

Patient information from BMJ

Last published: Feb 12, 2021

Abortion: having an abortion

This information tells you about an abortion to end a pregnancy.

It explains: the different types of abortion, how they work, what the risks are, and what to expect afterwards.

This information is about abortions for women who are less than 13 weeks pregnant. Most women have their abortion in the first 13 weeks of pregnancy. But in many countries you can have an abortion later than this. Check the rules where you live.

Procedures and practice can vary slightly between hospitals. You can use our information to discuss what will happen with the doctors and nurses treating you.

What is an abortion?

An abortion is a way of ending your pregnancy. Abortions can be done with drugs or surgery.

An abortion using drugs makes the muscles of your womb contract. The contents of your womb pass out of your vagina like a heavy period.

Surgery involves gently stretching the entrance to your womb (called the cervix) until it is wide enough for the fetus to be removed with a suction tube.

These methods are suitable for early abortions, up to about 13 weeks of pregnancy. A small number of abortions happen later than this, and with different methods. You can talk to your doctor about later abortion if you need to.

Your decision

Women have abortions for different reasons. For example, you might not want to be pregnant because of circumstances at home or problems with your relationship. Or it could be that your health is at risk, or the baby might have a medical problem.

This information can't help you make the decision to have an abortion. It just tells you what will happen if you decide to go ahead.

The rules about abortion vary depending on where you live. But in many countries, including the UK, you are entitled to privacy. This means that no one has to know about your abortion unless you want them to.

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Your partner, parents, or usual doctor don't have to be informed, even if you are under 16. If you are under 16, most doctors will suggest you talk to your parents.

Can I have an abortion?

You should check the law on abortion where you live, as it varies between countries.

For example, in the UK you can have an abortion if:

- you are less than 24 weeks pregnant, and
- two doctors agree that it would cause less damage to your physical or mental health than going on with the pregnancy.

This is a legal requirement, but in many cases it is just a formality. You should be able to have an abortion if you choose to. If your usual doctor is unwilling to refer you for an abortion, you are entitled to go to another doctor who will.

Charities that offer abortion advice, such as the British Pregnancy Advisory Service (www.bpas.org), can help with getting authorisation from two doctors.

In the UK, you can only have an abortion after 24 weeks if there are exceptional circumstances, such as a risk to your health.

What will happen?

Preparing for an abortion

Before the abortion, your doctors will give you a check-up and ask about your health. You will also:

- have a blood test, if your blood group isn't recorded already
- possibly have an ultrasound scan. This isn't essential, but it can tell you more precisely how many weeks pregnant you are
- be assessed for your chances of having a blood clot in one of your deep veins, usually in your leg. This is called venous thromboembolism (VTE) risk assessment. Pregnant women are more likely than non-pregnant women to have VTE.

You should be offered tests to check for common sexually transmitted infections (STIs), such as chlamydia.

This is important because, if you have chlamydia or another infection, you are more likely to get a problem called pelvic inflammatory disease after the abortion.

Abortion using drugs

An abortion using drugs is called a **medical abortion**. You might hear it called the abortion pill, but it doesn't just involve taking a pill. You need to take two different drugs at a clinic or hospital, usually one or two days apart.

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If you are concerned about the two-day gap, talk to your doctor. There might be some flexibility about when you can take the second pill. It might also be possible to take the second pill at home, depending on what services are available in your area.

A medical abortion usually works like this:

- On **your first visit** you take a drug called **mifepristone**. This blocks the hormone that makes the lining of your womb hold onto the fetus.

You can carry on with your normal life between then and your second visit. But you might get some bleeding or cramps.

- On **your second visit**, one or two days later, you'll take a drug called **misoprostol**. It is usually given as a tablet that you put into your vagina (called a vaginal suppository).

You can also get misoprostol tablets that you swallow, but the drug works better and has fewer side effects when used in your vagina. The drugs can sometimes make you feel nauseous, vomit, or have diarrhoea.

After taking the second drug, you might be given a choice between going home and staying in the clinic or hospital for a while.

The abortion usually happens after the second visit. It will be like a heavy period with clots of blood. You will probably have painful cramps in your womb. But your nurse can give you strong painkillers to help with this.

