



Your Guide to Abortion Care

I am pregnant. What are my options?

The information in this leaflet aims to help you and your healthcare team make the best decisions about your care. Some of the recommendations here may not apply to you; this could be because of an illness or condition you have, your general health and your wishes but it may help you in deciding whether abortion is right for you. This leaflet is not meant to replace advice from a doctor or nurse about your own situation.

If you are pregnant and it was unexpected or unplanned then there are a few options you can consider. Take some time to think about your thoughts and feelings regarding the pregnancy and focus on your needs as an individual as well as the needs of your family.

These are the options available for you to think about:

- Continue the pregnancy and become a parent – if you choose to continue the pregnancy, you will need to complete this form: <https://www.gha.gi/wp-content/uploads/2022/10/Reg-Form-Letter-new-version-1.doc>
- Continue the pregnancy and arrange for adoption or fostering – contact the Care Agency on 20078528 or email fostering@careagency.gov.gi
- End the pregnancy with an abortion - abortion is when a pregnancy is ended so that it doesn't result in the birth of a child. Sometimes it is called 'termination of pregnancy'.

How do I arrange an abortion?

If you are considering abortion, you are not alone. There have been and always will be many women in your situation. In the UK, 1 in 3 women will have an abortion by the time they are 45 years old.

This is the confidential direct line telephone number you should call to access the abortion service:



Please note: clinics run from 08:00 to 16:00, so the line may not always be answered when there are clinics in progress. Please leave your name and contact number on the answer machine and the nurse will call you back at the end of the clinic to arrange an appointment.

You can also be referred to the abortion service via a GP, specialist nurse or via the Well Person Unit. You will be offered an appointment for a first consultation within 3 working days of being referred and you should not have to wait more than 6-8 working days from your first referral to the time of your abortion. You should be seen as soon as possible if you need an abortion for urgent medical reasons.

What happens at the first appointment?

The first appointment is a consultation with the consultant gynaecologist. They will ask you some questions about your health and medical history. They will perform an ultrasound scan to confirm that there is an intrauterine pregnancy and will check the gestation to make sure it does not exceed the limit of 12 weeks gestation. You will not be shown the scan or be provided with any image of the fetus unless you request it.

There are two types of abortion treatment, these are:

1. Medical abortion: this involves medication in the form of pills and pessaries.
2. Surgical abortion: this is when the pregnancy is surgically removed. You may be offered a general anaesthetic for the procedure.

The doctor will discuss with you which type of abortion is most suitable for you. Your treatment options will depend on how many weeks the pregnancy is, your medical suitability, and your personal choice.

You will be offered a 'cooling off' period. This is a period of a few days given before making the final decision to go ahead with an abortion. During this time, you may want to reflect and think about your options, discuss with your family if you wish to and attend counselling if you feel it's necessary.

Once you have had a discussion with the consultant, if you decide you want to go ahead with an abortion you will need to sign a consent form. This form states that you wish to continue with an abortion and which abortion treatment you have decided to go for. In Gibraltar, most women, more than 95%, will opt for a medical abortion over a surgical abortion.

Will I need to have any blood tests?

During the first consultation you will be asked if you know your blood type. If you do not know your blood type and you are over 10 weeks pregnant or have opted for a surgical abortion then you may be offered a blood test to find out your blood group.

If your blood group is RhD-negative you may require an anti-D injection during the time of your abortion. Further information about this and advice will be given during your consultation.

You may also be offered a blood test to check your iron levels if your doctor or nurse thinks your iron may be low or if you suffer from anaemia.

Can my doctor refuse to give me an abortion?

A doctor must not certify an abortion if he does not in good faith believe that the circumstances fall within the law in Gibraltar. The law in Gibraltar only allows abortion in certain circumstances up to a maximum of 12 weeks gestation. Therefore, a doctor may refuse to give you an abortion if it falls outside of the law.

A doctor or nurse has the right to refuse to take part in abortion on the grounds of conscience, but he or she must refer you to another doctor or nurse who can help. The General Medical Council's Duties of a Doctor says that doctors must make sure that their 'personal beliefs do not prejudice patient care'. The Nursing and Midwifery Council's Code of Conduct provides similar guidance to nurses.

