Your guide to surgical abortion
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This information booklet is for people who are in early pregnancy and considering a surgical abortion up to 12 weeks of pregnancy. It provides information on how to access abortion services, what is involved in having a surgical abortion, what to expect and where to get more information and support.

In Ireland, abortion is available to people in certain circumstances:

- People in early pregnancy, up to 12 weeks
- If there is a risk to life or health
- If there is risk to life or health in an emergency
- Any condition likely to lead to the death of the foetus

**About Abortion**

**What is abortion?**
Abortion is the process of ending a pregnancy.

**Abortion methods**
Abortions can be done in 2 ways:

- Medical abortion involves taking medications to end the pregnancy (see information on medical abortion).
- Surgical abortion involves a procedure to remove the pregnancy from the womb by a doctor using a suction method.

**How much does it cost?**
An abortion is free through the HSE if you normally live in the Republic of Ireland. If you live in Northern Ireland, you can have an abortion in Ireland, but you will have to pay for it.

**Can I have an abortion?**
You can have an abortion up to 12 weeks of pregnancy. 12 weeks of pregnancy usually means 84 days since the first day of your last period.

**Where can I have an abortion?**
Medical abortions up to 9 weeks of pregnancy take place with a doctor in the community.
Medical abortions between 9 and 12 weeks take place in a hospital.
Surgical abortions take place in a hospital.
If you require an abortion in a hospital, a doctor in the community will refer you. The doctor in the hospital will help you decide which method, medical or surgical, is most appropriate for you.

How do I know how many weeks pregnant I am?
The length of your pregnancy is the number of days since the first day of your last period.

- 9 weeks of pregnancy usually means 63 days since the first day of your last period.
- 12 weeks of pregnancy usually means 84 days since the first day of your last period.

If your period is irregular your doctor will refer you for an ultrasound to check how many weeks pregnant you are.

How long does an abortion take?
The length of time for an abortion will be different depending on what type of abortion you have. It is encouraged that you go to the doctor as early as possible in your pregnancy.

In Ireland, to comply with the law, there must be at least 3 days between your first consultation and actually having the abortion.

It is important to remember that a doctor can only carry out an abortion if you are under 12 weeks pregnant.

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Who can I bring with me?
You can go to all your abortion appointments on your own or bring a friend or family member. You will have the chance to talk to the doctor in private. This is so you can provide any information in confidence. This also allows the doctor to confirm that the decision you are making is yours.
Will anyone be told about my abortion?

You have a right to confidentiality. All your details and treatment information will be remain confidential.

The doctor is required to share certain information regarding the abortion for certain reasons. These include:

a) To ensure compliance with Irish law;

Under Irish law, a notification must be sent by the doctor to the Minister for Health within 28 days of the abortion. This does not contain a personal identifier and will be anonymous. The information sent to the Minister includes the section of the legislation under which the abortion was carried out, the Medical Council registration number of the doctor, your county of residence (or place of residence if you live outside the Republic of Ireland) and the date of the abortion. If you have one of the cards named above, you should bring this to your appointment.

b) To access HSE funding;

There is a need to share a personal identifier (i.e. Drug Payments Scheme Card Number, Long Term Illness Scheme Card Number, Medical Card Number, Doctor Visit Scheme Card Number, or Personal Public Service Number) with the HSE Primary Care Reimbursement Scheme (PCRS) to enable the HSE to pay doctors for the service provided. This reimbursement process is already used in other healthcare services and is not unique to abortion services.

c) Non-identifiable data is used for audit, quality assurance and service improvement purposes.

Where can I get support?

Information, support and counselling are all available from the HSE’s My Options service on 1800 828 010 or on myoptions.ie.

My Options is the HSE’s unplanned pregnancy support service. Professional and experienced counsellors will provide you with information and support on all your options, including continued pregnancy supports and abortion services.

For people who have an abortion, My Options also provides a 24 hour nursing advice line, with trained nursing staff to help you with any queries about the abortion process.
Deciding to have an abortion

Some people may be certain they want to have an abortion. Others may find it more difficult to make a decision. The decision to have an abortion is yours.

If you decide that you want an abortion, My Options can provide information, including contact details for doctors providing an abortion service; listening support and counselling as well as signposting to other relevant supports or services.

