

NUPAS

national unplanned pregnancy advisory service

Your
ABORTION
guide



www.nupas.co.uk

Vision

At NUPAS we respect the individual's right to choose by providing a safe environment with compassionate staff where women can have a termination of pregnancy, access to contraception and sexual health screenings.

Values

Our clients are important to us; we respect their right to choose and support them all the way.



We are transparent in all we do and communicate open and honestly.



We work as a team and with a common goal: to provide the best possible care.



We are caring and passionate about what we do.



We value and support our staff.

Having an Abortion

If you have made the decision to have an abortion, remember you are not alone.

Every year

**almost
200,000**

abortions are
performed in
the UK

**1 in 3
women**

across the UK
will have an
abortion during
their lifetime



Abortions have
been legal in
England, Wales
and Scotland

**for over
50 yrs**

If you are pregnant and have decided that an abortion is the right choice for you, please take the time to read this booklet to learn about the different options available to you.

We have provided our services and care to individuals for over 50 years and fully support the Abortion Act 1967 and the right for a woman to limit her family.

This booklet offers you information about abortion treatments and advises you on what will happen during your visit to us for treatment. The information is based on the guidelines offered by the Royal College of Obstetricians and Gynaecologists (RCOG).

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Abortion Law

Under the Abortion Act 1967, abortions are legal in the UK up to the 24th week (23 weeks and 6 days) of pregnancy. Abortions can only be carried out after the 24th week in exceptional circumstances e.g. if the woman's life is at risk or there are foetal abnormalities.

The law states two doctors must agree that having an abortion would cause less harm to your mental or physical health than continuing with the pregnancy. The two doctors must then sign a legal form called a HSA1 form.

It is illegal to provide abortion treatment based on the gender of the foetus

Abortions can only be carried out in a hospital or a specialised licensed clinic.

What is an Abortion?

An abortion is a procedure that ends a pregnancy; it is also known as a "termination".

Considering an abortion can be a very confusing, stressful and upsetting time. We understand this and promise to provide you with our care and support to help you through this time.

Confidentiality

Any contact you have with us or any treatment you receive is completely confidential. Even if you are under 16 years old, we will not tell anyone unless we have your permission to do so. We will only share your details

with other health professionals or organisations if we believe you are at serious risk of harm. We will always try to tell you if we think we need to do this.

Protecting Young People and Vulnerable Adults

All professionals have a commitment to safeguard the welfare of young people and vulnerable adults. They take reasonable steps to protect them from neglect, physical, sexual or emotional harm or exploitation. If you are identified as being 'at risk', NUPAS staff will work with you to take appropriate action to protect you.

Counselling and Emotional Support

Having an abortion is an important event in your life. All women will cope with this event in a different way. Some women will feel confident with their decision to end the pregnancy while others may struggle to come to terms with having an abortion. If you feel you would like to talk to someone about your decision and the feelings and emotions you are experiencing, please call us and we can arrange for you to have counselling.

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Your Consultation

Before any treatment is decided you will receive a consultation with a doctor or nurse where she or he will explain all your treatment options and answer any questions you may have about the abortion.

Medical Assessment

The doctor or the nurse will ask you for your medical history. It is very important you answer their questions honestly and give as much information as you can about any medical conditions you have or medications you take. This is to ensure your safety and suitability for treatment. *Please inform a nurse if you are breastfeeding.* You will be able to receive part of the consultation over the phone if you are limited to when you can attend the clinic.

Ultrasound Scan

You will have an ultrasound scan to date your pregnancy and to help us decide what treatment options are available to you. Sometimes the pregnancy can be too early for us to see via an abdominal (tummy) scan so we may need to insert a small ultrasound probe into your vagina. If we can't see the pregnancy on a vaginal scan we can't be sure that the pregnancy is developing as it should and the nurse/doctor will discuss this further with you. It may be that your pregnancy is too early to see on scan, an early miscarriage has occurred or that the pregnancy is developing outside the uterus (womb) – an ectopic pregnancy –

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see page 40 for further information and advice about ectopic pregnancy

The doctor or nurse will also record or perform the following tests:

- Height
- Weight
- Body mass index (BMI)
- Blood pressure
- Blood test - finger prick test to check for Anaemia and Rhesus Factor (surgical patients only) – see page 21 for more information)
- You may be offered screening for Sexually Transmitted Infection (STI's)

During your consultation the nurse/doctor will discuss contraception and advise you on what forms of contraception are available. It is important to consider what type of contraception you are going to use as you can still get pregnant following an abortion.

The doctor or nurse will ask if you understand the abortion procedure and ensure you understand about giving consent to receive treatment.



