



Abortion from 14 weeks up to 24 weeks: choosing between medical or surgical abortion Decision aid

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** 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, although most women need to take extra doses. You will not usually need to have an operation.
- **Surgical abortion** involves an operation. Specialised instruments are used to remove the pregnancy from the womb. The operation does not take long to perform, and many women go home on 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 9 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.

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 before 14 weeks, available on the NICE website.

Medical

Surgical

What happens in this type of abortion?

You will take 2 different medicines, normally around 1 or 2 days apart.

The pregnancy is passed through the vagina several hours after you take the second medicine. Most women need to take extra doses of the second medicine until the pregnancy passes.

You will have an operation to remove the pregnancy from the womb.

Specialised instruments are inserted into the womb through the cervix (the opening to the womb from the vagina) to remove the pregnancy.

The operation is done under deep sedation or general anaesthetic. 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.

Before the operation, the cervix is opened to make the operation easier. This is done in different ways, including 1 or more of the following:

- having matchstick-sized rods (called absorbent dilators) put into the cervix, either several hours before the operation or the day before. The rods swell over time, gently opening the cervix
- taking a medicine either a few hours before the operation or 1 to 2 days before, depending on the medicine used to open the cervix.

Medical

Surgical

Where will the abortion take place?

It takes place in a clinic or hospital. You will need to stay in the clinic or hospital after taking the second medicine and pass the pregnancy before going home.

You may be able to go home on the same day, but you may need to stay overnight.

It takes place in a clinic or hospital.

You can normally go home on the same day, but you will normally need someone to accompany you.

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. Your healthcare professional can explain what this might involve depending on how far along your pregnancy is.

You will not usually see the products of the pregnancy, unless you choose to do so.

Medical

Surgical

Is the abortion painful?

It will probably be painful when you pass the pregnancy. The amount of pain will differ from woman to woman and will depend on how far along your pregnancy is. Your healthcare professional can explain this to you in more detail.

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. Painkillers should help and some women find things like hot water bottles can also help.

If you have sedation the procedure might feel uncomfortable. If you have a general anaesthetic you won't be aware of what is happening and won't feel any pain until you are awake again.

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. Painkillers should help and some women find things like hot water bottles can also help.

How much bleeding will I get?

All women have vaginal bleeding during a medical abortion. This is usually heavier than your normal period.

After passing the pregnancy, bleeding can last for about 12 days but should get lighter day by day.

All women have vaginal bleeding after a surgical abortion. This is usually heavier than your normal period.

Bleeding can last for about 7 days but should get lighter day by day.

Medical

Surgical

What other problems could I have during or shortly after the abortion?

(The diagrams on page 10 might help make sense of the numbers.)

The medicines used for medical abortion often cause nausea, vomiting and diarrhoea. On average, 10 or more women in every 100 may get one or more of these (but not every woman does).

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 problems they can cause.

Inserting the rods (absorbent dilators) requires a vaginal examination, like having a smear test. This can be uncomfortable. As the rods swell they can cause cramps like having a period.

The medicines that can be used to open the cervix often cause nausea, vomiting and diarrhoea. On average, 10 or more women in every 100 may get one or more of these (but not every woman does).

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 problems they can cause.

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.

Continued over page...

Medical

Surgical

What other problems could I have during or shortly after the abortion?

(Continued from previous page.)

(The diagrams on page 10 might help make sense of the numbers.)

On average, for every 100 women having a medical abortion:

- Between 1 and 10 women will have a **severe bleed** (so 90 to 99 will not). These numbers aren't certain, and it's not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.
- A small number of women will have an **infection** within a month of the abortion, although it's not possible to say for sure how many women get this.
- A small number of women will have an **injury to their womb**, but it's not possible to say for sure how many women get this. This usually only occurs in women who have had a caesarean section in the past.

On average, for every 100 women having a surgical abortion:

- Between 1 and 10 women will have a **severe bleed** (so 90 to 99 will not). These numbers aren't certain, and it's not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.
- A small number of women will have an **infection** within a month of the abortion, although it's not possible to say for sure how many women get this.
- A small number of women will have an **injury to their cervix or womb** from the surgical instruments, but it's not possible to say for sure how many women get this.

Medical

Surgical

<p>Do I need to have a test to know if the abortion has been successful?</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>How likely am I to need another procedure to complete the abortion?</p> <p>(The diagrams on page 11 might help make sense of the numbers.)</p>	<p>Although medical abortion works well for most women, you are more likely to need another procedure to complete the abortion if you choose a medical abortion than if you have a surgical abortion.</p> <p>For every 100 women having a medical abortion, about 13 will need surgery to complete the abortion (so 87 women will not need surgery at all). These numbers are the best estimate, but we can't be certain of the exact numbers.</p>	<p>You are less likely to need another procedure to complete the abortion if you choose a surgical abortion than if you have a medical abortion.</p> <p>For every 100 women having a surgical abortion, about 3 will need further surgery to complete the abortion (so 97 will not need further surgery). These numbers are the best estimate, but we can't be certain of the exact numbers.</p>

Other things to think about

Contraception after an 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 can be 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?

