
Your choice, our support

Your options and treatment information

About this booklet

One in three women in the UK will have an abortion by the time they are 45. It is important to make the right decision for you, and part of this is having all the information you need.

This booklet will answer any questions you have if you decide to proceed with abortion care. It is organised into 9 sections to be your guide throughout the process.

Please bring this guide with you to all your appointments.

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Your choice, our support

We will support you and answer all your questions.

If you have had an unexpected positive pregnancy test, you may have mixed feelings about the pregnancy and your options.

If sadly after antenatal screening you have been told of a serious fetal anomaly, we can talk you through all the options and will be there for you during this difficult time.

We recognise that not all of our patients will identify as a woman. We welcome and support people of all gender identities to access abortion care services when they choose.

Our team is trained to offer whatever support you need.

If you would like to speak to an advisor, call us any time on our 24-hour advice line:
0345 300 8090

Finding out you're pregnant

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Pregnancy tests

We understand that it can be distressing to find that you are pregnant unexpectedly, or unintentionally. We are here to support you.

After a positive pregnancy test result you can find out your gestation (how many weeks pregnant you are) by counting back the days to the first day of your last menstrual period. If you know the date of the first day of your last menstrual period, we can help you to work out your gestation.

If you have irregular periods, no periods, or if the stage of the pregnancy is unclear, gestation will be checked with an ultrasound scan or if is clinically indicated.

How many weeks you have been pregnant can affect what options are available to you, so it's important to know this information.

Your options

If you feel unable to talk to friends or family, you can speak to a MSI Reproductive Choices counsellor or to your GP or contraception and sexual health clinic. Any conversation with us about your options or counselling will always be confidential.

The decision about whether to continue or end the pregnancy is yours to make. This might not be the same decision your friends or family would make.

If you're not sure what to do, you have three choices to think about:

- Continue with the pregnancy and raise a child.
- Continue with the pregnancy and consider adoption or fostering.
- End the pregnancy through abortion.

1. Continuing the pregnancy

If you know that you would like to continue the pregnancy, make an appointment with your GP as soon as you can. Your GP can refer you to a midwife to talk through prenatal and birthing plans with you, and can provide you with the necessary health checks and scans. Your GP can also give information on the local maternity services.

Maternity care and pregnancy support and information is available through NHS Choices (www.nhs.uk)

2. Adoption

If you would like to continue with the pregnancy, but don't want to raise a child, adoption is a way of giving a child a new legal family. Your midwife will be able to guide you through continuing with the pregnancy with a view to arranging adoption afterwards.

You can get expert advice on adoption from a number of sources:

- GPs and other healthcare providers
- Social Services or Social Work Department of your local council or local authority
- A registered adoption society or independent voluntary adoption agency
- Hospital social workers who work closely with maternity clinics

If a close relative would like to be the adoptive parent, you can arrange this yourself, but the process will be supported by Social Services.

Adoption process

Preparations for adoption will happen before the birth, but nothing is made definite until after the birth when the application for an Adoption Order is made to the Court. Once an Adoption Order is granted, it is legally binding and can't be undone.

Adoption support and information is available through independent adoptions agencies such as Coram (www.coram.org.uk).

3. Abortion

If you decide that you would like to end the pregnancy, there are safe and legal options available. You are not alone and will be supported by a team of specialist experts.

MSI can arrange abortion care for those aged 13 and above.

If you need to talk

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While most are very sure of their decision to have an abortion, others may be undecided. If you are feeling unsure, or need to discuss your situation further, we can arrange for an initial appointment with a counsellor.

Counselling

Counselling is a talking therapy that allows a person discuss their feelings and situation in a confidential and safe environment. MSI counsellors are highly trained and qualified to help you explore and manage your thoughts, feelings and issues. They offer caring, non-judgemental support.

Appointments are available over the phone or face-to-face.

Counselling is an optional part of your abortion care for most patients.

If you would like to arrange counselling before making your decision or any time after treatment, you can call us to arrange an appointment.

Your abortion questions, answered

3

Are abortions safe?

Abortion is very safe when performed by specialists in clinics such as ours, which are registered with the Department of Health and Social Care and Care Quality Commission.

We also provide medical abortion up to 9 weeks and 6 days of pregnancy using mifepristone and misoprostol tablets as recommended by World Health Organisation.

