

Your Choices

The Pregnancy Advisory Service is here to help you if you are considering an abortion. The team of experienced and dedicated professionals will offer advice in a caring and supportive manner and support you in whatever decisions you make. We will not judge you and will always treat you with respect.

Making Your Decision about the Pregnancy

The decision as to whether to proceed with an abortion can be very difficult. It is common to feel a range of different emotions and this can add to the confusion. Whatever you feel, it is important to take time to make a decision that is right for you, but it is also important not to put off your decision as options become more limited and the choices can be even more difficult the longer a pregnancy continues.

It helps if there is somebody you trust who you can talk to and confide in, and it is important to consider how the different options may affect you and your family both now and in the future. However you should not let anybody pressure you into doing something you do not want to do.

In broad terms you have three choices, each with its own dilemmas:

- End the pregnancy by choosing to have an abortion
- Continue with the pregnancy and keep the baby
- Continue with the pregnancy and have the baby adopted

If you are finding it difficult to decide what the best option is, you may find some of the following helpful:

- [“Pregnant and don't know what to do? A guide to your options”](#) is an excellent leaflet that runs through the issues and choices and gives suggestions that may help you come to a decision that is right for you. It is available from the Family

Planning Association (FPA) website, or we can give or e-mail you a copy

- Talking in confidence to somebody independent who understands all of the options. The following services can help:
 - Your general practitioner (GP) or practice nurse
 - A family planning clinic (the Family Planning Association website lists them at www.fpa.org.uk/findaclinic)
 - A young person's service (e.g. Brook - www.brook.org.uk)
 - Family Planning Association on 0845 122 8690
- In the clinic our professional qualified counsellor can guide you through the dilemmas to help you make your choice
- The clinic staff will explain the choices in more detail – but please make sure you ask them about anything you are unsure of and make them aware of any particular concerns
- Please make sure you tell the staff if anybody is putting pressure on you to make a decision – anything you tell us will be in complete confidence, and we can offer you practical help if this is a concern
- Please be aware that some organisations do not offer unbiased advice and may lead women into making the wrong choice for them

Some things to think about in making your choice

(Reproduced with kind permission of the Family Planning Association from “Pregnant and don't know what to do? A guide to your options” ©2012):

When you're making your decision, it may be helpful to consider the following things:

- *Your life now.* What is most important to you in your life at the moment? This might involve many things, such as family, friends, work and education
- *Your future.* What are your hopes and aims for the future? You can think about all aspects of your life

How would these things be affected if you decide to:

- continue with the pregnancy and keep the baby
- end the pregnancy by having an abortion
- continue with the pregnancy and have the baby adopted

Another way of thinking about your situation is to consider how the statements below make you feel:

- I feel ready to be a parent and bring up a child
- I don't want to be pregnant
- Having a baby will stop me doing the things in my life that are most important to me
- I do want to have a baby one day but I'd rather wait (because I feel I'm too young, or I'd like to be in a committed relationship)
- I am willing to give up other things in my life in order to bring up a child
- My family would help me if I have a baby
- My family wouldn't approve if I have a baby
- My partner wants to have a baby with me
- I couldn't go through with an abortion
- I agree with abortion
- I'm worried this might be my only chance to have a baby
- I wouldn't be able to give my baby away

Whatever you decide it needs to be right for you.

Your Choice of Procedure

There are currently three types of abortion procedure available though not all of them are suitable for every situation, nor can all be provided at each site. We can give you more detailed information at the clinic.

Having a “Walk-in, Walk-out” Procedure – Manual Vacuum Aspiration

This is carried out under local anaesthetic using gentle suction as a “walk-in, walk-out” procedure using local anaesthetic and is available if you are less than 8½ weeks into your pregnancy. Although the procedure itself only takes a few minutes, overall the appointment lasts about 45 minutes as the local anaesthetic takes time to work and you will need a little time to recover. You can choose to have a contraceptive implant, IUCD (coil) or IUS (Mirena system) fitted at the same time. A friend or companion can be with you throughout if you would like, and there are always nurses who will support you.

This method is safe and effective but there is a small risk that some tissue may be left in the womb requiring further treatment. There is also a risk of bleeding or infection and very rarely damage to the womb or cervix requiring further treatment.

Advantages – It is a quick and safe procedure that has fewer complications than medical abortions with less bleeding, pain and tummy upsets. There is no need for a full anaesthetic and therefore no restriction on driving, or a need to starve. Only one other appointment is necessary for the procedure itself.