Abortions can take longer to start if you are more than nine weeks pregnant. If your abortion hasn't started within four hours of taking the second drug, you might be given a second dose.

You can be given up to four doses of the second drug, with a three-hour gap between doses, until the abortion happens.

The abortion should be over within four hours to six hours. You will keep bleeding after this, but the bleeding will be much lighter.

You'll need to wear sanitary towels rather than tampons to soak up the blood, as tampons can sometimes cause infections after an abortion.

Surgical abortion

The operation doctors usually use for an abortion is called **suction aspiration** or **vacuum aspiration**. This is because the contents of your womb are gently sucked out with a tube and pump.

The operation takes about 10 minutes. But you should expect to be at the clinic for a few hours. You can usually go home the same day.

Before the procedure

You don't have to get fully undressed for a surgical abortion. You'll be asked to take off your pants shortly before the procedure.

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You might be given a hormone medication called **prostaglandin** before the abortion. This will soften the entrance to your womb (the cervix). This helps your doctor to open your cervix without damaging it.

The prostaglandin might be a tablet that you put into your vagina a few hours before surgery. Or you might be given tablets to take at home a day or two before your operation.

You can have a **general anaesthetic**, which makes you sleep, or a **local anaesthetic**, which numbs the area around the entrance to your womb.

With a local anaesthetic you are awake and aware of what's happening. Your doctor or nurse will talk to you during surgery to make sure you're OK.

During a surgical abortion, the fetus is gently sucked out of your womb. The suction can be done with an electric pump or a syringe operated by hand. It doesn't involve any cutting.

If you have an abortion using an electric pump, you will usually have a general anaesthetic.

Here's what happens:

- First, the doctor inserts a small instrument called a speculum into your vagina so that he or she can see your cervix. Your cervix is cleaned with a swab.
- Your cervix is then gently stretched and opened. This is done with instruments called dilators. These are inserted into your cervix, starting with one that is 2 millimetres (1/12 of an inch) wide. Bigger ones are added until your cervix is opened enough. The farther along your pregnancy is, the wider your cervix needs to be opened.
- A thin plastic tube is put into your womb through the cervix. The contents of your womb are gently sucked into the tube using a pump.
- If you're awake during surgery, you'll probably feel strong, period-type pains.

If you're having an **abortion with a hand-held syringe**, rather than with a pump, the procedure will be a little different. You will probably have a local anaesthetic, although general anaesthetic is sometimes used. And your cervix will not need to be opened beforehand, as the tube used is very thin and flexible.

This procedure takes longer than suction using an electric pump.

After a rest and a check-up, most women can leave the clinic within three hours.

How well do abortions work?

Abortions usually work. But there is a small chance that you could still be pregnant after a medical abortion (an abortion using drugs).

It's very rare for a woman to be still pregnant after a surgical abortion. But some women have what's called an **incomplete abortion**. This can happen with either type of abortion. It means that some tissue is left behind after the operation.

If this happens it can cause bleeding or cramps, and you might need surgery to remove this tissue.

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The evidence suggests that medical abortion works better for women who are less than 7 weeks pregnant.

Some women prefer surgery because they don't want the bleeding that happens after a medical abortion. Surgery is also quicker and happens in one go.

Other women prefer medical abortion because they feel more in control, they see it as more natural, or because they don't want the risks of surgery or a general anaesthetic.

What are the risks?

All medical procedures have risks. Complications with abortions are rare, but they do happen. The earlier in pregnancy you have an abortion, the safer it is.

Problems at the time of the procedure

Problems that can happen during a **medical abortion** include:

- pain, from cramps in your womb
- side effects of prostaglandin, such as nausea, diarrhoea, and fever and chills. These side effects don't usually last very long.

Problems that can happen during a **surgical abortion** include:

- damage to your cervix. This is rare, but it does happen. It is less likely to happen if you have an abortion early in your pregnancy
- damage to your womb. Again, this is rare, and less likely in early abortions.