Pregnancy Options Discussion

The choices you have are:

- Continue with the pregnancy and keep the baby
- Continue with the pregnancy and consider adoption or foster care
- Have an abortion

Continuing with the Pregnancy

If you choose to continue with the pregnancy you must contact your GP or nurse; they will confirm your pregnancy and arrange an appointment with your local midwife. The midwife will look after your antenatal care during your pregnancy. It is very important to receive antenatal care so you must inform your GP/nurse as soon as you are sure of your decision to continue with the pregnancy. During your pregnancy you will have check-ups, pregnancy scans and tests. You will also be invited to attend antenatal classes which will give you information and support on the pregnancy, birth and becoming a parent. To find out more about local services see NHS DIRECT at: www.nhs.uk

Adoption or Foster Care

Adoption might be the choice for you if you don't want to have an abortion. You will continue with the pregnancy and give birth but won't look after the baby or have any legal rights or responsibility to the child after the adoption is complete.

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Adoption is a formal process organised by adoption agencies and Local Authorities and made legal by courts. Once adoption is made legal the decision is final and cannot be changed.

Where can I get help?

- Your GP surgery
- Your local hospital social worker specialising in maternity services or contact your local social services team to discuss adoption
- Contact the British Association for Adoption and Fostering – BAAF works with everyone involved with adoption and fostering across the UK. You can contact them on 020 3597 6116 or mail@baaf.org.uk

Your Decision

There are a number of reasons why a woman might choose to end a pregnancy, but whatever the reason, it should always be HER decision. A decision to have an abortion should be personal to you and you should be able to make this decision without feeling under pressure or being forced to by anyone. For some, deciding what to do about an unplanned pregnancy can be a difficult or upsetting time. You can talk to a member of staff about the options available to you at any time. Contact us on 0333 004 6666.

STI's – Sexually Transmitted Infections

STI's are passed on through unprotected vaginal sex, oral sex, anal sex, sharing sex toys and close genital contact. The most common symptoms of a STI are **NO SYMPTOMS AT ALL...many people are unaware that they have a STI**. If left untreated, STI's can lead to long-term problems such as pelvic inflammatory disease or infertility (inability to have children).

The only way to know if you have a STI is to get tested. This is especially recommended if you have had unprotected sex, changed partner recently or if there is a risk that your partner has had sex with someone else. Once diagnosed most STI's are easy to treat with antibiotics. If you have not already been tested for a sexually transmitted infection, now is a good time. You should also speak to your partner about getting tested and staying sexually healthy.

At NUPAS we may offer you a STI assessment. You can also get tests and treatment at your local sexual health service, contraception and sexual health clinic, specialist service like Brook or by going to your GP surgery.

See **NHS Choices** website for local services:

www.nhs.uk

Contraception

A woman is fertile as early as 5 days after an abortion and can get pregnant again if contraception is not used. There are lots of methods of contraception to choose from.... don't be put off if the first type isn't quite right for you; you can try another method. Many contraceptives are over 99% effective if used correctly.

There are various types of contraceptive methods. The most effective of these is the contraceptive implant, followed by the contraceptive coil, injectable contraceptives, oral contraceptive pills and condoms. All these methods are available from NUPAS and as part of our service we will discuss options and provide you with contraception. We will help you make plans for your long term contraception use.

For more information about contraception see our website: www.nupas.co.uk, visit your GP or nurse, a local contraception and sexual health service or specialist clinic like Brook.



Your Treatment Options

There are three options when considering which abortion is the most suitable for you. The type of abortion available to you will also depend on how many weeks pregnant you are (this is called gestation) and your suitability for the type of treatment depending on any medical conditions you may have. These will be discussed with you during your consultation.

Types of Abortion

There are three different abortion methods

- Early medical abortion
- Surgical with local anaesthetic
- Surgical with general anaesthetic

If you are a resident in England, Scotland, Wales or Northern Ireland these are usually funded by the NHS.

Early Medical Abortion (Interval) – Second Stage Treatment at Home

The first tablet is called Mifepristone and is taken orally (swallowed with water). This will be given to you by the nurse at the clinic. Mifepristone works by blocking the hormone progesterone. This hormone is needed to continue with the pregnancy. Blocking the hormone stops the pregnancy and causes the lining of the uterus to break down, similar to what happens during your monthly period. You will be able to leave the clinic as soon as you have taken the first tablet (part one).

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For your 2nd stage treatment at home you will receive 6 Misoprostol tablets and pain relief.

Misoprostol tablets must be taken between 24 – 48 hours after the 1st stage treatment. It is recommended that you have a partner or trusted adult companion (over 18) with you to give support at home. This is for your own safety and the safety of any dependents you may have.

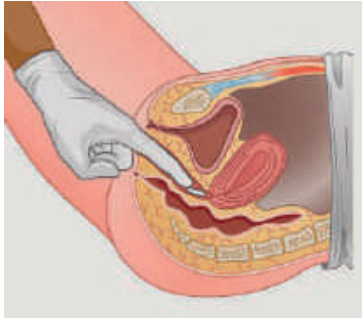
It is important before starting any treatment that you wash your hands thoroughly with soap and water both before and after inserting Misoprostol tablets either in your mouth or vaginally.



