

Abortion

Choosing between medical or surgical abortion before 14 weeks

Most women and girls who have an abortion can choose how it will be carried out. This decision aid can help you and your healthcare professional decide together which option is best for you. Your choice will depend on your individual circumstances and how you feel about the different options.

What are the options?

- **Medical abortion**

This involves taking 2 different medicines to end the pregnancy, usually 1 or 2 days apart. The pregnancy is passed through the vagina. This usually happens several hours after you take the second medicine. You may be able to pass the pregnancy at home. You will not usually need to have an operation.

- **Surgical abortion**

This involves an operation. A suction tube or specialised instruments are used to remove the pregnancy from the womb. The operation does not take long to perform and most women go home the same day.

Most women have some bleeding and cramping for several days after either method, but these usually get better day by day. Having an abortion does not increase the risk of infertility, breast cancer or mental health issues.

You can usually choose whether to have a medical or surgical abortion. If your local service cannot provide your preferred method of abortion, they will refer you to a service that can.

There are pros and cons to each option, which this decision aid will help your healthcare professional explain. The tables on the following pages have more information about the options. They cover the things most women may want to know about. On page 10 you can write down how you feel about them.

There may also be other things that are important to you. Talk to your healthcare professional about all your concerns so that you can make an informed choice. This may include practical things, for example, if you have to travel a long distance to the clinic or hospital.

Frequently asked questions	Medical abortion	Surgical abortion
<p data-bbox="107 188 542 258">What happens in this type of abortion?</p>	<p data-bbox="645 188 1285 258">You will take 2 different medicines, usually around 1 or 2 days apart.</p> <p data-bbox="645 290 1335 536">Most women pass the pregnancy within 4 to 6 hours of taking the second medicine. Some women need to take extra doses of the second medicine until the pregnancy passes. This is more common after 10 weeks of pregnancy.</p>	<p data-bbox="1400 188 2018 258">You will have an operation to remove the pregnancy from the womb.</p> <p data-bbox="1400 290 2047 577">A tube is inserted into the womb through the cervix (the opening to the womb from the vagina), and the pregnancy is removed using suction. If you are further along in your pregnancy the doctor will need to use specialised instruments to remove the pregnancy.</p> <p data-bbox="1400 609 2067 679">There are several options for anaesthesia or sedation during the operation:</p> <ul data-bbox="1400 711 2085 871" style="list-style-type: none"> • local anaesthetic (to numb the cervix) • local anaesthetic (to numb the cervix) and sedation (to make you sleepy) • deep sedation or general anaesthetic. <p data-bbox="1444 928 2107 1174">Most women having deep sedation will not remember anything and will not be aware during the operation. If you have a general anaesthetic, you will be fully asleep during the operation and will not remember anything.</p> <p data-bbox="1400 1206 2067 1324">The choice depends on your circumstances, how many weeks pregnant you are and your own preferences.</p> <p data-bbox="1787 1350 2132 1382" style="text-align: right;">Continued over page...</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p>What happens in this type of abortion? (Continued)</p>		<p>Women who choose a local anaesthetic:</p> <ul style="list-style-type: none"> • can normally leave the clinic or hospital sooner than women who have had a general anaesthetic • will not need to fast (not eat) beforehand • will not need someone to accompany them when they leave the clinic or hospital. <p>You would not be able to drive for a day following sedation or a general anaesthetic.</p> <p>To make the operation easier, you will be asked to have a medicine to open the cervix. This happens either a few hours before the operation or 1 to 2 days before, depending on the medicine used.</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p>Where will the abortion take place?</p>	<p>It may take place at home, or in a clinic or hospital, depending on how far along you are in your pregnancy and how your local service is organised.</p> <p>If you are not sure how far along the pregnancy is, or there is another reason for a scan, your clinic or hospital will organise one for you.</p> <p>If you do not have a scan there's a very small chance (less than 1 in 1000) that the pregnancy is further along than you thought. Your healthcare professional can explain what this might mean for you.</p> <p>Before 10 weeks: you will usually take one or both medicines at home and pass the pregnancy there.</p> <p>10 weeks and after: the law in England and Wales requires you to take the medicines in the clinic or hospital. Depending on your local service, you may stay in the clinic or hospital to pass the pregnancy or you may go home and pass it there.</p>	<p>It takes place in a clinic or hospital.</p> <p>You can normally go home on the same day, but if you have sedation or a general anaesthetic you will normally need someone to accompany you.</p>