Abortions are more simple and safer the earlier they’re carried out. Getting advice early on will give you more time to make a decision if you’re unsure.

Surgical Abortion

Overview

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<td>Where does the procedure take place?</td>
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How does it work?

Visit 1 (Community) – Consultation with a doctor

Your first step is to book a consultation with your GP, Family Planning Centre or Women’s Health Clinic. If you are unsure of where to go, Freephone My Options on 1800 828 010 for information on where you can go for an abortion.

The reason for this consultation is to make sure that having an abortion is the right choice for you and that you understand the process. They will also check and certify that your pregnancy will be under 12 weeks at the time of the abortion.

During the consultation you will:

- Do a pregnancy test to confirm the pregnancy;
- Get information on abortion;
- Discuss the abortion methods available to you, including any possible risks;
- Be certified by the doctor that your pregnancy will be under 12 weeks when you are able to have the abortion;
- Be referred to the hospital for an appointment in at least three days’ time for the abortion to start.

The doctor in the hospital will help you decide which method, medical or surgical, is most appropriate for you.

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In addition to this, you might also be provided with:

- Contact information for My Options;
- Contraceptive advice and a prescription if needed;
- Information and advice on sexually transmitted infections (STIs).

What happens if I don’t know how many weeks pregnant I am?

If you are unsure of the date of your last period or the doctor is concerned about an ectopic pregnancy, or other complications, you may need an ultrasound scan to check how many weeks pregnant you are. This will help to decide what abortion method is best for you. This can be done at the hospital during your second visit.

Visit 2 (Hospital)

This will take place at least 3 days after the doctor certifies that your pregnancy is under 12 weeks. As you will see a different doctor from your first visit, the doctor will need to re-certify that your pregnancy is under 12 weeks.

During this visit you will:

- Be confirmed by the doctor that your pregnancy is still under 12 weeks;
- Have a blood test to determine what your blood group is;
- Confirm that you have read the information provided to you and that you understand the procedure and the associated risks and potential complications of any treatment that is offered to you;
- Discuss any questions you have with the doctor;
- Sign a consent form to say that you understand the procedure and any potential risks of your treatment – see section ‘Giving your consent’;
- Receive medication to soften the neck of the womb in advance of surgical abortion;
- Have a surgical abortion - see section ‘About surgical abortion’;
- Be provided with a low sensitivity post abortion pregnancy test to take approximately 2 weeks after the abortion;
- Be provided with information on My Options.
In addition to this, you might also be provided with:

- An ultrasound, if needed;
- Anti-D if you have a rhesus negative blood group – see section ‘About anti-D’;
- A prescription for pain relief, if needed;
- Contraceptive advice and a prescription if needed;
- Information and advice on sexually transmitted infections (STIs).

**Giving your consent**

Before you have an abortion, you will be asked to sign a consent form. If you cannot sign the form, you can make a mark on the form in front of the doctor.

This is to confirm that you:

- Have been told about the different abortion procedures;
- Know the possible side effects and risk of complications;
- Understand this information;
- Have checked that your contact details are correct (so the doctor can contact you, if needed).

**About surgical abortion**

The type of surgical abortion carried out in Ireland is called vacuum aspiration. Vacuum aspiration uses suction to remove the pregnancy.

You will be offered sedation before the procedure begins. The exact type of sedation offered and suction being used depends on what is available at the hospital you attend.

You will be given either:

- Local anaesthetic (where the area is numbed), or
- Procedural sedation (where you’re relaxed but awake), or
- General anaesthetic (where you’re asleep). If you have this, you will need to be fasting. This will be explained to you by the doctor.

If you have a surgical abortion under general anaesthetic, you will be asleep for the procedure. The doctor will give you more information in relation to what you can do before/after a general anaesthetic and any risks involved.
During the procedure, you will lie on a bed with supports for your legs. An instrument called a speculum will be put into your vagina. This holds the walls of the vagina open so the cervix can be seen.

Your cervix (the entrance to the womb) will then be gently widened using thin rods called dilators.

A tube will then be inserted through the entrance of your womb and into the uterus (womb). The pregnancy is then removed using suction. Vacuum aspiration takes about 5 to 10 minutes.

After your treatment you will need to stay in the hospital where you will be monitored.