Vaginal Insertion

1

Insert the *FOUR* tablets as **high** as possible into your vagina. The exact position of the tablets is not important provided they do not fall out. Push them up

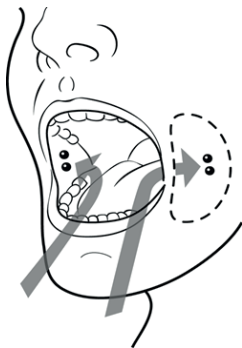


as high as possible with the tip of your finger; either insert them 1 at a time or all together. You can put the tablets in while lying down, squatting or standing with one leg up - whatever is most comfortable.

2

If there is no bleeding after 4 hours, please use the remaining *TWO* tablets. If you notice a tablet has fallen out of your vagina **please call the clinic for advice**. A nurse is available to speak to 24 hours a day.

In the mouth - between cheek and gum



1

It is advisable to moisten your mouth by having a drink of water before placing the tablets in your mouth as this will help the tablets to dissolve.

2

Place *FOUR* tablets in your mouth between either upper cheek and gum or lower cheek and gum (2 on each side)

whichever is the most suitable for you and allow the tablets to dissolve for 30 minutes. It is important to sip water to keep your mouth moist as they won't dissolve in a dry mouth but do not swallow them at this stage. If the tablets have not completely dissolved within 30 minutes, you may swallow them with what is left of the water.

3

If there is no bleeding after 4 hours, please use the remaining *TWO* tablets.

Pain relief

It is important you have pain medication at home. You can buy pain medication such as Ibuprofen or Co-codamol from your local pharmacy or from most large supermarkets. Depending on your medical history

and potential allergies, the nurses will have discussed the best options with you at your first treatment.

Examples of effective pain medication are:

- As your pain starts take Ibuprofen for mild pain - 2 x 200mgs – these can be taken every 4-6 hours (MAXIMUM 6 TABLETS IN 24 HOURS).
- 1 x 30mg Codeine Phosphate tablet every 6 to 8 hours
- Use a hot water bottle (manufacturer's instructions) as heat can also help alleviate the pain.

Please note:

- **A minimum of 4 hours must elapse between each dose of pain killers.**
- **Do not drive or operate machinery when taking Codeine.**
- **Do not drive after administering Misoprostol until you believe you have passed the pregnancy and feel well enough to do so.**

You will experience pain, cramping and bleeding similar to a heavy period. This is how the pregnancy is expelled. You may experience some common side effects from the medications such as:

- Nausea and vomiting
- Headache
- Hot flushes
- Diarrhoea
- Fever

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The abortion will usually take place between 2-12 hours after receiving treatment. You should expect to bleed and pass blood clots. You may continue to bleed on and off for up to 4 weeks. If bleeding does not occur after 7 days of receiving part 2 of the treatment then you should phone the Aftercare Line.

Please call us if:

- You vomit within the first 30 minutes of administering Misoprostol between your gum and cheek as you may need to attend the clinic again to repeat the medication.
- It is more than 24 hours since you took your Misoprostol and you still have intense or severe pain, feel sick, have abdominal discomfort, diarrhoea, nausea, vomiting or weakness that is not helped by medication, rest, a hot water bottle or a heating pad.
- You have minimal or no bleeding within 7 days
- You have a fever over 37.8°C
- You have an unpleasant-smelling discharge from your vagina
- If your pregnancy test is positive after 4 weeks

Telephone 999 or get your support person to phone for an ambulance immediately if you experience any of the following symptoms:

- When passing the pregnancy, soaking thick sanitary pads every 5 – 10 minutes and passing blood clots larger than the size of your hand is not normal and you should attend your local A&E department

- Loss of consciousness
- Severe allergic reaction such as facial, mouth, throat swelling or breathing difficulties

Incomplete abortion

If you have an incomplete abortion, you have a higher risk of developing infection. A surgical procedure may be needed to remove any remaining tissue associated with the pregnancy.

Infection

There is a high risk of infection, so please be aware of the following symptoms:

- High temperature and/or fever
- Excessive bleeding (if you are soaking two sanitary pads in less than one hour for more than a two hour period)
- Abdominal tenderness/prolonged pain
- Abnormal vaginal discharge
- If you experience some or all of these symptoms you should contact the Aftercare Line immediately and speak to a nurse as you may have an infection or have developed a complication.

Surgical Abortion

There are different surgical abortion procedures and the method used depends on your health, personal choice and gestation (stage of pregnancy). Surgical abortions are minor operations and are performed as day-case procedures; they do not require you to stay overnight.

Surgical Abortion with Local Anaesthetic (Manual Vacuum Aspiration)

This procedure is recommended for women who are up to 10 weeks pregnant. During this procedure you will receive local anaesthetic and remain awake throughout the abortion. A nurse will be at your side throughout the procedure for support. This procedure is very quick, usually taking 10-15 minutes. An anaesthetic gel is applied to the cervix to numb the area. The surgeon uses a syringe and gentle suction to remove the pregnancy. Some discomfort may be felt, from light period-type pain to heavy cramping pains. You will be given painkillers to ease any discomfort. There is an option of fitting a contraceptive coil or implant as part of the procedure.

Recovery is quick and you can usually leave the clinic after resting for about half an hour.

