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Pregnancy

First things first

There is a risk of pregnancy if sperm comes into contact with the vagina in any way.

This could be from sperm on fingers that touch the woman's genital area. It is important to remember that the penis leaks a few drops of semen (liquid containing sperm) as soon as it is hard, so there is a risk of pregnancy if the sperm enters the vagina, even if the man doesn't ejaculate. For this reason, the 'withdrawal method' is NOT a reliable form of contraception.

For women who want to avoid pregnancy, it is never safe to have sexual contact without using a reliable method of contraception.

Pregnancy tests

If a woman thinks she may be pregnant, for example because her period is late, she should do a pregnancy test as soon as possible to find out for sure. Pregnancy tests are available from:

- Family planning clinics
- The woman's own GP
- Any other GP registering for family planning services only
- Some Genito-Urinary Medicine (GUM) clinics
- Chemists - they can do a test or sell a home pregnancy testing kit

Home pregnancy testing kits come with instructions. They work by detecting the presence of hormone levels in the woman's urine.

When to get the test done

Most pregnancy tests state that they work as soon as a period is late (i.e. one day). Most women do not continue to have normal periods when pregnant but some may experience lighter/shorter periods. And for women who do not have a regular cycle it can be difficult to know when a period is due. So it is

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best to take the test three weeks after having unprotected sex (as this is roughly how long it will take for the hormone levels to show up on the test).

If a test is negative (i.e. the woman is not pregnant) but the woman's period still doesn't arrive a week later, another test should be taken. Periods can be late for other reasons including stress, change of diet, or other health conditions. Women should seek medical advice if they are concerned.

It is important to find out as soon as possible. The earlier a woman finds out she is pregnant, the more options she has. If she decides to keep the baby, it is better to arrange ante-natal care with her doctor early on for the health of the baby and the woman (e.g. so that she can be given folic acid). If on the other hand, she decides to have an abortion, it is also important to act quickly.

Facing an unplanned pregnancy

It is common to feel shocked, scared, panicked, confused, embarrassed, isolated or lonely when facing an unplanned pregnancy. Professionals are there to provide information and support on the options available but only the woman herself can make the decision as to whether or not to continue with the pregnancy.

It can be a difficult and complicated decision but help and advice are available. It's important to talk to someone as soon as possible. Brook Centres (for under 25s) have counsellors for young people to talk to in confidence. For those who don't live near a Brook Centre, or are over 25, it is possible to get advice from other young people's services or family planning clinics. Our 'Ask Brook' service gives information on local services.

Under 16s

Facing an unplanned pregnancy is difficult at any age but can be even more distressing for a woman who is under 16 and doesn't know where to turn.

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Young people's organisations such as Eighteen And Under and The Corner, are used to seeing young people under 16 and can provide confidential help.

Abortion

Are you pregnant but not sure that you want to have a baby? Do you need more information about abortion?

This page will give you information about getting an abortion and what's involved. It's not a page about pregnancy choices. If you are undecided about whether to continue with the pregnancy, there are people you can talk to, to help you make a choice, but ultimately the decision is yours.

Unplanned pregnancy is very common. About 1 in 3 pregnancies is unplanned and in 1 in 5 pregnancies the woman chooses to have an abortion. It can be a difficult choice to make and it can be a very emotional time. Talking to people you trust and making sure you have accurate information can help.

Is abortion legal?

Abortion, sometimes called termination of pregnancy (TOP), is legal in Britain under the Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990.

The Act says that two doctors must agree that an abortion would cause less damage to a woman's physical or mental health than continuing with the pregnancy. Most doctors feel that the distress of having to continue with an unwanted pregnancy is likely to be harmful to a woman's health. They will refer you for an abortion if you've decided you don't want a baby.

Abortion is legal in Northern Ireland in exceptional circumstances, but current guidance is unclear and many women in Northern Ireland find it difficult to get an abortion unless they travel to England. Women in

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Northern Ireland can contact fpa in Northern Ireland for confidential counselling, information and support on all the options available.