We follow the World Health Organisation recommendations to provide safe vacuum aspiration for surgical abortion up to 14 weeks and 6 days of pregnancy, and dilatation and evacuation (D&E) for procedures up to 23 weeks and 6 days of pregnancy.

However, any medical treatment or surgical procedure carries some risks, so it is important that you are aware of these. We outline these risks on page 22 and 28.

Do I have to bring someone with me to the appointment?

We recommend that you bring a friend or family member with you to your appointment, particularly if you are having a surgical abortion with anaesthetic. However, this is subject to there not being COVID-19 restrictions in place.

Your companion may be able to sit with you in our waiting rooms, but will not be able to come into the medical assessment, consultation, treatment, or recovery areas with you. Our nurses and health care assistants are trained to support you each step of the way.

If you are under 16 years old, we strongly recommend that an adult (someone 18 or over) accompanies you home after your treatment.

Will having an abortion increase my risk of developing breast cancer?

No. The World Health Organisation has published data showing no link between abortion and breast cancer, and no increased risk.

Will having an abortion make it difficult for me to get pregnant in the future?

It will be possible to become pregnant again almost immediately after an abortion. If you don't wish to become pregnant, it's important to start using contraception immediately. We can give you information and advice about contraception options, and can provide your chosen method.

Does an embryo or fetus feel pain during an abortion?

Medical evidence suggests the fetus cannot feel pain before 24 weeks gestation, as the nervous system is not yet fully developed.

Will you tell my GP about my appointment?

Your GP doesn't have to be told about your abortion referral or any treatment if you don't want them to know, unless we have a legal or statutory duty to do so.

What will happen to fetal tissue after a surgical abortion?

If you don't have any special requests, we always make sure that all fetal tissue is managed and disposed of in a respectful and professional way. We follow all relevant UK laws, including The Human Tissue Act, which sets out how fetal tissue should be managed.

If you would like to arrange burial or cremation, please let us know when you book your appointment. We can advise you on how to make preparations.

How do I pay for my private abortion treatment?

98% of our patients have their abortion funded by the National Health Service (NHS). If you are not able to have NHS-funded treatment with us and would like private abortion care, we accept payment in sterling or euros. Payment can be made in cash or by card (all cards are accepted apart from American Express). If someone else is paying for your private treatment by card, they must come with you to your appointment.

How will I feel after my abortion?

Everyone is different and can feel a range of emotions around the decision to end a pregnancy. You may feel relieved or sad, or a mixture of both.

If you need to talk through your feelings at any time after your abortion, we can arrange a counselling appointment for you.

Treatment options

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The kind of treatment you can be offered will depend on a few factors. Your gestation (how many weeks pregnant you are), past medical history, gynaecological history, any medication you are taking and personal choice will determine which method is best for you.

We advise you to speak with us anytime on 0345 300 8090 (open 24 hours) to talk through all of your options.

There are two types of treatment for abortion care: **medical abortion (abortion tablets)** or **surgical abortion**.

Medical abortion overview

Medical abortion (abortion tablets) involves taking two sets of tablets to end a pregnancy. There are two different medicines used.

The first is called mifepristone. It stops the pregnancy from growing by blocking the hormone progesterone, and causes separation of the pregnancy from the wall of the womb.

The second medication is called misoprostol. It causes the softening and opening of the cervix (neck of the womb) and contractions of the womb so that the pregnancy passes through the vagina. You will experience cramping and bleeding. The second tablets can either be taken in the centre, or given to you to take at home. We will talk you through the available options at your appointment.

At MSI Reproductive Choices UK, medical abortion is available up to 9 weeks and 6 days of pregnancy.

Medical abortion is explained in a little more detail on page 16.

Surgical abortion overview

Surgical abortion involves the pregnancy being removed through your vagina by an experienced doctor, using a suction method. This is called vacuum aspiration.

Before a surgical abortion, you will first need to take some tablets to prepare the neck of the womb (cervix) prior to the procedure.

Your gestation (how many weeks pregnant you are) and your medical history will determine the surgical abortion procedure offered to you.

At MSI Reproductive Choices UK, surgical abortion is available up to 23 weeks and 6 days of pregnancy.

Surgical abortion is explained in a little more detail on page 25.