Before leaving the clinic your aftercare arrangements will be discussed and you will be given an Aftercare Pack containing:

- Aftercare leaflet
- Contraception leaflet
- Condoms
- Pregnancy testing kit

We advise all our clients regardless of gestation (stage of pregnancy) to repeat a pregnancy test after 4 weeks. It is very important to use the first sample of urine you pass that day. The pregnancy testing kit is in your Aftercare Pack. You must contact the clinic immediately if your result is positive.

Benefits

- Quick procedure
- High safety record and success rate
- You can eat and drink before the treatment
- You can drive a car following treatment

Risks of surgical abortions include:

- Damage to the womb (1-4 in 1000 cases)
- Damage to the cervix (1 in 100 cases)
- Haemorrhage (1 in 1000 cases)
- Infection
- Retained products of pregnancy
- Risk of failure (1-2 in 100 cases)

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All surgical procedures carry certain risks, but please be assured that we have an excellent safety record and all surgeons, anaesthetists and nurses are highly qualified

Surgical Abortion with General Anaesthetic

Suitable for women who are between 5 and 17+6 weeks pregnant.

This procedure is performed under general anaesthetic, which means you will be asleep during treatment.

At the surgeon's discretion and depending on how many weeks pregnant you are, Misoprostol tablets are administered between 1 and 3 hours before the procedure. This drug acts to relax the neck of the womb, which enables the pregnancy to be removed with either gentle suction or forceps and gentle suction.

Before leaving the clinic your aftercare arrangements will be discussed and you will be given information and advice. You will also be given an Aftercare Pack containing:

- Aftercare leaflet
- Contraception leaflet
- Condoms
- Pregnancy testing kit

You must not drive or operate machinery for 48 hours after a general anaesthetic.

Following an abortion performed under a general anaesthetic, we ask that you have someone available

to care for you for 24 hours following your treatment. Contraceptive coils or implants can be fitted as part of this procedure.

Post procedure check

We advise you to carry out a pregnancy test 4 weeks after your procedure to make sure the abortion has been a success. You are advised to have a check-up in 4 weeks' time. The check up can be at the clinic or at your local Contraception and Sexual Health (CASH) clinic.

Physical Activity

- You should plan to rest and take it easy for 24 – 48 hours following your abortion.
- Avoid any heavy lifting or strenuous exercise for 2-3 weeks.
- You should also avoid swimming for 4 weeks as this may increase the risk of infection.

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Pre-Surgery Advice

Things to remember

It is important to follow these instructions before you arrive at the clinic; failure to do so might mean that your treatment is delayed, or in some cases, cancelled.

For all consultations, early medical abortion and surgical abortions, you should follow these instructions:

- Wear loose fitting, comfortable clothing
- Bring a list of any prescribed medicines or inhalers
- If you are on prescribed medications you should continue to take these as normal
- If you are prescribed the following medications please contact us: Aspirin, Warfarin or Clopidogrel (Plavix)
- You will need to bring a supply of sanitary towels (not tampons)

For surgical abortions under general anaesthetic please also follow these additional instructions:

- Do not eat from midnight before your surgical abortion
- You may drink clear fluids up until 6.00 am
- Make sure you have someone to care for you for 24 hours following treatment

- We strongly recommend that you do not smoke for 24 hours before and after your surgical procedure
- Bring with you a dressing gown and slippers
- Please remove all facial and body piercing, makeup and nail varnish
- Please remove any contact lenses before your procedure
- If you are ill within 48 hours prior to your surgical procedure, please contact the clinic as you may have to rebook
- You must not drive for 48 hours



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Early Medical Abortion Aftercare

Medical professionals are available throughout the day (including weekends, bank holidays and overnight when the clinic is closed) to discuss any worries you have.

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What to expect from an Early Medical Abortion

1st stage medication - Mifepristone

You may feel sick for a few hours after taking the 1st tablet. Some clients may experience side effects from this medication such as nausea and/or a headache. In rare cases you may have a flushed face or skin rash. Please contact the Aftercare Line immediately if you experience either of these symptoms. If you vomit within one hour of taking the Mifepristone tablet please contact the clinic. You may need to return for a repeat dose.

Some clients may have bleeding vaginally before the second stage of treatment. If this happens please wear a sanitary towel; do not use a tampon. Bleeding similar to a heavy period is acceptable. If the bleeding concerns you, or if you react badly to the medication, contact the clinic immediately.

2nd stage medication – Misoprostol

Side effects

The Misoprostol medication can cause diarrhoea, sickness, hot flushes, and chills. Usually these symptoms disappear within a few hours.

Bleeding

Bleeding usually begins about 2 hours after medication is given. Most women will bleed for around 2-4 hours. This may start as light blood loss but will get progressively heavier until you miscarry. You will also pass blood clots.

Once you have miscarried the bleeding will gradually reduce but you will continue to have bleeding (similar to a period) for 7-12 days.

Ensure you use sanitary towels until your next period. Do not use tampons. This will help you keep track of the blood loss and prevent infection.