What is the legal time limit for abortion?

Abortion is legally available up to 24 weeks of pregnancy. It is safer when it is carried out in early pregnancy. Also, it can be difficult to get an abortion after 12 weeks of pregnancy so it's important to seek advice quickly even if you're not sure you want an abortion.

The majority of abortions (about 90%) are carried out before 13 weeks, and almost all (98%) before 20 weeks.

The law says that abortion is legal after 24 weeks:

- If it is necessary to save the woman's life, or
- 'To prevent grave permanent injury to the physical or mental health of the pregnant woman', or
- If 'there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped'.

Abortion after 24 weeks is extremely rare.

Weeks of pregnancy are usually worked out from the first day of your last normal menstrual period. When the stage of pregnancy is not clear, it can be checked using an ultrasound scan.

How do I go about getting an abortion?

Abortion care is available free through the NHS, or through private clinics and hospitals for a fee.

NHS: You should see your GP or go to your local family planning or sexual health clinic. If the doctor you see does not refer women for abortion, they must refer you to another doctor. Most abortions are funded through the

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NHS but availability of NHS-funded abortions varies from area to area. The doctor or clinic will be able to advise you about local policy and services.

Privately run clinics: You can contact specialist abortion providers such as bpas and Marie Stopes. You don't have to be referred by a doctor. These are non-profit making charities that provide confidential abortion services. Current costs start from around £400 but vary, depending on the stage of pregnancy and the method of abortion. You may wish to contact them if you do not want to use the NHS or if you find that you are unable to obtain an NHS abortion. Many areas pay these charities to provide free NHS abortion services for their patients.

There are no private clinics in Scotland only private hospitals and the fee is around £1500.

What if I am uncertain about having an abortion?

The decision about whether to have an abortion or continue with a pregnancy is not an easy one to make.

Talking to friends and family can help or you might find it easier to talk to someone who is not so close to you. Your doctor may be able to refer you to a counsellor or you could contact one of the organisations listed in the **Info About Local Services**. There are some other organisations that offer pregnancy testing and counselling but believe that abortion is morally wrong. They will not provide balanced information and will counsel you against it.

Will anyone else be told about my abortion?

Any woman who has an abortion, whatever age she is, has a right for that information to remain confidential.

If you have any worries about confidentiality discuss this with the doctor or nurse you speak to about your abortion. There is no legal requirement for your GP to know about your abortion. Many abortion services send a letter to

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your GP out of courtesy, to provide information in case you have any health problems after the abortion and to allow your medical records to be updated. Ask the hospital or clinic what they usually do and tell them if you do not want them to inform your GP.

If I am under 16, do I have to tell my parents?

No, you can have an abortion without telling your parents. The doctors will encourage you to involve your parents or another supportive adult, but if you choose not, you can still have an abortion if both doctors believe that you fully understand what is involved and it is in your best interests.

This is called giving consent.

All information, advice and services are confidential, but health professionals are obliged, with your knowledge, to involve social services if they suspect you, or another young person, are at significant risk of harm (for example, sexual, emotional or physical abuse). This applies until you are 18 years old.

Do I need the agreement of my partner?

No, your partner, or the father of the child, has no legal rights.

Many women do want to discuss the pregnancy with their partners and come to a joint decision, but you can go ahead with an abortion without your partner's knowledge or agreement. Where partners have tried to prevent an abortion by legal action they have failed.

What can I do if my doctor won't refer me for an abortion?

If your doctor does not believe in abortion, they can refuse to help you but should always refer you to another doctor who will.

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The General Medical Council's 'Duties of a Doctor' says that doctors must make sure that their personal beliefs do not affect patient care. If your doctor is not being helpful you could try and see another doctor at your general practice or visit a family planning clinic. See *Where do I go for help?*.

How long will I have to wait?

Waiting times vary according to where you live.