Medical abortion (up to 9 weeks and 6 days of pregnancy)

MSI offers medical abortion treatment up to 9 weeks and 6 days of pregnancy.

First medication – mifepristone

The mifepristone tablet is swallowed with water.

Most people are able to continue their daily routine as normal after taking mifepristone, although you may experience some bleeding and pain similar to starting your period. Do what you feel is comfortable. If you are in discomfort you can take paracetamol and ibuprofen. Some people should avoid using ibuprofen, and others should use it with caution. **Please do not take aspirin as it can increase bleeding.** If you have any questions about using pain medication please talk to one of our nurses.

You may feel sick and occasionally some people vomit. We will give you anti-sickness tablets alongside your medical abortion tablets. If you are sick within 1 hour of taking the first tablet, you will need to take another mifepristone tablet for it to be effective. Please let us know as soon as possible if you have been sick within 1 hour after taking the tablet. We have nurses available to speak to you over the phone 24 hours a day.

It is unlikely that the abortion will begin after taking mifepristone only, but if you start bleeding heavily after mifepristone, please let us know. It is important to take both parts of treatment so that the process is complete.

Once the first tablet has been taken, if you change your mind and decide to continue with the pregnancy we cannot guarantee a healthy pregnancy. We would advise you to see your GP as soon as possible.

Second medication – misoprostol

There are three different ways to take misoprostol; this depends on the amount of time between taking the mifepristone and misoprostol medication.

At the centre - Misoprostol taken at the same time as mifepristone: You will be asked to insert 4 misoprostol tablets into your vagina. Instructions for how to insert the tablets are on page 19.

You will also be given some pain medication and an anti-sickness tablet. All of these can be swallowed with water.

If the tablets come out before you start to bleed, you can reinsert them using the method described on page 19 or call our aftercare line for instructions on what to do.

The tablets might come out of the vagina when you start to bleed. If the tablets come out at this point, don't worry. In most cases, enough of the medication will have been absorbed.

At the centre - Misoprostol taken 24 - 48 hours after mifepristone: When you return to the centre you will be given 4 misoprostol tablets.

There are two ways to use the misoprostol tablets. The first way is dissolving the tablets in your mouth between your cheek and gums. The second way is inserting the tablets into your vagina. Instructions for how to use the tablets are on page 19.

You will be given 2 additional misoprostol tablets to take home with you in case you do not start to bleed 3 hours after taking the initial misoprostol tablets

At home - Misoprostol taken 24 – 48 hours after taking mifepristone: You will be given 6 misoprostol tablets to take home with you and be offered codeine for pain-relief. Take 4 misoprostol tablets initially, as explained below. Then take the remaining 2 misoprostol tablets if you have little or no bleeding after 3 hours.

You can choose how you would like to use the misoprostol tablets at home. You can either dissolve the tablets in your mouth between your cheek and gums or insert the tablets into your vagina. Instructions for how to use the tablets are on page 19.

The misoprostol tablets should be taken between 24 - 48 hours after taking mifepristone. Don't worry if you take them a few hours before or after this window, the tablets are still likely to work. If more than 72 hours pass and you have not taken the misoprostol tablets, please ring our aftercare line as you may need to repeat the treatment.

Please make sure that you have some pain relief medication (paracetamol and/or ibuprofen) at home before using the misoprostol. We recommend taking some pain relief tablets 10 minutes before taking the misoprostol tablets.

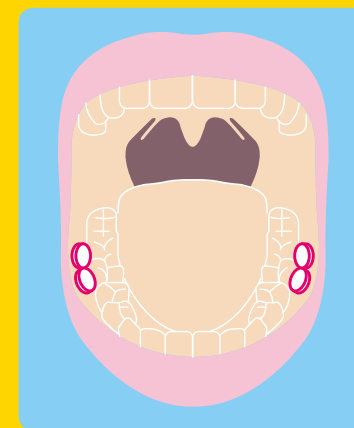
Some people should avoid using ibuprofen. Other people should use it with caution, if you are unsure about this, please speak to us. **Please do not take aspirin as it can increase bleeding.**

If you have any questions about using the misoprostol or pain relief medication, please call our aftercare line.