Repeating your Pregnancy Test

You must repeat a pregnancy test in 4 weeks to ensure the treatment has been successful. It is very important to use the first sample of urine you pass that morning. The pregnancy test kit will be in your Aftercare Pack. You must contact the clinic immediately if the result is positive and we may arrange a follow up appointment. If a follow-up ultrasound scan reveals that the termination has failed and you are still pregnant, a surgical termination of pregnancy may be arranged for you. It is not recommended that you continue with

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the pregnancy because of risks associated with the medication that you have taken.

No Bleeding or Pain

Most clients will expel their pregnancy within 24 hours of taking the medication but each client responds differently. However, if you have only experienced light bleeding or no bleeding at all or have not passed any clots (about 50p in size or larger) within 7 days of the second part of treatment or are concerned that treatment has failed, please contact the Aftercare Line.

Post Procedure Check

You are advised to have a check-up in 4 weeks' time. You should have repeated your pregnancy test by then. The check-up can be at the clinic, the Contraception and Sexual Health clinic or the clinic that referred you to us.



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Do's and Don'ts

-  You should rest for 24-48 hours following procedures
-  You can have a warm shower or a quick bath

-  Do not use tampons until your next period because of the risk of infection
-  Swimming is not recommended for 4 weeks due to the risk of infection
-  You should take a few days off work.
If your job involves heavy lifting or is physically demanding you should take 1 week off

Sex

It is important to remember you can become pregnant before you have your next period. We do not recommend you have sex for 4 weeks due to risk of infection.

Breast Discomfort and Leaking

If you had breast discomfort prior to your treatment it may take a week before symptoms subside. If you are still experiencing discomfort after 2 weeks please contact the Aftercare Line.

It is unusual for clients whose pregnancy was less than 12 weeks to have leaking breasts. Please ring for advice if you are concerned.

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If your breasts are painful, tense, hot and have an inflamed/red area you may have an infection. Please contact the Aftercare Line or your own GP.

Sickness/Nausea

If you had sickness or nausea prior to your treatment it may take a week before symptoms subside. The medication you took can also make you feel sick. However, if there is no improvement after 2 weeks please contact the Aftercare Line.

Infection

Sometimes a small amount of tissue is retained (does not come out with the pregnancy) and may become infected.

Signs of infection are:

- High temperature, flu-like symptoms or feeling shivery
- Unpleasant smelling vaginal discharge
- Excluding the time of miscarriage - ongoing bleeding that is heavier than your heaviest period.
- Excluding the time of miscarriage - ongoing pain more severe than period pain

Travelling/Holidays Outside the UK

It is not advisable to go on holiday anywhere until you have had a 4 week check-up and negative pregnancy test. Your travel insurance company may not cover any problems incurred if you have not informed them. You are advised not to swim for 4 weeks due to the risk of infection.

Post Abortion Emotional Support

You may experience a range of emotions and feelings before, during and after any procedure. Counselling is a talking therapy that involves a trained therapist listening to you and helping you find ways to deal with emotional issues. This service is available to you at any point during this time and you can access it pre and post treatment. To request counselling, you can call our Call Centre Team, or speak to a nurse or receptionist at the clinic. Staff at NUPAS are highly trained and experienced in providing impartial advice and counselling.

Surgical Procedure Abortion Aftercare

What to expect following a surgical abortion.

Bleeding varies from slight bleeding to as much as your heaviest period, depending on the stage of the pregnancy. It is normal to bleed for 7-14 days after the operation and you may pass small blood clots for a couple of days. As a guideline, base it on your own period – the bleeding should never be heavier than your heaviest period.

If your pregnancy was early (5 – 7 weeks) you may only have a scanty blood loss. This does not mean your treatment has failed.

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Please contact the Aftercare Line if your symptoms of pregnancy persist longer than two weeks.

Ensure you use sanitary towels until your next period; do not use tampons. This will help you to keep track of the blood loss and prevent infection.

If the bleeding lasts longer than 2 weeks or you are concerned about it, please contact us on the Aftercare Line.

Repeating your Pregnancy Test

All clients regardless of gestation (stage in pregnancy) must repeat a pregnancy test after 4 weeks. It is very important to use the first sample of urine you pass that morning. The pregnancy testing kit will be in your Aftercare Pack. You must contact the clinic immediately if the result is positive and we will conduct an assessment over the phone.

Breast Discomfort and Leaking

If you had breast discomfort prior to your treatment it may take a week before symptoms subside. If you are still experiencing discomfort after 2 weeks please contact the aftercare line to speak to a nurse.

It is unusual for clients whose pregnancy was less than 12 weeks to have leaking breasts. Please ring for advice if you are concerned.

Clients whose pregnancy was over 14 weeks may develop discomfort and leaking breasts. Please don't press or squeeze the breasts as this will only stimulate them more.

Just wear a well-fitting bra, avoid touching them and take pain relief.

If your breasts are painful, tense, hot and have an inflamed/red area you may have an infection. Please contact the Aftercare Line or your own GP.



Infection




You will have been given 2 different types of antibiotics during your treatment (unless you are allergic to them). However sometimes tiny pieces of tissue that do not come out at the time of the abortion may become infected.