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 or shortly after the abortion?				
Other things I want to talk about:				

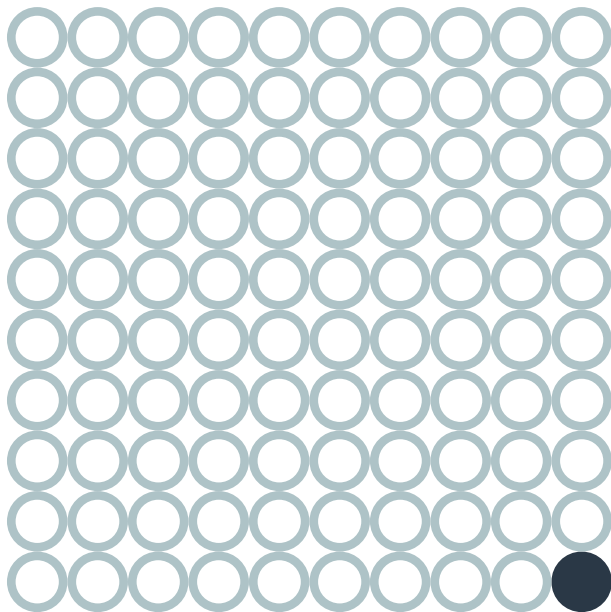
Chance of having a severe bleed

It isn't possible to give very precise figures for the chances of you having a severe bleed, so this decision aid gives a general idea.

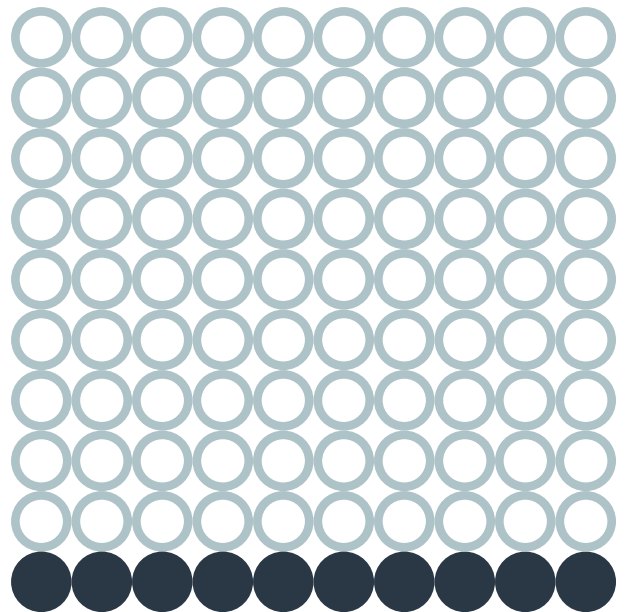
Between 1 and 10 women out of every 100 will have a severe bleed (so 90 to 99 will not) after either a medical or a surgical abortion. These numbers aren't certain and it's not possible to say for sure whether women are more likely to have a severe bleed with either medical or surgical abortion.

In the diagrams below, the women who have a severe bleed are shown as **filled circles**.

1 in 100



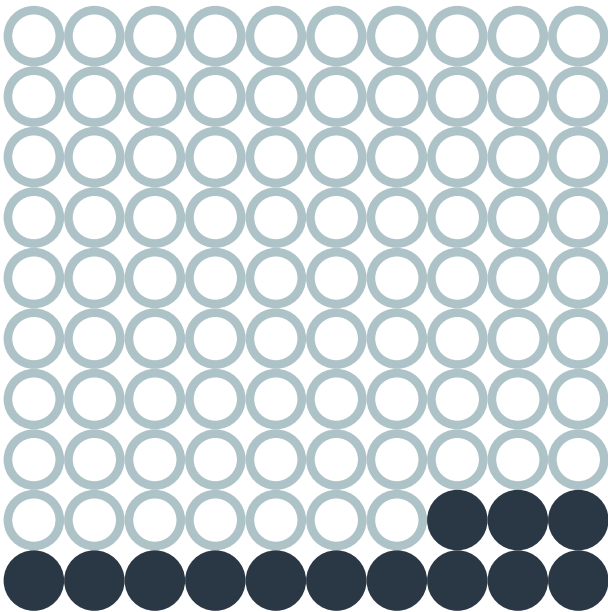
10 in 100



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

Needing another procedure to complete the abortion

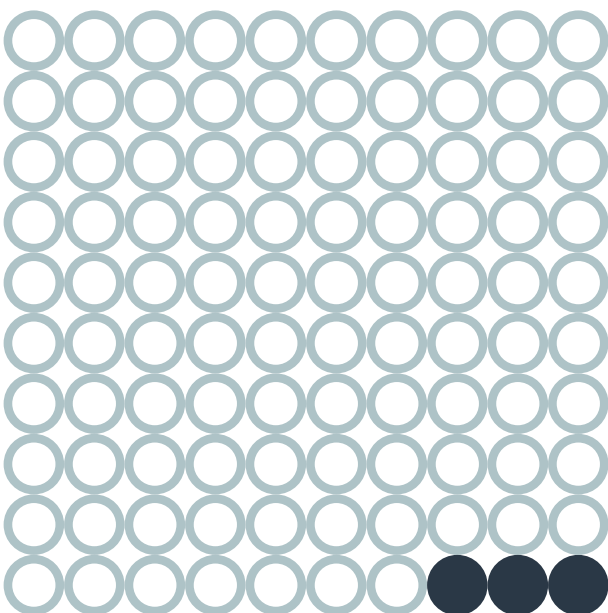
Medical abortion from 14 weeks up to 24 weeks



On average, for every 100 women who have medical abortion from 14 weeks up to 24 weeks:

- about 13 women need surgery to complete the abortion
- about 87 women do not need surgery at all

Surgical abortion from 14 weeks up to 24 weeks



On average, for every 100 women who have surgical abortion from 14 weeks up to 24 weeks:

- about 3 women need further surgery to complete the abortion
- about 97 women do not need further surgery

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