicines or inhalers and continue to take these as normal unless we instruct you not to
- Please bring a small supply of heavy flow sanitary towels (not tampons)

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

- Clear fluids (water) only up to 2 hours prior to your appointment
- No solids from 6 hours prior to your appointment
- 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 if you want to.
- Prior to surgery please remove all facial and body piercings, makeup and nail varnish
- If you wear contact lenses, please bring your glasses as you will need to remove them.
- If you are unwell within 48 hours prior to your surgical procedure, please contact the clinic as you may have to rebook.

AFTERCARE HELPLINE

T: 0333 016 0400

T: (01) 874 0097 (Eire)

Early Medical Abortion & Surgical Abortion Aftercare

After an abortion, you can:

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
- develop a fever or flu-like symptoms 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 48 hours after misoprostol for medical abortion.
- still feel pregnant 1 week after the abortion (RCOG, 2022)

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 patients 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.

General Advice

Sickness/Nausea

If you had sickness or nausea prior to your treatment it may take a week or so before symptoms subside.

If there is no improvement after 2 weeks please contact the Aftercare Line.

Driving

If you have had a general anaesthetic or sedation you must not drive for at least 24 hours.

Travelling/Holidays Outside the UK

After a surgical abortion you can travel when you feel well enough, however if you are planning a long haul flight within a week of your abortion please inform us before your treatment.

After an EMA it is not advisable to go on holiday abroad until you have had a negative pregnancy test.

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

Pregnancy of Unknown Location (PUL) and Ectopic Pregnancy

If we ask you to come for a scan and when we do the scan we cannot see a pregnancy, we will repeat your pregnancy test. If this test is positive this is known as a pregnancy of unknown location.

If we are concerned we may need to refer you to an Early Pregnancy Assessment Unit to see if you have an ectopic pregnancy. This is where the pregnancy is growing outside of the womb.

An ectopic pregnancy occurs in around 1 in 90 pregnancies.

What are the symptoms of an ectopic pregnancy?

Symptoms may develop at any time in pregnancy, or you may have no symptoms.

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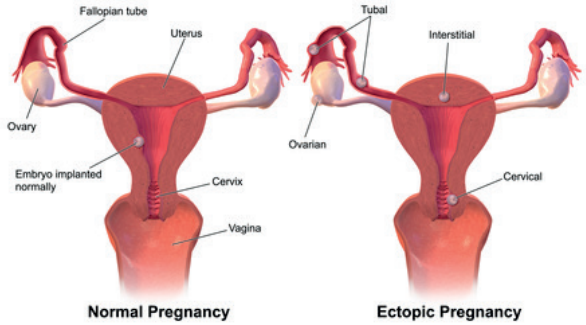
Symptoms can include one or more of the following:

- Vaginal bleeding often occurs but not always. It may be different to or the same as the bleeding associated with periods.
- 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.
- 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" - feeling faint.
- Sometimes there are no warning symptoms (such as pain) therefore fainting is sometimes the first sign of an ectopic pregnancy.

If you have been advised to have a rescan 7 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).



Venous Thromboembolism (VTE)

What is Venous Thrombosis?

A thrombosis is a blood clot in a blood vessel which can be serious.

Why am I at Risk?

Pregnancy increases your risk of a blood clot. However, Venous Thrombosis is still uncommon in pregnancy or in the first 6 weeks after being pregnant.

Why is a blood clot 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 such as the lung. This is called a pulmonary embolism (PE) and can be life threatening.

Symptoms of a blood clot 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 blood clot 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

Am I at risk of forming a blood clot?

As part of your treatment you will be assessed for the risk of a blood clot.

If we identify that you are at risk of having a blood clot we will offer you a course of blood thinning injections.

AFTERCARE HELPLINE

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Sepsis Information for Patients and Carers

What is Sepsis?

Sepsis is a life-threatening condition which can arise when an infection becomes serious.

Sepsis is a medical emergency, just like heart attacks and/or strokes, however, 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 urinary tract infections, respiratory tract infections and infections related to abortion.) if not detected and treated in time. If you have any symptoms (see below) before or after your treatment, please let us know immediately.

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 (for 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 abortion, don't wait, please call our 24 hour helpline number.

Treatment

- Antibiotics to treat the infection. This will usually be in hospital
- Fluids – may be necessary through a drip.
- Oxygen - if vital organs are affected by sepsis, such as your lungs or your heart, it may be necessary to receive supplementary oxygen.
- You may be addmitted to an intensive care unit for support while the infection is being treated

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Anti-D Injection

If you are having a surgical abortion we may test your blood for your Rhesus status depending on your gestation. The Rhesus 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 your blood test shows you are Rh negative we will assess whether you need an injection called Anti-D. If you do need the injection your nurse will give you more information about it at the time.