How to use the misoprostol tablets

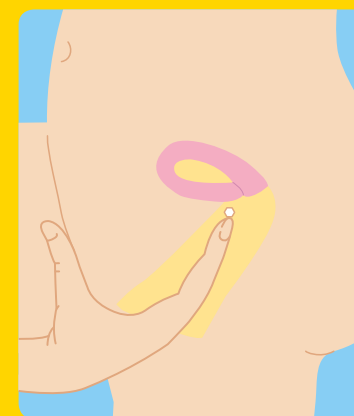
Dissolving the tablets in your mouth:

1. Put 2 misoprostol tablets in your mouth on both sides between your cheek and gums.
2. Keep them in your mouth for 30 minutes for them to dissolve.
3. After 30 minutes, you can swallow any undissolved tablets with water. The tablets may leave an unpleasant taste in your mouth.



Dissolving the tablets in your vagina:

1. Empty your bladder.
2. Wash your hands.
3. Using your finger, push the misoprostol tablets up into the vagina one at a time. Insert them as far as you can.
4. Sit or lie down for up to 10 minutes after you have inserted all of the misoprostol tablets.



You may have fewer side effects by inserting the tablets into your vagina instead of dissolving them in your mouth.

Physical effects

Medical abortion has been compared to the physical experience of an early miscarriage. Strong cramping and heavy bleeding are to be expected and vary for each person.

The abortion will usually begin within 2 - 5 hours, but there is a chance that it could start sooner. The abortion is usually fully completed within 1 - 2 days. Very occasionally, it can take up to 2 weeks to fully pass the pregnancy tissue. If you have not started to bleed within 48 hours of taking misoprostol, please call our aftercare nurses.

You may experience strong cramping which can last a few hours. We will advise you at your appointment on when to take further pain relief.

You may experience heavy bleeding for a few hours. During this time it would be expected for you to pass the pregnancy tissue and blood clots that may range in size from small (the size of a pound coin) to quite large (the size of a lemon) – this is a normal part of the abortion process.

Every person is different, and will experience different levels of pain and bleeding through the abortion process. Cramping and bleeding experienced are usually stronger and heavier than a period. If you usually experience heavy periods and strong period cramps, the abortion may feel just a bit heavier than usual. Many of our patients find it easier to have a private toilet nearby; often the pregnancy is passed in the toilet between 4 - 5 hours after taking misoprostol.

Once the pregnancy has been passed, your bleeding will usually lessen and become like a heavy period. It may continue to be quite heavy for a day or two as the womb needs to return to its normal size.

You may find it easier to use sanitary pads but you can **use any sanitary products you prefer**. It is normal to have some bleeding or spotting for up to 4 weeks after your medical abortion. This bleeding may be unpredictable, irregular or prolonged. If you ever feel worried, you can call our aftercare nurses any time.

Side effects

Side effects may include:

- Nausea or vomiting
- Headaches
- Diarrhoea
- Fever/chills, temporary flushes, or sweats

Any side effects may begin fairly soon after taking the medication, so please plan your journey home in advance, especially if you are travelling long distances. We strongly recommend that you do not use public transport, and have someone travelling with you.

Pain relief

- You'll be given advice on taking pain relief tablets such as paracetamol, codiene or ibuprofen. These types of pain relief will not interfere with the abortion medication.
- **Please do not take aspirin as it can increase bleeding.**
- You can apply a heat pad or (warm) hot water bottle wrapped in a towel or blanket to your lower abdomen if this makes you more comfortable.
- Comfy, loose clothes and being comfortable and relaxed at home can also lessen pain.

Recovery time

Recovery time after an abortion will be different for everyone, and may depend on how many weeks pregnant you are when you have the abortion.

Most people will recover quickly, but if you are in work or education we recommend you take time off until after the abortion is complete as you may have cramping and heavy bleeding. For most people this is within 1 - 2 days after taking the second set of tablets, but for some people this can take up to 2 weeks.

Possible complications and risks

Medical abortion is a very safe option to end an early pregnancy. However, as with any medical treatment, there are some possible complications or risks.

Incomplete abortion – uncommon (3 in 100 people). This means that the pregnancy is no longer developing, but some of the tissue is left in the womb. This can cause pain and bleeding, and may lead to infection. If this happens, further treatment will usually be recommended. The treatment offered may be medical (such as taking misoprostol tablets and antibiotics) or a minor surgical procedure to remove the pregnancy tissue from the womb.