Signs of infection are:

- High temperature, flu-like symptoms and feeling shivery
- Unpleasant smelling vaginal discharge
- Ongoing bleeding that is heavier than your heaviest period
- Ongoing pain more severe than a period pain

Do's and Don'ts

-  You should rest for 24-48 hours following procedures
-  You can have a warm shower or a quick bath

-  Do not use tampons until your next period because of the risk of infection
-  Swimming is not recommended for 4 weeks due to the risk of infection
-  You should take a few days off work. If your job involves heavy lifting or is physically demanding you should take 1 week off

Driving

If you have had a general anaesthetic you must not drive for at least 48 hours. Please check with your insurance company. If you are involved in an accident you may not be covered by your insurance.

Sex

Due to the risk of infection we would recommend that you do not have sex for 4 weeks.

Travelling/Holidays Outside the UK

It is not advisable to go on holiday anywhere until you have had a 4 week check-up and negative pregnancy test. Your travel insurance company may not cover any problems incurred if you have not informed them. You are advised not to swim for 4 weeks due to the risk of infection.

Post Abortion Emotional Support

You may experience a range of emotions and feelings before, during and after any procedure. Counselling is a talking therapy that involves a trained therapist listening to you and helping you find ways to deal with emotional issues. This service is available to you at any point during this time and you can access it pre and post treatment. To request counselling, you can call our Call Centre Team or speak to a nurse or receptionist at the clinic. Staff at NUPAS are highly trained and experienced in providing impartial advice and counselling.

Venous Thromboembolism (VTE)

What is Venous Thrombosis?

A thrombosis is a blood clot in a blood vessel (a vein or an artery). Venous thrombosis occurs in a vein. Veins are the blood vessels that take blood back to the heart and lungs. Arteries take the blood away.

A Deep Vein Thrombosis (DVT) is a blood clot that forms in a deep vein of the leg, calf or pelvis.

Why am I at Risk?

Pregnancy increases your risk of a DVT. However, Venous Thrombosis is still uncommon in pregnancy or in the first 6 weeks after birth, occurring in only 1–2 in 1000 women. A DVT can occur at any time during your pregnancy.

Why is DVT Serious?

Venous Thrombosis can be serious because the blood clot may break off and travel in the bloodstream until it gets lodged in another part of the body such as the lung. This is called a pulmonary embolism (PE) and can be life threatening.

Symptoms of DVT may be:

- Swelling of the arm or leg
- Pain or tenderness in the calf
- Increased heat or redness of arm/leg

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You should seek help immediately if you experience any of these symptoms. Diagnosing and treating a DVT reduces the risk of developing a PE.

Symptoms of a PE can include:

- Feeling very unwell
- Collapsing suddenly
- Sudden unexplained difficulty in breathing
- Chest pain/tightening in the chest
- Coughing up of blood

What Increases My Risk of DVT/PE?

Your risk of having a blood clot increases if you are:

- Over 35 years of age
- Overweight with a body mass index (BMI) over 30
- A smoker
- Have already had three or more pregnancies
- Have had a previous venous thrombosis / have family history of venous thrombosis
- Have a medical condition such as heart disease, lung disease or arthritis
- Have severe varicose veins that are painful or above the knee with redness/swelling
- Become dehydrated or less mobile in pregnancy due to, for example, vomiting in pregnancy
- Immobile for long periods of time or when travelling for 4 hours or longer (by air, car or train)

If you are identified as having a risk factor for venous thrombosis, we will offer you a blood thinning injection and compression stockings if you are booked for a surgical procedure.

Sepsis Information for Clients and Carers

What is Sepsis?

Sepsis is a life-threatening condition arising from the body's response to an infection which injures its own tissues and organs. An infection is caused by micro-organisms or "germs" (usually bacteria) invading the body and can be limited to a particular body region (e.g. a tooth abscess) or can be more widespread in the bloodstream (often called "septicemia" or "blood poisoning").

Sepsis is a medical emergency, just like heart attacks and strokes. Patients with sepsis are up to five times more likely to die than patients who have had a heart attack or stroke. Caught early, the outlook is good for the vast majority of patients but it is vital not to delay seeking medical attention. Sepsis can lead to shock, multi-organ failure and death, especially if not recognized early and treated promptly. The rapid diagnosis and management of patients with sepsis is vital to successful treatment.

Why am I at Risk?

Everybody is potentially at risk of developing sepsis from minor infections (such as "flu", urinary tract infections, gastroenteritis, respiratory tract infections etc.) if not detected and treated in time. If you have any symptoms (see over) before or after your treatment, please let us know immediately.

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Symptoms of Sepsis

The symptoms of sepsis usually develop quickly and can include:

- Extreme shivering and muscle pain.
- Change in vaginal discharge and /or irregular vaginal bleeding with or without lower abdominal/ back ache.
- Passing no urine (in preceding 12-18 hours).
- Low blood pressure which may result in feeling dizzy on standing.
- A change in mental alertness such as confusion or disorientation.
- Cold, clammy and/or mottled /pale skin.

