

Abortion care overview

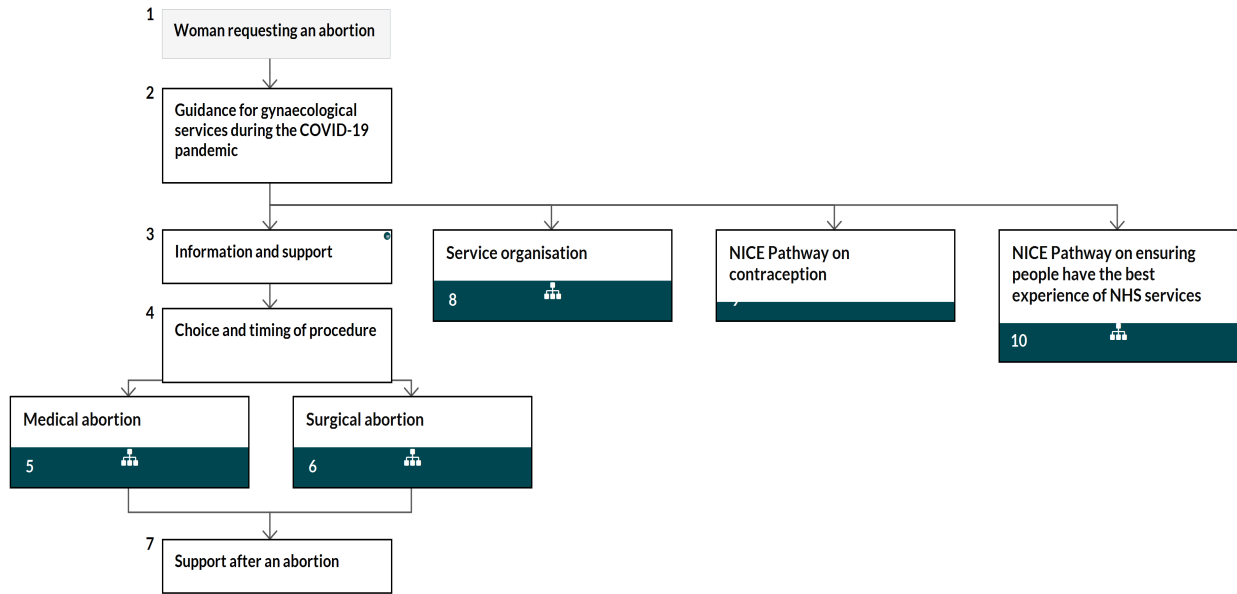
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/abortion-care>

NICE Pathway last updated: 12 June 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman requesting an abortion

No additional information

2 Guidance for gynaecological services during the COVID-19 pandemic

The Royal College of Obstetricians and Gynaecologists has produced [guidance for gynaecological services during the COVID-19 pandemic](#).

3 Information and support

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. See the [NICE patient decision aids](#) to help support these decisions.

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.

For more guidance on providing information and helping women to make decisions about their care, see NICE's recommendations on [patient experience in adult NHS services](#).

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.

See the NICE guideline to find out [why we made these recommendations and how they might](#)

affect practice.

NICE has published information for the public on abortion care.

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.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

Contraception

Ask women if they want information on contraception, and if so provide information about the options available to them.

See the NICE guideline to find out why we made this recommendation and how it might affect practice.

See also the recommendations on offering contraception at time of medical or surgical abortion.

Support for women having an abortion because of fetal anomaly

If a woman who is having an abortion for fetal anomaly [See page 8] 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.

Explain to women that there may not be any physical signs of fetal anomaly.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Contraception after an abortion

4 Choice and timing of procedure

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. (Surgical abortion can be performed shortly after 23⁺⁶ weeks' gestation **only** if feticide is given at or before 23⁺⁶ weeks' gestation, according to the [2019 clarification of the time limits in the Abortion Act](#).)

To help women decide between medical and surgical abortion, see the [NICE patient decision aids](#) on choosing medical or surgical abortion.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Abortion before definitive ultrasound evidence of an intrauterine pregnancy

Consider abortion before there is definitive ultrasound evidence of an intrauterine pregnancy (a yolk sac) for women who do not have signs or symptoms of an ectopic pregnancy.

For women who are having an abortion before there is definitive ultrasound evidence of an intrauterine pregnancy (a yolk sac):

- explain that there is a small chance of an ectopic pregnancy
- explain that they may need to have follow-up appointments to ensure the pregnancy has been terminated and to monitor for ectopic pregnancy
- provide 24 hour emergency contact details, and advise them to get in contact immediately if they develop symptoms that could indicate an ectopic pregnancy (for recommendations on identifying symptoms and signs of ectopic pregnancy at initial assessment see [the NICE Pathway on ectopic pregnancy and miscarriage](#)).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

For abortion after definitive ultrasound evidence of an intrauterine pregnancy see [medical abortion](#) and [surgical abortion](#).

5 Medical abortion

[See Abortion care / Medical abortion](#)

6 Surgical abortion

[See Abortion care / Surgical abortion](#)

7 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.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

8 Service organisation

[See Abortion care / Service organisation for abortion](#)

9 NICE Pathway on contraception

[See Contraception](#)

10 NICE Pathway on ensuring people have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Defined as pregnancies falling within section 1(1)(d) of the 1967 Abortion Act. This covers pregnancies where 2 medical practitioners are of the opinion that 'there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped'. This is referred to as ground E in the HSA1 form.

Sources

[Abortion care](#) (2019) NICE guideline NG140

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.