None of the doctors or nurses who respond to the calls via the confidential direct line telephone number will refuse to give you an abortion. They are health professionals dedicated to the abortion service.

Will anyone else be told about my abortion?

You have a right to confidentiality and only the relevant health professionals who need to be involved will know. Your GP, for example, will not be informed without your consent. However, not consenting to other appropriate health care professionals being informed may mean that you will not be able to be provided with appropriate care afterwards.

You do not need your partner's agreement to have an abortion, although many women want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have so far always been unsuccessful.

The Government collects figures on abortions carried out in Gibraltar. Anonymous information is sent to the GHA's Director of Public Health after the abortion is carried out. The information sent to the Director of Public Health is for data collection purposes only and no personal information is shared.

What happens if I am under 16 years of age?

Any young person, regardless of age, can give valid consent to medical treatment as long as they are considered legally competent; that is, able to understand a health professional's advice and the risks and benefits of what is being offered.

All women under 16 years of age are encouraged to involve their parents or another supportive adult. If you choose not to do this, doctors can offer you an abortion if they are confident that you can give valid consent and that it is in your best interests.

A vulnerability assessment will be carried out and although you have a right to confidentiality like everyone else, if staff at the GHA suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social services and other safeguarding collaborates.

Will I be offered counselling?

Yes, all women are offered counselling when they are seen by either the doctor, nurse or midwife in the abortion clinic. If you are unsure what to do and feel like you may need counselling to help you make a decision about whether abortion is the right choice, then you will be referred for urgent counselling. Such referrals for counselling will be made directly by the gynae team to the Mental Health Service and will be prioritised in order to meet the requisite timeframe.

The counselling offered will be non-directive and non-judgemental and provided by professionals within the GHA Mental Health Service trained to provide this service.

What are the risks of abortion?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is.

The specific risks associated with each type of abortion can be found in the medical and surgical information sheets at the end of this booklet.

Should complications occur, treatment – including surgery – may be required.

You are more likely to get problems in the 2 weeks after the abortion than at the time of the procedure. If you experience any heavy bleeding, pain or fever during this time then please attend A&E for assessment.

What are the long-term effects of abortion?

How may I be affected emotionally?

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure. You will be offered support and counselling should you require it at any stage.

Will abortion affect my chances of having a baby in the future?

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant in the future.

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. You may have a slightly higher risk of a premature birth but this risk is rare.

Does abortion cause breast cancer?

An abortion does not increase your risk of developing breast cancer.

Contraception after an abortion

You can get pregnant again pretty much straight away after you have had an abortion, so it is really important to make sure you are using contraception to prevent further unwanted pregnancies. Luckily, most methods of contraception can be started either straight away or very soon after your abortion.

The following types of contraception can be safely started at any time after a medical or surgical abortion:

- Combined pill
- Progesterone only pill
- Implant
- Contraceptive injection
- Contraceptive patch
- Vaginal ring
- Condoms

The copper or hormonal coil can be inserted during a surgical abortion. However, if you have had a medical abortion then you will need to have a scan by the gynaecologist first to make sure your uterus is empty and there is no pregnancy left behind before a coil can be inserted.

Contraception will be discussed with you at the time of your abortion and you will be offered a referral to the Well Person Unit to discuss your options.



Medical Abortion Information Sheet

In Gibraltar medical abortions are the most common. Over 95% of abortions that have taken place in Gibraltar since the referendum have been medical abortions. This information leaflet will provide you with lots of general information you need to know about a medical abortion. However, it is important to remember that things may change slightly based on your individual circumstance, which will be discussed with you by your doctor.

Medical abortion up to 9 weeks and 6 days of pregnancy

If you have decided to go ahead with a medical abortion you will need to attend the clinic at the hospital to receive two different medicines.

Mifepristone

The first medicine you will be given is called mifepristone. This tablet is taken orally whilst at the clinic and you can then go home after. It blocks the hormones to the pregnancy and in rare cases may cause some light bleeding or cramping. Even if you do get some light bleeding after taking this oral tablet you will still need to take the second medication.