During this time you may:

- Have bleeding
- Have cramping
- Feel dizzy
- Feel nauseous or vomit
- Have a headache
- Have diarrhoea
- Have temporary flushes or sweats

The length of time you will need to stay at the hospital will depend on your particular treatment and sedation. Staff will let you know when you are ready to go home.

If you have had any sedation or a general anaesthetic, you will need to go home with someone who can look after you overnight. You should not drive for 24 hours.

**About Anti-D**

About 1 in 9 women in Ireland have a rhesus negative blood group.

If you are between 7-12 weeks of pregnancy and have a rhesus negative blood group, the doctor will give you information on anti-D and you will get an anti-D injection before you are discharged home.

**Pregnancy tissue**

Hospital staff will explain to you the options available for disposal of the pregnancy tissue that has been removed during the surgical abortion. This will be done in a sensitive manner to ensure that you can make a decision that is right for you. If you do not wish to make a decision then the hospital will arrange this for you.
Abortion Aftercare

A surgical abortion is very effective and usually uncomplicated, but it is important to make sure it has worked.

The doctor will give you a special low sensitivity post abortion pregnancy test at your second visit. It is really important that you use the low sensitivity post abortion pregnancy test as it different to a normal pregnancy test. You should take this test around 2 weeks after your abortion. This is to confirm that the abortion has worked.

Talk to the doctor or contact My Options on 1800 828 010 if:

- The pregnancy test is positive, invalid, or you are unsure about the result;
- Your next period does not come 4 weeks after the abortion;
- You have feelings or symptoms that you could be still pregnant.

This is very important because if the abortion doesn’t work and you have an ongoing pregnancy that goes over 12 weeks, it is illegal under Irish law for you to have another abortion, unless in certain circumstances – see section ‘Abortion after 12 weeks’. If you are still under 12 weeks pregnant, you are able to have further treatment and the doctor will advise you on the best option for you.

The risk of ongoing pregnancy is 2-3 in every 1000 surgical abortions.

Visit 3 (Community) – Optional post abortion check-up

You can have an optional post abortion check-up with the doctor 2 weeks after the abortion. The doctor uses the follow up appointment to make sure the abortion is complete and that you are healing properly.

You will also be able to talk to them about:

- Contraception
- Sexually transmitted infections (STI)
- Further counselling
Contraception
You can get pregnant immediately after having an abortion, so you should start using contraception straight away if you do not wish to get pregnant. The doctor can give you advice and a prescription for contraception, if needed. You should be given information about contraception and offered a choice of methods. This includes long-acting reversible contraception (LARC) methods.

Sexually Transmitted Infection (STI) Risk Assessment
You will be offered an STI risk assessment as part of your abortion care.

Post abortion counselling
If you need to discuss how you’re feeling, talk to the doctor. They can provide you with a referral for post abortion counselling.

What happens if I don’t require a post abortion check-up?
If you do not wish to book a post abortion check-up, the doctor should give you the choice to have them contact you to confirm you have taken the low sensitivity post abortion pregnancy test and that you are no longer pregnant.

The doctor will only make one attempt to call you. If you are not available to take the call, it is up to you to contact the doctor if you need to speak to them.

Risks and complications
Risks and complications are usually easy to treat, and rarely have any long-term health effects.

These can include:

- The pregnancy is not completely removed (when the pregnancy has been successfully ended but some of the pregnancy tissue is left behind in the womb) – this occurs in 1 in every 600 abortions;
- Infection - this happens in 1-2 in every 1,000 abortions;
- Injury to the entrance of the womb (cervix) – rare.
Some complications may require another visit to the hospital or additional procedures. These can include:

- Continuing pregnancy – this occurs in 2-3 in every 1,000 abortions;
- Perforation of the uterus/womb - this occurs in 1 in every 7,000 abortions;
- Injury to bowel, bladder or serious injury to cervix (neck of the womb) - very rare;
- Repeat surgical abortion or uterine aspiration;
- Blood transfusion;
- Laparoscopy or laparotomy - operation to look inside the abdomen;
- Repair of damage to cervix (neck of the womb), uterus (womb), bladder, bowel or blood vessels.