Frequently asked questions	Medical abortion	Surgical abortion
Will I see the products of the pregnancy pass?	You will be awake and aware of the process. You may see the products of the pregnancy as they pass, and these might be more visible after 9 weeks.	You will not usually see the products of the pregnancy, unless you choose to do so.
Is the abortion painful?	<p>It will probably be painful when you pass the pregnancy. Most women say the pain is worse than a heavy period. The amount of pain will differ from woman to woman, but generally women report more pain the further along their pregnancy is.</p> <p>You'll probably have some pain or cramping for a few days to a week after the abortion. The pain should get a little better each day, and most women say this is like a period. Painkillers should help, and some women find things like hot water bottles can also help.</p>	<p>If you have sedation or local anaesthetic the procedure might feel uncomfortable.</p> <p>If you have a general anaesthetic you will not be aware of what is happening and will not feel any pain until you are awake again.</p> <p>You'll probably have some pain or cramping for a few days to a week after the abortion. The pain should get a little better each day, and most women say this is a bit like a period. Painkillers should help, and some women find things like hot water bottles can also help.</p>
How much bleeding will I get?	<p>All women have vaginal bleeding during a medical abortion. This is usually heavier than your normal period.</p> <p>After passing the pregnancy, bleeding can last for about 12 days but should get lighter day by day.</p>	<p>All women have vaginal bleeding after a surgical abortion. This is usually heavier than your normal period.</p> <p>Bleeding can last for about 7 days but should get lighter day by day.</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p data-bbox="107 188 582 306">What other problems could I have during or shortly after the abortion?</p> <p data-bbox="107 331 618 408">(The diagrams on page 11 might help make sense of the numbers.)</p>	<p data-bbox="645 188 1382 392">The medicines used for medical abortion can cause nausea, vomiting and diarrhoea. On average, 100 or more women in every 1,000 may get one or more of these (but not every woman does).</p> <p data-bbox="645 418 1344 622">Some women get other problems with the medicines, but these problems are less common. The medicines come with an information leaflet that lists all the known side effects they can cause.</p> <p data-bbox="645 647 1370 935">On average, for every 1,000 women having a medical abortion about 1 woman will have a serious complication before leaving the clinic or hospital (so 999 women will not). These serious complications include severe bleeding, damage to the womb or sepsis (a severe reaction to an infection).</p> <p data-bbox="645 960 1352 1037">The risk of complications increases the further along you are in your pregnancy.</p>	<p data-bbox="1400 188 2136 392">The medicines used to open the cervix can cause nausea, vomiting and diarrhoea. On average, 100 or more women in every 1,000 may get one or more of these (but not every woman does).</p> <p data-bbox="1400 418 2130 622">Some women get other problems with the medicines used to open the cervix, but these problems are less common. The medicines come with an information leaflet that lists all the known side effects they can cause.</p> <p data-bbox="1400 647 2123 935">On average, for every 1,000 women having a surgical abortion about 1 woman will have a serious complication before leaving the clinic or hospital (so 999 women will not). These serious complications include severe bleeding, damage to the womb or sepsis (a severe reaction to an infection).</p> <p data-bbox="1400 960 2130 1209">General anaesthetics can sometimes cause other problems. These are unlikely to happen unless you have particular medical problems, for example problems with your heart or breathing. Your healthcare professional will discuss these risks with you separately.</p>

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<p>Do I need to have a test to know if the abortion has been successful?</p>	<p>If you pass the pregnancy at home: you will need to do a special type of pregnancy test after about 2 weeks, to confirm the pregnancy has ended. Some women may need to have a scan to confirm the pregnancy has ended.</p> <p>If you pass the pregnancy in a clinic or hospital: no further tests or appointments are usually needed.</p>	<p>No further tests or appointments are usually needed.</p>
<p>What do I need to do after the abortion?</p>	<p>You should contact the clinic or hospital:</p> <ul style="list-style-type: none"> • if the pain or bleeding is not getting better within a few days • if you still feel pregnant after about a week • if you have any signs of infection (including a temperature, flu-like feelings or unusual vaginal discharge) • if you have any other concerns. <p>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.</p>	<p>You should contact the clinic or hospital:</p> <ul style="list-style-type: none"> • if the pain or bleeding is not getting better within a few days • if you still feel pregnant after about a week • if you have any signs of infection (including a temperature, flu-like feelings or unusual vaginal discharge) • if you have any other concerns. <p>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.</p>