This tablet can sometimes cause nausea and occasionally can also cause vomiting. A second dose might have to be given if you have been sick within the hour, so if you go home and you vomit within an hour of taking the tablet please call the direct line telephone number.

Misoprostol

The second medication is called misoprostol and it is given 24 to 48 hours after the first medication. A clinic appointment will be arranged for you come to the hospital to see a midwife or nurse to have this medication.

This medication is given in the form of 4 small pessaries that are placed inside the vagina. You will be asked to remain lying down for a while afterwards as it is important that they do not fall out. Your blood pressure, heart rate and temperature will be checked and if everything is okay it is acceptable for you to leave the hospital to complete the abortion at home.

Misoprostol is a hormone that makes your uterus contract and expel the pregnancy, usually within 4 to 6 hours after taking it but it can sometimes take up to 24 hours. However, if after 24-48 hours of having the vaginal pessaries you have had no bleeding at all and no cramping, please call the direct line telephone number. In some cases you may need to take more doses of this medication until the pregnancy passes.

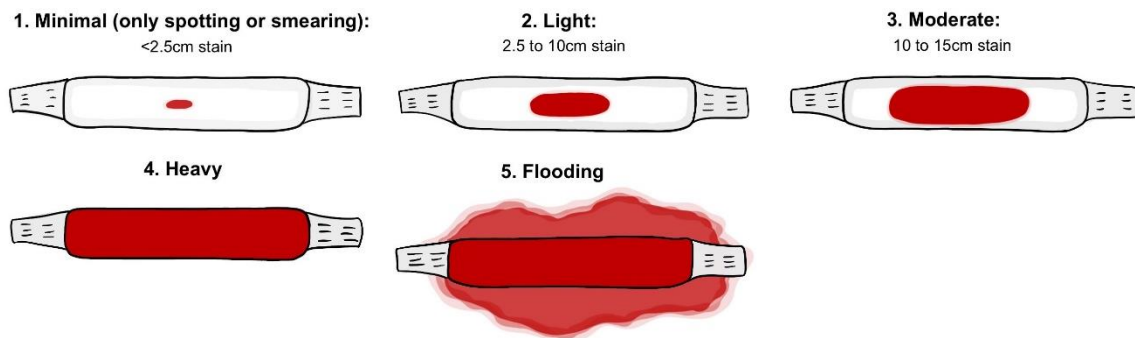
What to expect

You will experience pain and cramping when you pass the pregnancy. Most women say the pain is worse than a heavy period. The amount of pain will differ from woman to woman, but generally women report more pain the further along their pregnancy is.

Bleeding

All women have vaginal bleeding during a medical abortion. The amount and type of bleeding can vary for each person and each abortion but it is usually heavier than

your normal period. Use thick maternity pads/sanitary towels to monitor your bleeding during the abortion.



Please refer to the diagram above when monitoring your bleeding. It is normal to experience light, moderate, or heavy bleeding during a medical abortion. If you experience heavy bleeding for 4 or more hours in a row or if you are soaking a thick maternity pad and leaking through it as per the 'flooding' image above, this bleeding is too heavy and you need to attend A&E.

Not everyone will pass blood clots during a medical abortion, but for those who do, the clots should be no larger than a lemon. You may see other tissue when you pass the pregnancy. This is larger and more recognisable at higher gestations, but in most cases, especially under 10 weeks gestation the products of conception cannot be seen without magnification.

Pain and cramping

Pain and cramping can sometimes begin 1-2 hours after misoprostol or sometimes sooner. The pain is usually worst just before and whilst the pregnancy is being expelled. You will be offered pain relief to take at the time of the abortion and you can continue taking them at home if you need to. Some women find things like hot water bottles help too.

You will probably have some pain or cramping for a few days to a week after the abortion but the pain should get a little better each day, and most women say this is like a period.

Pain relief

IF YOU HAVE ANY DRUG ALLERGIES PLEASE MAKE SURE YOU TELL THE DOCTOR OR NURSE WHEN YOU ATTEND THE CLINIC.