Ideally, once you have seen your GP or NHS clinic, or you have contacted a private clinic directly:

- You should be offered a first appointment at the hospital or clinic where your abortion will take place within 5 days, and never longer than 14 days. This is to confirm your pregnancy, your eligibility for abortion and the procedures.
- The abortion should be within 1 week of this first visit and you should never wait for more than 2 weeks.
- As a minimum standard, you should not have to wait more than 3 weeks from your first contact with your GP or clinic to the time of your abortion.

Women who have other medical problems may have to wait longer as they may need more specialist advice.

Where will my abortion take place?

Abortions are carried out in either NHS hospitals or specialist clinics that are licensed and approved. For most women an abortion is a day-care procedure that does not involve an overnight stay.

What should happen before the abortion?

During your first appointment you should be given:

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- An opportunity to talk things through, if you want to.
- Information about the different methods of abortion, which is suitable for your stage of pregnancy and where they are carried out.
- Information on any possible risks or complications relating to the abortion.
- A blood test to check your blood group and for anaemia.
- A consent form to sign.

You should also be offered tests to detect chlamydia or other sexually transmitted infections, or be given antibiotics. This is to prevent infection after the abortion.

The doctor or nurse will also ask you questions about your medical history to ensure that you are offered a suitable abortion method.

You may:

- Need to have an ultrasound scan, but this is not always necessary. If it is, it should not normally be carried out where you will meet women who intend to continue with their pregnancies.
- Have a vaginal examination.
- Be offered a cervical smear test if appropriate.
- Be offered a chance to discuss which contraception you may wish to use after the abortion.

What happens during the abortion?

There are different abortion procedures and the method used depends on how long you have been pregnant. An abortion service should ideally be able to offer a choice of abortion methods, if appropriate.

Early medical abortion (up to 9 weeks of pregnancy)

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This type of abortion is like an early natural miscarriage. After your first assessment visit, you will need 2 appointments on 2 separate days. You should be able to carry out your usual activities between appointments. On the first visit, you will be given a tablet(s) called mifepristone to block the pregnancy hormone that is necessary for the pregnancy to continue.

On the second visit (usually 2 days later), prostaglandin tablets are taken by mouth or put into your vagina. This causes the womb to expel the pregnancy, which usually happens during the next 4 to 6 hours. This method of abortion is becoming more widely available in clinics and hospitals.

Vacuum aspiration or suction termination (usually from 7-15 weeks of pregnancy)

Some services may offer suction termination up to 15 weeks, while others use this method up to about 12 weeks. Sometimes this method can be used before 7 weeks but this is not common. The procedure takes 5 to 10 minutes and can be carried out under a local anaesthetic (given around the area of the entrance to the womb), or a general anaesthetic, or under conscious sedation. Conscious sedation is when you are given drugs that make you sleepy. This means that you won't remember everything that happens during the abortion but you will stay conscious during the procedure.

The passage through the cervix (entrance to the womb) is dilated - gently stretched and opened - until it is wide enough to allow the contents of the womb to be removed with a small suction tube. To make this safer the cervix may be softened, with a tablet placed in the vagina, a few hours before the abortion. You will usually go home on the same day.

Medical abortion (after 9 weeks of pregnancy)

The drugs used for early medical abortion are also used for abortion later in pregnancy. The difference is that later in pregnancy the abortion takes longer and you may need to have more than one dose of the prostaglandin drug. The abortion is like having a late natural miscarriage. The abortion

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process is usually quick enough for you to return home the same day but sometimes it is necessary to stay at the clinic or hospital overnight, particularly for abortions performed later in the pregnancy.

Surgical dilatation and evacuation (D&E) (from about 15 weeks of pregnancy)

The cervix is gently stretched and dilated and the pregnancy is removed in fragments using forceps and a suction tube. This takes 10 to 20 minutes and usually needs a general anaesthetic. You may be able to return home the same day if you are healthy and there are no complications.