Disadvantages – It involves having a local anaesthetic and therefore you will be awake during an intimate procedure

Using Tablets – Early Medical Abortion (at home)

This is available if you are less than 8½ weeks into your pregnancy. It involves two visits and a follow-up call by telephone after two weeks. At the first visit you will take a pill and go home afterwards. This is called mifepristone and it will prevent the pregnancy continuing. After 24-48 hours you will need to return to the hospital to receive some tablets called misoprostol after which you can go home. Most people can expect to pass the pregnancy in the next 2-4 hours when the tablets will cause the womb to contract and make you expel the pregnancy. Most find this to cause a similar level of pain and bleeding to a natural miscarriage or very heavy period, and we recommend you take tablet painkillers which we can provide (e.g. ibuprofen and paracetamol or codeine). If you opt for this you should be confident you will have somebody to offer support for you at home.

This method is safe and effective but there is a small risk that it will fail or some tissue may be left in the womb requiring further treatment. There is also a risk of bleeding or infection. Rarely the pregnancy continues and so it is essential you follow our recommendations for the follow-up; we will organise a pregnancy test and then a telephone review after two weeks.

Advantages – Many patients find it less intrusive than the other options, it avoids the need for an anaesthetic and most patients who choose it are satisfied with the outcome. It is similar to having a natural miscarriage in terms of pain and bleeding.

Disadvantages – The chances of complications are slightly higher than with the other options (e.g. the need for another procedure, the chances of the pregnancy continuing) and there may be more bleeding, pain and tummy upsets. Two further appointments will be necessary (one in 24-48 hours, then a booked telephone discussion after two weeks)

Having an Operation – Suction Termination

This is available up until 13½ weeks into your pregnancy. It is a straight forward procedure which is performed under a full anaesthetic and takes about 10 minutes. You will be with us for up to six hours and must have someone to drive you home or go with you in a taxi and stay overnight with you. You will not be able to work or drive for the following 24 hours. While you are asleep the doctor will gently open the entrance to the womb (the cervix) and remove the pregnancy using a suction machine. You can choose to have a contraceptive implant, IUCD (coil) or IUS (Mirena system) fitted at the same time whilst you are asleep.

This method is safe and effective but there is a small risk that some tissue may be left in the womb requiring further treatment. There is also a risk of bleeding or infection and very rarely damage to the womb or cervix requiring further treatment.

Advantages – It is a quick and safe procedure that has fewer complications than medical abortions with less bleeding, pain and tummy upsets. Only one other appointment is necessary for the operation itself.

Disadvantages – It involves a hospital admission and having to have a full anaesthetic which includes having to starve and not being able to drive for 24 hours.

What Happens at the Clinic

A clinic appointment can take a couple of hours and it may be a good idea to bring someone with you. It is advisable not to bring small children. During the appointment you will meet a Health Care Assistant, a Specialist Nurse and a Doctor and usually you will need to have a dating scan (this is done by ultrasound and either uses a plastic device placed on your tummy or a thin probe that is placed in the vagina). The clinic staff will need to ensure that the legal requirements are fulfilled and, depending on how far along in the pregnancy you are, will discuss which procedures are safe and available for you.

You will be able to discuss and organise contraceptive choices to use after the termination. We strongly recommend having a swab (which you can do yourself in clinic) for *Chlamydia* (a common sexually transmitted infection) and you may need to have some routine blood tests. A professional qualified counsellor is available to talk to. The Doctor or Nurse will discuss your options and arrange the time and date for you to return for your procedure. This will not usually be on the same day unless specific arrangements have been made.

We recommend that your GP is given a summary of your treatment, but we will only contact them if we have your permission. The only reason we might have to consider passing on confidential information without your permission would be to protect you or somebody else from serious harm or where a court orders us to do so – we would always discuss this with you first and offer help and support. After you have been discharged from the service we will file everything relating to the abortion separately from your main hospital notes in order to protect your privacy.

Useful Phone Numbers & Further Information

Pregnancy Advisory Service Secretary.....01872 252983

The Sexual Health Hub, Genitourinary Medicine and Contraception Service.....01872 358750

Brook, sexual health service for young people.....01209 710088
www.brook.org.uk

Cornwall Women's Refuge Trust01872 225629
<http://www.cwrt.org.uk/>

British Pregnancy Advisory Service.....08457 304030
<http://www.bpas.org/bpaswoman>

Family Planning Association0845 122 8690
<http://www.fpa.org.uk/>

Royal College of Obstetricians and Gynaecologists
www.rcog.org.uk/womens-health/clinical-guidance/abortion-care