If you have any of these signs/symptoms in the first 6 weeks post termination of pregnancy, please call our 24 hour helpline number, your GP or attend Emergency Services.

Treatment

- Antibiotics to treat the infection. This may be at home or in hospital, depending on severity of infection.
- Source control – this means to treat the source of infection, such as an abscess or infected wound.
- Fluids – may be necessary through the intravenous catheter (the “drip”).
- Oxygen – if vital organs are affected by sepsis, such as your breathing and/or blood pressure, it may be necessary to be admitted to the Intensive Care Unit (ICU) for organ support, such as artificial ventilation for the lungs (breathing machine), kidney support (kidney machine) etc. while the infection is treated.

Anti-D Injection (for procedures over 10 weeks only)

The Rhesus blood factor is present in the blood group of the majority of the population. About 85% are Rh positive and the remainder are Rh negative.

If the Rh negative woman becomes pregnant and the father of the child is Rh positive, there is a strong possibility that the baby will be Rh positive. (We are unable to tell the Rh factor of the baby at this stage).

Should the Rh positive cells enter the woman's blood stream from the foetus, they would produce special cells called antibodies (Anti D) to attack and destroy these foreign Rh positive blood cells just as if her body were fighting an infection.

Once such antibodies are allowed to develop, they will remain in the mother's blood for future pregnancies and possibly for life.

Rh positive blood cells may enter the woman's blood in a number of ways:

- During a normal delivery of a baby
- After a miscarriage
- Due to an incorrect blood transfusion

If your blood test shows you are Rh negative and your pregnancy is 10 weeks or over, you will be given an injection of Anti D after your operation. This will destroy

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any Rh positive blood cells that may have entered your blood stream. This will prevent the development of your own Anti D and avoid problems with any future pregnancies.

There is no need to be unduly concerned about being Rh negative. If you have had children before, you will already have been given Anti D after the delivery. If this is your first pregnancy, there is no need to worry. All Rh negative women are checked regularly at hospital ante-natal clinics during pregnancy and the baby's blood is also checked. If the baby is Rh negative then an Anti D injection is not needed.

It does not mean that any future pregnancies will necessarily be Rh positive. This only applies if your partner is Rh positive.

It is important that an Anti D injection is given after termination of pregnancy or miscarriage since the baby's blood group is not known. Anti D may be given after pregnancy depending on the blood group of the baby. Always check with your doctor.

AFTERCARE HELPLINE

T: 0333 004 6666

T: (01) 874 0097 (Eire)



Pregnancy of Unknown Location (PUL) and Ectopic Pregnancy

A positive pregnancy test means that you are pregnant but if the pregnancy is very early it may be difficult to detect it with an ultrasound scan.

This is very common as a pregnancy test only requires a hormone level of 10MUI to show a positive result. Scans through the tummy/abdomen need a hormone level of around 1500 for the pregnancy to be found. The earliest pregnancy/gestation found using scanning equipment is around 4 weeks and 6 days, nearly 5 weeks. Treatment cannot be offered until the pregnancy is detected by a scan.

In some cases the pregnancy may not be found by a scan due to it being outside of the uterus. This is known as "ectopic". Ectopic means "misplaced".

An ectopic pregnancy occurs in around 1 in 100 pregnancies so is, therefore, quite rare. It is most likely that the pregnancy is too early/small to be found by a scan. You should always, however, visit A&E if you think that you have an ectopic pregnancy.

What are the symptoms of an ectopic pregnancy?

Symptoms may develop at any time between 4 and 10 weeks of pregnancy.

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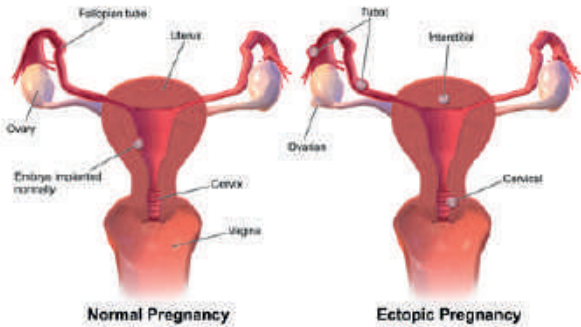
Symptoms include one or more of the following:

- Pain on one side of the lower abdomen (tummy). This may be a sharp pain or develop slowly, getting worse over several days. It can become severe.
- Vaginal bleeding often occurs but not always. It is often different to the bleeding associated with periods. For example, the bleeding may be heavier or lighter than a normal period. The blood may look darker. However, you may think the bleeding is a late period.
- Other symptoms may occur such as diarrhoea, feeling faint or being in pain when passing poo (faeces).
- Shoulder-tip pain may develop. This is due to some blood leaking into the abdomen and irritating the diaphragm (the muscle used to breathe).
- Severe pain or “collapse”. This is an emergency as the bleeding is heavy.
- Sometimes there are no warning symptoms (such as pain) therefore collapse, due to sudden heavy internal bleeding, is sometimes the first sign of an ectopic pregnancy.

If you have been advised to have a rescan between 7-14 days but you develop any of these symptoms within that time, you **MUST** attend A&E.