Abortion after 21 weeks

Abortion at this stage is not common. It involves either the surgical dilatation and evacuation method, or the medical abortion method described above. Whichever method is used a doctor will ensure the heart of the fetus is stopped so it is not born alive. You will normally need to spend one night in the clinic or hospital.

Is abortion painful?

Whatever method of abortion is chosen, you will have some period-type pain or discomfort.

You should be offered and advised about appropriate painkillers for this.

Is abortion safe?

For most women an abortion is safer than having a baby. Abortion is not entirely risk-free, but problems are less likely to occur when abortion is performed early in pregnancy, when local anaesthetic is used and steps are taken to reduce the risk of infection. You should be advised of any possible complications relating to the type of abortion you will have and the stage of pregnancy you have reached.

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Are there risks at the time of the abortion?

Problems at the time of the abortion are not very common but are more likely to occur the later in the pregnancy you have an abortion:

- Excessive bleeding (haemorrhage) happens in around 1 in every 1,000 abortions.
- Damage to the cervix happens in no more than 10 in every 1,000 abortions.
- Damage to the womb at the time of surgical abortion happens in up to 4 in every 1,000 abortions.
- Damage to the womb happens in fewer than 1 in every 1,000 medical abortions done between 12 and 24 weeks (a time known as mid-trimester).

Are there risks after the abortion?

Infection is the most common problem after abortion. Usually this is caused by a pre-existing infection. You are most likely to get an infection in the 2 weeks after the abortion. Taking antibiotics at the time of the abortion helps to reduce this risk.

Most infections are easy to treat. If not treated, you could get a more severe infection of the reproductive organs (pelvic inflammatory disease or PID) which could lead to infertility in the future and ectopic pregnancy (a dangerous pregnancy outside the womb, usually in the fallopian tube).

In some cases the abortion may fail to remove the pregnancy. This isn't harmful, as long as it is recognised at the time, it just means that you will need further treatment. This is more common with medical abortion or very early surgical abortion (less than 7 weeks).

The doctor or nurse will tell you what symptoms to look out for after the abortion. You should see your doctor or nurse as soon as possible if you have

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any of the following as they may be symptoms of an infection or suggest that the abortion has failed:

- Pain in your lower abdomen
- Vaginal discharge, particularly if it is abnormal or smells
- Persistent bleeding
- Feeling unwell
- A temperature or fever.

What happens after my abortion?

You should be offered:

- Written information telling you what you are likely to experience, for example, what bleeding to expect.
- A 24-hour telephone helpline number for advice on problems.
- The opportunity to discuss future contraception and obtain supplies.
- A follow-up appointment within 2 weeks of the abortion. This is particularly important after early medical abortion to check that the abortion is complete. It can be at the hospital or clinic where your abortion took place or with your GP, family planning clinic or sexual health clinic.
- An opportunity to go back and discuss your feelings about the abortion if you are finding the experience difficult or distressing.
- An injection of 'Anti-D' if your blood group is found to be Rhesus negative. This will help prevent problems in any future pregnancies.

How will I feel?

Women can experience many feelings after an abortion.

You may feel relieved, have mixed feelings or feel sad. These are natural reactions. Only a few women experience any long-term psychological problems and those women who do have often had similar problems before pregnancy. A lot depends on the circumstances, the reasons for having the abortion and how comfortable you are with your decision.

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Does abortion cause breast cancer?

Current research shows that having an abortion does not increase your risk of developing breast cancer.

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

Having an abortion will not affect your chances of becoming pregnant in the future if there are no problems with the abortion, such as injury to the womb or serious infection. These problems are not common. There is some evidence that if you have had an abortion there may be a small increased risk of miscarriage or early birth if you get pregnant again.

How soon after the abortion should I start to use contraception?

You can get pregnant within 2 weeks of having an abortion so you need to make sure you have thought about contraception. You can begin to use contraception immediately after your abortion. If you use contraception immediately you will be protected against pregnancy straight away.