Extra procedures that may be necessary:

- Repeat surgical abortion or uterine aspiration;
- Blood transfusion;
- Laparoscopy or laparotomy - operation to look inside the abdomen;
- Repair of damage to cervix (neck of the womb), uterus (womb), bladder, bowel or blood vessels;
- Hysterectomy (surgical removal of the womb) - this occurs in 1 in every 35,000 abortions.
Complications and when to get medical advice?
If you are experiencing complications, contact My Options on 1800 828 010 to speak to a nurse. The nurse will provide you with medical information, reassurance and appropriate advice on what to do and when to consult a doctor. The nursing service is available 24/7.

Contact My Options straight away if you have:
- Pain that doesn’t respond to pain medication;
- Heavy bleeding that soaks through 2 sanitary pads an hour, for 2 hours or more in a row;
- Abdominal pain or discomfort that is not helped by medication, rest, a hot water bottle, or a heating pad;
- A high temperature of 38°C or higher;
- Discoloured or smelly discharge from your vagina;
- Signs that you are still pregnant - such as sore breasts or nausea.

Useful information

What can I do after an abortion?
Most people will be fit and well enough to return to normal activities within a day or two. You can take a bath or shower as normal. Take care if you have a bath in the 24 hours following a general anaesthetic. You will need to make sure someone is around to keep an eye on you, in case you are still feeling drowsy. You should rest until you feel able to return to your normal routine.

Sex
Once you feel recovered from the abortion you can have sex. Remember, you can get pregnant immediately following an abortion. It is important to use contraception if you do not want to get pregnant.

Travel
You should not to travel within 24 hours of an abortion. If you must travel, make sure you know how to access emergency services at your destination.

Your next period
Your next period should begin around 4 weeks after an abortion. Contact My Options on 1800 828 010 if your period does not come. It is important to remember that any bleeding immediately after your treatment is not a period.
Other key information

Can a doctor decline to give me an abortion?

In some circumstances a doctor may not provide an abortion service. This may be because they conscientiously object or are not currently signed up to provide abortion services.

Conscientious objection allows healthcare staff to refuse to participate in a procedure if it conflicts with their religious or moral beliefs. A doctor who has a conscientious objection must, as soon as possible, refer you to another doctor who does provide abortion services.

What are the long-term effects of abortion?

Emotional effects

You may experience a range of emotions after an abortion. If you need to discuss how you are feeling you can call the My Options on 1800 828 010 and ask about post abortion counselling.

Future pregnancies

If your abortion was straightforward, your future chances of becoming pregnant are not affected. Abortion does not increase your risk of a miscarriage, ectopic pregnancy or placental problems.

Breast Cancer

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

Individual circumstances

People request abortions for many different reasons. If you have had any experiences or circumstances that the doctor should be aware of, please let them know. These could include if you have been a victim of rape, an asylum seeker, or are homeless.

The doctor can provide you with the right kind of support and guidance that you need.

If you have been raped, the Rape Crisis Centre can also provide you with free support and information. You can call them on Freephone 1800 77 88 88. Further information is also available at www.hse.ie/satu.
Abortion after 12 weeks

After 12 weeks, you can only have an abortion if continuing the pregnancy:

- Puts your life or health at risk;
- Puts your life or health at risk in an emergency;
- Is likely to lead to death of foetus.

If you are considering an abortion, it is important to go to the doctor as early as possible. If the abortion fails and you have an ongoing pregnancy that exceeds 12 weeks, it is illegal under Irish law for you to have further treatment unless in the circumstances listed above.

The risk of an ongoing pregnancy is 2-3 in every 1000 surgical abortions.

What if I am under 18 years?

Young people, aged under 18 years, are encouraged to involve their parents or another supportive adult.

If you are between 16 and 17 years, and choose not to involve an adult, a doctor can offer you an abortion. But this is only if they are confident that you understand the information and you can give valid consent.

If you are 15 years or under, and choose not to involve an adult, a doctor can offer you an abortion if there are exceptional circumstances and an assessment has been completed. You can talk to the doctor about this if you have any queries.

Will my doctor tell anyone?

Under Irish law and child protection guidelines, the doctor must report to Tusla - The Child and Family Agency, if:

- You are 14 or under and have engaged in sexual activity;
- You are 15 or 16 and engaging in sexual activity with someone who is at least 2 years older than you;
- You are 17 and under and the doctor suspects that you are at risk of sexual abuse or harm or that you have been sexually abused or harmed.

For more information and support, get in touch with My Options counsellors or nursing team on Freephone 1800 828 010, or visit myoptions.ie.