
Abortion care
(NG140)

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Abortion care

Introduction

This guideline covers care for women of any age (including girls and young women under 18) who request an abortion. It aims to improve the organisation of services and make them easier for women to access.

Service organisation

Making it easier to access services

- Commissioners and providers should work together to:
 - make information about abortion services (including how to access them) widely available.
 - ensure that women are promptly referred onwards if a service cannot provide an abortion after a specific gestational age or by the woman's preferred method.
 - avoid the need for women to repeat key steps (such as returning to their GP for referral, or repeated assessments or investigations).

- Commissioners and providers should allow women to self-refer to abortion services.
- Healthcare professionals should not allow their personal beliefs to delay access to abortion services.
- Commissioners should consider upfront funding for travel and accommodation for women who:
 - are eligible for the NHS Healthcare Travel Costs Scheme and/or
 - need to travel to a service that is not available locally.
- Commissioners should make information available about any upfront funding to access services.





Waiting times

- Commissioners should work with providers to ensure abortion services have the capacity and resources to deliver the range of services needed with minimal delay.
- Ensure minimal delay in the abortion process, and ideally:
 - provide the assessment within one week of the request.
 - provide the abortion within one week of the assessment.
- For women who would prefer to wait longer for an abortion, help them to make an informed decision by explaining the implications, including:

- the legal limit for abortions, as stated in the Abortion Act.

- that delaying the abortion will increase the risk of complications, although the overall risk is low.

- Do not require women to have compulsory counselling or compulsory time for reflection before the abortion. Provide or refer women for support to make a decision if they request this.

Location of services

- Consider providing abortion assessments by phone or video call, for women who prefer this.



- Consider providing abortion services in a range of settings (including in the community and in hospitals), to meet the needs of the local population.

Avoiding stigma

- When caring for women who are having an abortion, be aware of:
 - the anxiety they may have about perceived negative and judgemental attitudes from healthcare professionals
 - the impact that verbal and non-verbal communication may have on them.
 - Services should be sensitive to the concerns women have about their privacy

and confidentiality, including their concerns that information about the abortion might be shared with healthcare professionals not directly involved in their care.

Providing information

- Reassure women that having an abortion is not associated with increased risk of infertility, breast cancer or mental health issues.
- Provide information about the differences between medical and surgical abortion (including the benefits and risks), taking account of the woman's needs and preferences. Do this without being directive, so that women can make their own choice.
- As early as possible, provide women with detailed information to help them prepare for the abortion. Cover:
 - what it involves and what happens afterwards.
 - how much pain and bleeding to expect.
- Provide information in a range of formats, for example video or written information. Include information based on the experiences of women who have had an abortion.
- Ask women if they want information on contraception, and if so provide information about the options available to them.
- For women who are having a medical abortion, explain:
 - that they may see the products of pregnancy as they are passed.
 - what the products of pregnancy will look like and whether there may be any movement.
- For women who are having a medical abortion at home, explain how to be sure that the pregnancy has ended
- Provide women with information on signs and symptoms that indicate they need medical help after an abortion, and who to contact if they do.
- Provide women with information about

the different options for management and disposal of pregnancy remains.

Information for women who are having an abortion because of fetal anomaly

- If a woman who is having an abortion for fetal anomaly cannot have her preferred method of abortion in the maternity service, establish a clear referral pathway with ongoing communication between services so that she can:
 - easily transfer to the abortion service.
 - receive ongoing support from the maternity service.
 - get more information about the anomaly.

Choice of procedure for abortion

- Offer a choice between medical or surgical abortion up to and including 23+6 weeks' gestation. If any methods would not be clinically appropriate, explain why.
- To help women decide between medical and surgical abortion, see the NICE decision aids on choosing medical or surgical abortion.

Follow-up after medical abortion up to and including 10+0 weeks

- For women who have had a medical

abortion up to and including 10+0 weeks' gestation with expulsion at home, offer the choice of self-assessment, including remote assessment (for example telephone or text messaging), as an alternative to clinic follow-up.

- Provide women with a low-sensitivity or multi-level urine pregnancy test to exclude an ongoing pregnancy.

Support after an abortion

- Explain to women:
 - what aftercare and follow-up to expect.
 - what to do if they have any problems after the abortion, including how to get help out of hours.
 - that it is common to feel a range of emotions after the abortion.
- Advise women to seek support if they need it, and how to access it (if relevant). This could include:
 - support from family and friends or pastoral support.
 - peer support, or support groups for women who have had an abortion.
 - counselling or psychological interventions.
- Providers should be able to provide emotional support after abortions. They should tell women this support is available if they need it.
- Providers should provide or refer women for counselling if requested.

Improving access to contraception

- Commissioners and providers should ensure that the full range of reversible contraceptive options (depot medroxyprogesterone acetate [DMPA], contraceptive implant, intrauterine methods, oral contraceptives, contraceptive patches, vaginal rings or barrier contraception) is available for women on the same day as their surgical or medical abortion.



About us...



NUPAS is one of the leading abortion providers in the UK.

For over 40 years we have been providing abortion services with contracts commissioned by Clinical Commissioning Groups on a national basis.

NUPAS provide services in local community settings over a broad range of days and times to offer a wide choice for individuals, including evenings and weekends. Our services can be accessed via GP or self-referral by a variety of methods including our central booking line; live chat on our website; social media; email or drop in session. Our clinics operate open access, walk in and wait or bookable appointments.

Please get in touch with us if you wish to enquire about any of our services by calling 0333 004 6666

or visit our website www.nupas.co.uk