Frequently asked questions	Medical abortion	Surgical abortion
<p data-bbox="107 188 584 304">How likely am I to need another procedure to complete the abortion?</p> <p data-bbox="107 331 618 408">(The diagrams on page 12 might help make sense of the numbers.)</p>	<p data-bbox="645 188 1330 220">Medical abortion works well for most women.</p> <p data-bbox="645 245 1375 408">The best estimate is that for every 1,000 women having a medical abortion, about 70 will need surgery to complete the abortion (so 930 women will not need surgery at all).</p> <p data-bbox="645 434 1375 596">These numbers are not certain, and it is not possible to say for sure whether women are less likely to need another procedure with either medical or surgical abortion.</p>	<p data-bbox="1400 188 2085 220">Surgical abortion works well for most women.</p> <p data-bbox="1400 245 2130 408">The best estimate is that for every 1,000 women having a surgical abortion, about 35 will need further surgery to complete the abortion (so 965 will not need further surgery).</p> <p data-bbox="1400 434 2130 596">These numbers are not certain, and it is not possible to say for sure whether women are less likely to need another procedure with either medical or surgical abortion.</p>

Other things to think about

Contraception after abortion

You can start contraception straight away after an abortion. You can choose whichever type of contraception is best for you, and your healthcare professional can help you decide.

There are long-acting reversible methods available, such as contraceptive injections or implants, and intrauterine contraceptives (an IUD [intrauterine device] or an IUS [intrauterine system]).

Other methods of contraception include oral contraceptives, contraceptive patches, vaginal rings or barrier contraception (for example, condoms).

If you would like the abortion service to provide you with contraception, ask them about your options and how your preferred choice can be organised. Choices include:

After a medical abortion

- A contraceptive injection or a contraceptive implant can be given when you take the first medicine.
- An intrauterine contraceptive can be fitted after you have passed the pregnancy; it is recommended that this is done soon afterwards.
- A contraceptive pill started the same day that you pass the pregnancy.

After a surgical abortion

- A contraceptive injection, contraceptive implant or an intrauterine contraceptive can be given or fitted at the same time as the procedure.
- A contraceptive pill started the same day as the procedure.

For a full list of contraception choices, see the [contraception section on the NHS website](#).

How do you feel about the options?

The questions below can help you think about the issues covered by this decision aid and what matters most to you. You can use your answers when talking about the options with your healthcare professional.

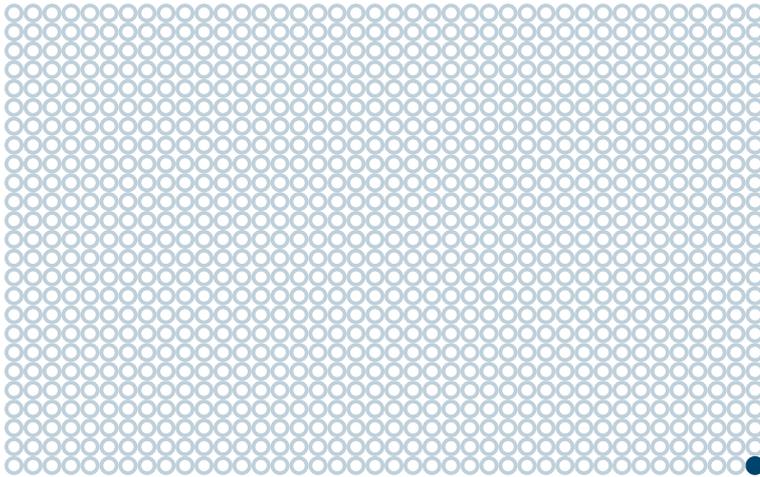
What is the issue?	How important is this to me?			
	Very important	Important	Not that important	Not at all important
Where will the abortion take place?				
Will I see the pregnancy?				
Is the abortion painful?				
How much bleeding will I get?				
What other problems could I have?				
How likely am I to need another procedure to complete the abortion?				
What contraception options are available at the same time as or shortly after the abortion?				
Other things I want to talk to my healthcare professional about:				

Risk of having a serious complication

A serious complication includes severe bleeding, damage to the womb or sepsis (a severe reaction to an infection). The risk of complications increases the further along you are in your pregnancy.