Where does an ectopic pregnancy develop?

Most ectopic pregnancies occur when a fertilised egg attaches to the inside lining of a Fallopian tube (a tubal ectopic pregnancy). Rarely, an ectopic pregnancy occurs in other places such as in the ovary or inside the abdomen (tummy).



FAQ's

What if I change my mind?

If you feel unsure regarding your decision, please don't worry. You can change your mind right up to the point where treatment begins. If for any reason you feel like you need more time to determine your decision, please tell us. If you feel that you would benefit from speaking to a trained counsellor we can arrange this for you.

Will having an abortion stop me from getting pregnant in the future?

Having an abortion should not affect your ability to get pregnant. In fact, your fertility can return to normal immediately, so it is very important that you use contraception to prevent becoming pregnant again.

How much does an abortion cost?

If you live in England, Wales and Northern Ireland most abortions are fully funded by the NHS. Please give us a call with your location and GP's details to find out if you are eligible for funding. If you live outside England and Wales then you would need to pay for the treatment. Please refer to our website for up to date prices.

www.nupas.co.uk

Can I bring someone with me on the day?

Of course; you may find that having the support of a loved one or a friend will help you through the day.

They will be able to accompany you for some parts of your consultation, but during other parts you will need to be on your own. Whilst you have your procedure, they will be directed to the waiting room. If you are under 16 years old and you wish to be accompanied throughout treatment, please let a member of our team know.

I have young children; can I bring them with me?

Unfortunately we do not allow children at the clinics so you must arrange childcare for the day of your appointment. Failure to do so might mean that you have to rebook your appointment or treatment.

Will my treatment be kept confidential?

We will not disclose your details to anyone unless we have your permission to do so. We will respect your privacy and dignity at all times. All consultations and treatments are completely confidential. However, if we feel that you are at risk of abuse or harm, then we are obliged to inform a local safeguarding team. This is for your protection.

How is my information used?

We are legally obliged to send certain data to The Chief Medical Officer (CMO) at the Department of Health i.e. age, region, number of pregnancies and gestation of pregnancy. The HSA4 form is sent to the Department of Health and is an Abortion Notification Form. The contents of the statutory HSA4 form are used

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to inform the CMO of abortions and will be used for statistical purposes by the Department of Health. None of your personal details will be published and it is not possible to identify you from the data submitted to the department of health.

Feedback and Complaints

Your care and comfort are very important to us and we work hard to ensure that every stage of your care is delivered to the highest standard. We welcome all feedback given to us and therefore, by completing the feedback form you will be given at the end of your treatment with your thoughts about our service, you will help us to continue making improvements.

We understand there may be times when you wish to feedback to us formally or to raise a complaint. If you are dissatisfied with any aspect of our service and would like to make a complaint, please: Speak to a member of staff or the Clinic Manager or send an e-mail to: **info@nupas.co.uk**

The time frame for investigation and response to a complaint is dependent on its nature and complexity. On receipt of a complaint, you will be contacted by the investigating manager who will agree a time frame with you. This is to ensure that responses are both timely and proportionate to the issues raised, and in line with the complainant's wishes.

Pregnancy Remains

What happens to the foetal tissue remains after the abortion?

You may not have specific wishes regarding the disposal of the foetal remains. If this is the case, we will dispose of them in a sensitive manner. We usually collect and store remains separate from clinical waste before sending them to be incinerated. The Human Tissue Authority Guidelines can be viewed at: http://www.hta.gov.uk/sites/default/files/Guidance_on_the_disposal_of_pregnancy_remains.pdf

You may wish to take the foetal remains away, depending on the type of treatment you have had, and make your own arrangements for them. This may include arranging a private service, burial or cremation. If you wish to take remains away, we will place them in a container which is opaque (you can't see through it) and water-tight. We can then put you in touch with a funeral director who will be able to discuss your individual wishes.

Useful Contacts

NUPAS CLINIC

Support for choices around pregnancy, contraception and sexual health.

Helpline: 0333 004 6666

Website: www.nupas.co.uk

NHS CHOICES

Information on sexual health and local sexual health services.

Website: www.nhs.uk

SEX: WORTH TALKING ABOUT

Sexual health information for young people.

Helpline: 0300 123 2930

Website: www.nhs.uk/worhtalkingabout

BROOK

Free and confidential sexual health advice and contraception for young people under the age of 25.

Website: www.brook.org.uk

FAMILY PLANNING ASSOCIATION

Sexual health information and advice on contraception, sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy.

Website: www.fpa.org.uk

GINGERBREAD

Advice and support for single parents.

Helpline: 0808 802 0952

Website: www.gingerbread.org.uk

FAMILY AND CHILDCARE TRUST

Your local Family Information Services (FIS) provides a range of information on all services available to parents of disabled children.

Website: www.familyandchildcaretrust.org

DOMESTIC ABUSE

Help and support for victims of **all types** of domestic abuse.

Helpline: 0808 168 9111

Website: www.victimsupport.org.uk/domestic/abuse

NUPAS

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pregnancy advisory
service

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