Problems that can happen soon after the abortion

Most complications of abortion happen in the week or two after the procedure. They include:

- an infection after an abortion. This can lead to a more serious problem called **pelvic inflammatory disease (PID)**. This needs to be treated quickly as it could stop you becoming pregnant in the future
- an incomplete abortion. This is when the abortion doesn't remove all the contents of your womb. This can cause pain, bleeding, or an infection. If this happens you might need another operation.

Possible longer-term problems

Having an abortion is unlikely to cause any long-term problems.

Having an abortion is unlikely to harm your health or affect your chances of becoming pregnant again. You are no more likely than a woman who hasn't had an abortion to have problems with future pregnancies.

You might have read that having an abortion increases your chance of getting breast cancer or of having a miscarriage in future. But the evidence suggests that abortion does not make either of these things more likely.

What can I expect afterwards?

After you leave the hospital or clinic, usually the same day, you will probably want to go home and rest. You can bath or shower normally.

You can drive after a medical abortion, but you should get someone to drive you home if you've had an anaesthetic. Driving isn't recommended for 48 hours after a general anaesthetic.

Most women feel fit enough to return to work within a day or two, but you might prefer to wait a little longer.

Follow-up appointments

You will not need to go for a routine check-up after a medical or surgical abortion if your doctor can confirm that the abortion worked at the time of the procedure.

If your doctor is not certain whether the abortion worked, you will need to go for a follow-up to see if you are still pregnant.

You can also choose to return for a routine follow-up if you wish, just for your peace of mind, or get a referral if you need emotional support. You can also discuss at this time any need for further contraception advice.

Rh-negative blood

If your blood type is Rh-negative and you have not already been 'sensitised' (this means that you already have in your blood antibodies to a substance known as D antigen that can be detected by a blood test at the beginning of your pregnancy), you will have an injection of a drug called Rh immune globulin within 72 hours following abortion.

This is done to prevent any chance of you developing antibodies that would attack a future Rh-positive baby.

Bleeding

You will continue to bleed for a while after the abortion. Bleeding often lasts longer after a medical abortion than a surgical abortion. You might see clots in the blood.

Bleeding after a medical abortion usually lasts between 14 and 17 days, then trails off. But it can go on for several weeks. Bleeding is usually lighter after surgery, but it can still last up to 14 days.

If the bleeding is any worse than a heavy period you should see a doctor. Your usual painkillers will help with any cramps. You might have spotting right up to your next period. Your next period should happen in about four to six weeks, although it may not start for eight weeks.

Infections

You should see a doctor right away if you have signs of infection, such as:

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- heavy, continuous bleeding
- pain that doesn't go away, or
- fever.

An infection is usually easy to treat with antibiotics. But it could affect your ability to become pregnant again if it's not treated.

Using sanitary towels instead of tampons until you stop bleeding can help prevent an infection. If you can, wait until your check-up after the abortion before you have sex again. If you have sex before this time, it's best to use condoms.

Signs of pregnancy

If you have signs of pregnancy, such as morning sickness, these will gradually go away as your hormone levels return to normal. Breast tenderness is often the last sign of pregnancy to disappear.

But if you still have signs of pregnancy two weeks or three weeks after the abortion, you need to see your doctor.

A pregnancy test can't tell you if you are still pregnant, because the hormone it measures can take up to a month to return to normal levels after an abortion.

Contraception

You need to use contraception immediately after your abortion if you want to avoid becoming pregnant. This is because you are likely to produce another egg (ovulate) before your next period. So, you could become pregnant again before your next period is due.

It's safe to have a coil (also called an intrauterine device or IUD) fitted straight away.

How will I feel afterwards?

Your feelings afterwards might depend on your reasons for having an abortion and how comfortable you are with your decision.

For example, some women feel sad and tearful after an abortion, while others say they feel relieved that it's over. Other women feel guilty or have a sense of loss. Some women still have emotional problems several weeks later.

There's no evidence that psychological problems are common after having an abortion. But if you have feelings of depression or anxiety that don't go away within a few weeks, talk to your doctor.

You might not feel like having sex for a while. This is normal. Many women feel this way. And some women say that they have problems in their relationships after an abortion.

Having someone to talk to can help. If you have problems coping, ask your nurse or doctor about counselling.

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