It is not possible to know in advance what will happen to any individual woman

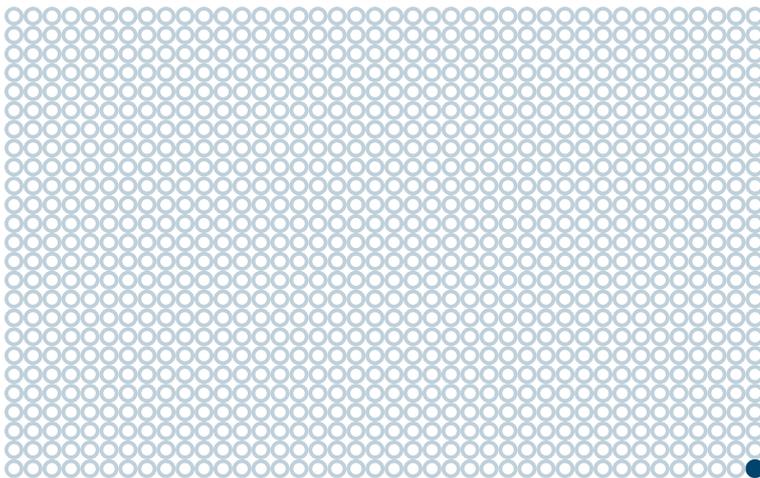
Medical abortion before 14 weeks



On average, for every 1,000 women who have medical abortion before 14 weeks:

-  about 1 woman has a **serious complication**
-  about 999 women do not have a **serious complication**

Surgical abortion before 14 weeks



On average, for every 1,000 women who have surgical abortion before 14 weeks:

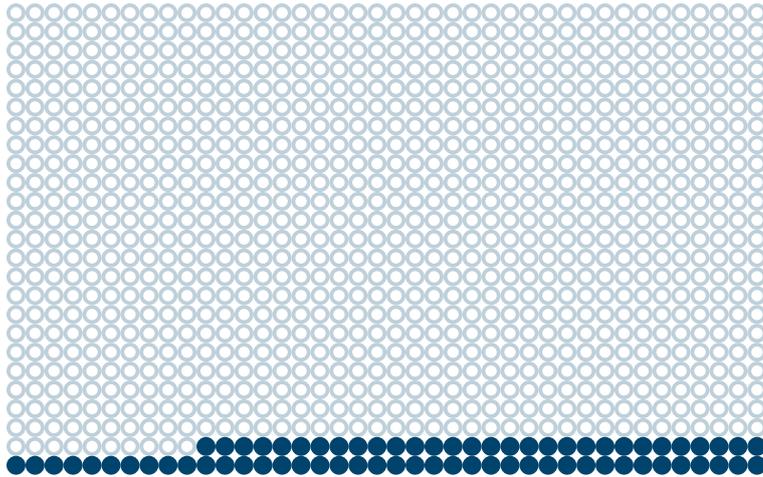
-  about 1 woman has a **serious complication**
-  about 999 women do not have a **serious complication**

Needing another procedure to complete the abortion

These numbers are not certain and it is not possible to say for sure whether women are less likely to need another procedure with either medical or surgical abortion.

It is not possible to know in advance what will happen to any individual woman

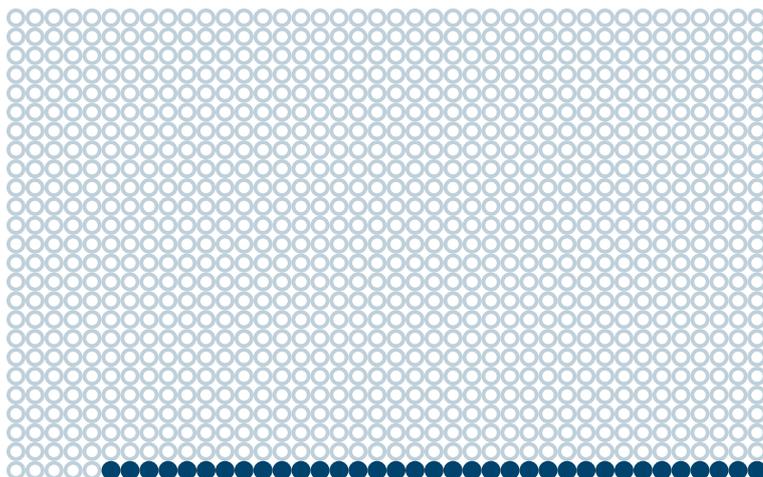
Medical abortion before 14 weeks



On average, for every 1,000 women who have medical abortion before 14 weeks:

-  about 70 women need surgery to complete the abortion
-  about 930 women do not need surgery at all

Surgical abortion before 14 weeks



On average, for every 1,000 women who have medical abortion before 14 weeks:

-  about 35 women need further surgery to complete the abortion
-  about 965 women do not need further surgery

About this patient decision aid

This decision aid was developed in line with the [NICE process guide for decision aids](#), with an oversight group that included clinical and patient experts. A wide range of stakeholders, including patient and professional groups, was invited to comment on an earlier draft. The content is based on the best available evidence and the oversight group's experience and expertise.

More information about how this decision aid was produced and the evidence on which it is based is available on the [NICE website](#).

NICE has also produced a [decision aid on abortion from 14 weeks up to 24 weeks](#), available on the NICE website.