Abortion is a medical intervention that ends a pregnancy. It is also referred to as ‘termination of pregnancy’ or ‘termination.’

UK Law
The 1967 UK Abortion Act, covering England, Scotland and Wales legalised abortion, and the HFEA 1990 Act states that abortion can be carried out in the first 24 weeks of pregnancy as long as certain criteria are met: abortions must be performed in a hospital or licensed clinic and two doctors have to agree that an abortion would cause less damage to a woman’s physical or mental health or the health of any existing children than continuing with a pregnancy. After the first 24 weeks of pregnancy, abortion is only carried out where it is necessary to save the life of the woman, where there is evidence of severe foetal abnormality or where there is a grave risk of physical or mental injury. In Northern Ireland, abortion is only legal if the life or mental or physical health of the woman is at a “serious risk.”

NHS Abortions
To access abortion via the NHS a woman needs to be referred by two doctors who agree that the conditions of the 1967 Abortion Law applies. The first is usually her GP but could also be a doctor at a local family planning clinic. The doctor is allowed to deny a woman a referral if they have a moral objection, but must recommend another doctor who is willing to help. The second doctor normally works at the hospital or clinic where the abortion will be carried out. It is easier and safer to get an abortion if a woman is at an early stage in her pregnancy (under 13 weeks). Since there is an average waiting time of 2-4 weeks it is important to act quickly. It is important that a woman is given sufficient time to consider all her options so she is as comfortable as possible with her decision.

Private Abortions
A woman can also refer herself for a private abortion at a clinic but the agreement of two doctors in accordance with the law is still required. The cost varies by provider, the stage of pregnancy, the choice of treatment and whether an overnight stay is required.

The Procedure
Once referred for an abortion, a woman will need to attend a consultation where her medical history will be taken as well as certain other tests to decide the most suitable method. The possible risks and complications will also be explained to her.

Early Medical Abortion (Up to 9 weeks)
Also referred to as the ‘abortion pill’, this involves taking two different drugs (mifepristone and prostaglandin) 36 to 48 hours apart. In between taking the drugs the woman can go home and continue with her normal routine. After 4 to 6 hours of taking the second pill, the lining of the womb breaks down with the embryo causing vaginal bleeding. This can feel like having a heavy and painful period but painkillers can be taken. This method can also cause nausea, vomiting and diarrhoea. Light bleeding may occur for up to 14 days.

Vacuum aspiration or suction termination (7-15 weeks of pregnancy)
This is performed under local or general anaesthetic and involves a plastic suction tube connected to a pump being placed through the cervix into the womb. A tablet, to soften the cervix, may be placed inside the vagina a few hours before the procedure. Once the tube is inserted the pregnancy is removed usually taking 5 to 10 minutes. Healthy women usually recover within an hour and can go home the same day. Light bleeding may occur for up to 14 days.

Late Medical Abortion (after 9 weeks)
This uses the same drugs as early medical abortion except it will take longer and additional doses of prostaglandin may be needed. After this treatment some women are required to remain in hospital overnight.
Surgical dilation and evacuation (D&E)  
(from 15 weeks of pregnancy)
This process is performed under general anaesthetic. The cervix is gently dilated and forceps and a suction tube remove the pregnancy. This takes usually between 10 and 20 minutes and the woman may be able to return home that day. As with Vacuum Aspiration, light bleeding may occur over the following 14 days.

Late Abortion (20-24 weeks)
There are two methods for abortion at this stage. The first is a two-step surgical abortion where each step is performed under general anaesthetic. It involves stopping the foetus's heart and softening the cervix. The following day the foetus is removed using the D & E method described above. An overnight stay in hospital is usually required. Some centres may be able to carry out this procedure as a single stage. The second is a medically induced abortion where prostaglandin is injected into the womb causing strong contractions, like in labour. This lasts between 6 to 12 hours during which the woman will stay awake but may be given medicines to control the pain. An ERPC (evacuation of retained products of contraception) may follow to ensure that the womb is completely empty and an overnight stay in hospital is generally necessary.

Complications
During the abortion procedure, there is a low chance of complications though a small number (less than 0.25%) experience a haemorrhage (strong bleeding) or receive damage to their cervix or womb. Problems are more likely to occur if the patient is at a later stage of pregnancy. Post-abortion infection may occur in the womb resulting from the foetus not being completely removed. This will appear as heavy vaginal bleeding (a couple days of vaginal bleeding is normal) and a period-like pain (which fails to lessen with normal painkillers). This can usually be treated with antibiotics. Leaving infection untreated can cause more serious conditions such as pelvic inflammatory disease (PID), which can lead to infertility. With any of these symptoms a doctor’s appointment should be made as soon as possible. There is little evidence to suggest that abortion causes any long-term emotional or psychological damage. Some women can feel regret that their circumstances have forced them to seek an abortion. The emotional effects on some women highlight the importance of accessing suitable counselling. Several counselling services (see below) can help women through their decision-making process both before and after an abortion.

Useful contacts

British Pregnancy Advisory Service
For appointments, call 08457 30 40 30 (Mon-Fri 8am-9pm, Sat 8:30am-6pm, Sun 9:30-2:30pm)  
Website: www.bpas.org

Brook Advisory Centres
A national charity that offers free and confidential sexual health advice and services for young people under the age of 25.  
Helpline: 0800 0185 023 (Mon-Fri 9am-5pm)  
Website: www.brook.org.uk

Family Planning Association
Helplines: 0845 122 8690 (Mon-Fri 9am-6pm), 028 90 325 488 (Mon-Thur 9am-5pm Fri 9am-4.30pm, Northern Ireland unplanned Pregnancy)  
Website: www.fpa.org.uk

Marie Stopes International
Abortion Helpline: 0845 300 8090 (24 hours)  
Website: www.mariesstopes.org.uk

National Health Service Direct
0845 4647  
Website: www.nhsdirect.nhs.uk

Other resources

Abortion Rights  
Website: www.abortionrights.org.uk

British Association for Adoption and Fostering  
Website: www.bAAF.org.uk/info/firstq/pregnant.shtml

Pro Choice Forum  
Website: www.prochoiceforum.org.uk

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This factsheet has been produced by Women’s Health Concern and reviewed by members of our Medical Advisory Panel.  
It is for your information and advice and should be used in consultation with your own medical practitioner. Updated: March 2010.