FAQ's

What if I change my mind?

If you feel unsure regarding your decision, please let us know. 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 uncomplicated abortion will not affect your ability to get pregnant in the future. Your fertility can return within 5 days, so it is very important that you use contraception if you don't want to become pregnant again.

How much does an abortion cost?

If you live in the United Kingdom and Ireland abortions are fully funded by the NHS or local equivalent. Please give us a call with your location and GP's details to find out if you are eligible for funding.

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

Can I bring someone with me?

Of course; you may find that having the support of a loved one or a friend will help you. They will be able to accompany you for some parts of your treatment journey, but during other parts you will need to be on your own. If you wish to be accompanied by your support person, please let a member of our team know. If you are under 18 you will need to bring an adult with you on the day of your treatment.

Pregnancy Remains

What happens to the Foetal tissue remains after the surgical abortion?

You may not have specific wishes regarding the disposal of your pregnancy after your surgical abortion. If this is the case, we will dispose of them in a sensitive manner. We collect and store remains separate from clinical waste before sending them to be incinerated. The Human Tissue Authority Guidance on the disposal of pregnancy remains following pregnancy loss or termination can be found here **https://www.hta.gov.uk/sites/default/files/2025-02/Guidance%20on%20the%20disposal%20of%20pregnancy%20remains%20following%20pregnancy%20loss%20or%20termination.pdf**

You may wish to take the pregnancy 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 please let a member of staff know before your treatment and we will place them in a container which is opaque (you can't see through it) and water-tight. We can also keep them for you for collection within 3 months.

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

We do not allow children at the clinic so you must arrange childcare for the day of your appointment. If you find this difficult or impossible, please let us know.

Will my treatment be kept confidential?

We will not disclose your details to anyone unless we have your permission to do so. The exception to this is if we feel that you are at risk of harm as we have a duty to safeguard you.

Safeguarding

Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility for anyone involved in providing healthcare services and during your consultation we will speak to you on your own to ask you some personal questions to assess your risk.

At NUPAS we believe that everyone has the right to live a life free from harm and abuse. If you tell us you are suffering from any form of abuse, we will support you to make decisions that are best for you.

If we are worried about your safety, or the safety of someone you care for, we will help you develop a plan. We all have a duty and legal responsibility to do everything we can to keep children and vulnerable adults safe and where applicable, to share any concerns we have about your safety and welfare.

How is my information used?

We are legally obliged to send certain data to the department of health and social care. This includes non-identifiable demographics, age and basic pregnancy history of patients undergoing abortion. This information is used for statistical purposes.

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

AFTERCARE HELPLINE

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Feedback and Complaints

NUPAS welcome your feedback to help us improve and develop our services. It is key we know what we do well so we can continue to do so and what we could do better.

You can feedback in the following ways.

- SMS message link (sent to you after your treatment)
- Paper feedback form in clinic, please ask for this.
- Online feedback form accessible via QR code, displayed in clinic.
- Email directly to us qualityteam@nupas.co.uk
- Speak to a manager at the clinic at any time – if you require us to act on negative feedback this is the best way for us to address this straight away

Making a Complaint or Raising a concern:

We aim to make raising a complaint or concern as easy as possible.

If you feel unhappy with any part of the care and treatment you have received this can be raised with any member of staff.

Anyone can complain about their own personal experience with a service, or the care we gave to a friend or family member.

If you are not the patient, the complaint is about, we will not share confidential information with you without first getting consent from the person we treated. We will ask for signed consent to proceed with the complaint on behalf of the patient to protect their confidentiality.

You should raise a complaint within 12 months of your treatment or as soon as you become aware of an issue.

Alternatively, you can log this via the routes below.

Email
qualityteam@nupas.co.uk
Telephone
UK: 0333 004 6666,
Republic of Ireland: (01) 874 0097
Overseas: 0044 161 4872660
Post
The Head of Quality and Safety
5 Arthur Road
Edgbaston
Birmingham
B15 2UL

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**

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: **https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/**

Notes

Notes

APPOINTMENT DETAILS

1st Appointment

Day: .....

Date: .....

Time: .....

2nd Appointment

Day: .....

Date: .....

Time: .....

Patients Treatment Summary for EMA

Treatment	Date	Time	Comment
1st stage medication taken (Mifepristone)			
2nd stage medication taken (4 Misoprostol tablets)			
3rd Stage - if little or no bleeding after 4 hours take remaining 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			

Patients Treatment Summary for Surgical Abortion

Treatment	Date	Time	Comment
Time to take cervical priming:			
Time for last food			
Time for last drink			
Appointment date and time:		Appointment address:	