The normal doses of pain relief that can be taken are as follows:

Paracetamol (panadol) – 1 dose is 1gram (x2 500mg tablets). A dose can be taken every 4 hours but no more than 4 doses within 24 hours.

Ibuprofen (nurofen) – 1 dose is 400mg. This can be taken every 4-6 hours but no more than 3 doses within 24 hours.

Co-codamol – There are two different strengths of co-codamol.

8g/500mg – this one has 8g of codeine and 500mg of paracetamol. 1 dose is 2 tablets and can be taken every 4 hours but no more than 4 doses in 24 hours.

IMPORTANT: co-codamol contains paracetamol. So you cannot take paracetamol if you are taking co-codamol.

Medical abortion from 10 weeks to 11 weeks and 6 days

The process for medical abortions at this gestation is the same except it is more likely that you may need to take more doses of the second medication for the pregnancy to pass completely.

You will also require an anti-D injection at this gestation if your blood group is RhD negative. If you are over 10 weeks and don't know your blood type then you will be offered a blood test to find out.

What happens after the abortion?

You will be given an appointment to attend the clinic again within 2 weeks of having the medication. During this appointment the doctor will perform another scan to make sure the pregnancy has passed and the abortion is complete. If the pregnancy has completely passed and there are no concerns the doctor will discharge you from the service.

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.

What are the risks?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is.

These are some of the risks associated with medical abortions:

- Needing another procedure to remove parts of the pregnancy that have stayed behind in the uterus – this happens to about 70 out of 1,000 women and is more common the later on in the pregnancy you are.
- Serious complications such as heavy bleeding, needing a blood transfusion, damage to the uterus or sepsis – this happens to about 1 in every 1,000 women.
- Infection in the uterus – this happens to a very small number of women.



Surgical abortion information sheet

Suction (vacuum) aspiration: usually from 10 to 12 weeks

Up to 10 weeks of pregnancy, medical abortion is usually the preferred method of abortion but a surgical abortion can also be done if this is what you choose. In Gibraltar only about 5% of women choose to have a surgical abortion. If you decide to go ahead with a surgical abortion, you will be given an appointment to attend the Day Surgery Unit, which in most cases will be on a Wednesday. The procedure can be done under local anaesthetic but you can have a general anaesthetic, if this is what you prefer.

What happens during the procedure?

Vacuum aspiration uses gentle suction to remove the pregnancy and usually only takes about 5-10 minutes from start to finish. The cervix (entrance to the uterus) is gently stretched and opened until it is wide enough for the contents of the uterus to be removed with a suction tube. The extent to which the cervix needs to be opened depends on the size of the pregnancy. To make this safer, you may be given some medication to soften the cervix beforehand. These medications are usually the same ones that are given for a medical abortion: mifepristone and/or misoprostol.

What happens after the abortion?

After the procedure you will need to rest in the recovery area for about 30-60 minutes. You are then taken back to the Day Surgery Unit and if all is well then it is acceptable for you to go home a few hours later.

If you wish, you will be given an appointment to see the gynaecologist again within 2 weeks after the procedure but this is not always necessary.

Women can 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.

Contraception

If you would like to have a copper or hormonal coil inserted for contraception, please discuss this with the gynaecologist beforehand as this can be inserted during the procedure. This means you will have immediate protection and you will not need to use additional precautions to avoid any unwanted pregnancies.

What are the risks?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. These are some of the risks associated with a surgical abortion.

- Needing another procedure to remove parts of the pregnancy that have stayed in the womb - this happens to about 35 out of 1,000 women.
- Serious complications such as heavy bleeding, blood transfusion, damage to the womb, or sepsis - this happens to about 1 out of 1,000 women.
- Damage to the cervix or uterus - this happens between 1 and 4 in every 1000 surgical abortions.

The following organisations are UK-based but provide online information that may be helpful.

BPAS (British Pregnancy Advisory Service)

www.bpas.org

Marie Stopes International

www.mariestopes.org.uk

This leaflet is adapted from the RCOG patient information 2012, updated 2019; BPAS, updated 2023 and NHS, 2020.



Your Guide to Abortion Care