If medical abortion tablets are taken at the same time, the risk increases slightly to 5 in 100 people.

Treatment failure (continuing pregnancy) – uncommon (1 in 100 people). This means that the pregnancy continues to develop, even after taking both sets of tablets. If this happens, further treatment will be discussed. Depending on how many weeks pregnant you are the options would include repeating the medical abortion or offering a surgical abortion. Sometimes we may need to make a referral to another NHS service.

If the medical abortion tablets are taken at the same time, the risk increases slightly to 2 in 100 people.

We recommend doing a pregnancy test 3 weeks after treatment (any earlier test will not be reliable).

Infection – uncommon (less than 1 in 100 people). The risk of infection can be reduced by following our aftercare advice. If an infection is not treated it can lead to further serious problems.

If you have symptoms of pelvic inflammatory disease (PID), such as unusual vaginal discharge, fever lasting more than 24 hours, or pain and discomfort in the lower abdomen you must seek urgent medical attention. See your GP or visit your local A&E department.

Haemorrhage (heavy bleeding) – very rare for a medical abortion (less than 1 in 1000 people). If you experience bleeding that is soaking through more than 2 sanitary pads an hour (where the pads are suitable for a heavy flow) you should seek urgent medical advice.

Serious complications have warning signs. If you experience any of the symptoms below call us straight away:

- Very heavy bleeding that soaks through more than 2 sanitary pads (suitable for a heavy flow) an hour.
- Abdominal pain or discomfort that is not helped by pain relief medication, or by a heat pad.
- Vaginal discharge that smells unpleasant.
- Fever lasting more than 24 hours.

Sepsis can be caused by an infection in any part of the body. Sepsis after an abortion is rare, but very serious. Symptoms of sepsis can be like having the flu at first.

If you develop any of the signs below it is important to seek urgent medical advice:

- Feeling dizzy or faint
- Slurred speech
- Severe muscle pain
- Severe breathlessness
- Cold, clammy and pale or blotchy skin
- Confusion
- Extreme shivering
- Being unable to urinate
- Loss of consciousness

Please keep in mind...

Not everyone will be suitable for medical abortion treatment. However, they may still be suitable for a surgical abortion. During your consultation we will discuss your medical history to make sure the option is safe for you.

If you have any questions about treatment suitability, you can call us any time.

Surgical abortion (up to 23 weeks and 6 days of pregnancy)

A surgical abortion involves the pregnancy being removed through the vagina by an experienced doctor. The doctor will use a suction method called vacuum aspiration or a method called dilatation and evacuation (D&E).

Surgical abortion procedures differ at different gestations (how many weeks pregnant you are). These differences are described below.

Before the procedure, the neck of your womb will need to be prepared. This may take a 1-4h or overnight depending on how many weeks pregnant you are. The procedure is offered with different levels of anaesthesia - your choice will be discussed during your consultation. For more on your options please read the anaesthetic section of this booklet on page 31.

Any instruments used may be plastic or metal with rounded edges. No cutting or electric machinery is involved in any of the procedures. You may be given antibiotics to decrease the risk of infection.

Before 15 weeks of pregnancy: After 1-2h of cervix preparation, the pregnancy is removed from the womb by vacuum aspiration (this involves a suction method) through the cervix (neck of womb) and vagina. This is done under sedation or general anaesthetic. If you are under 12 weeks pregnant, it may be possible to have a local anaesthetic. This can be discussed during your appointment to see if it is possible.

This is a very quick and simple 5-10 minute procedure.

15-18 weeks and 6 days of pregnancy: After 2-4 hours of cervix preparation, slender specialised instruments are used to remove the pregnancy. This procedure is called dilatation and evacuation (D&E). This procedure is done under general anaesthetic.

The procedure takes 10-15 minutes, but you will be in the centre for half a day.

19 - 23 and 6 days: At this gestation range, the treatment is performed in two separate stages over 2 days. On day 1, your cervix will be prepared by inserting narrow expanders that gradually expand overnight. This is a simple and quick procedure that takes 5-10 minutes and you will be awake. If you are over 22 weeks, you will be offered an additional procedure to stop the fetal heartbeat. This will be explained during your appointment.

On day 2, you will return to the centre for the surgical procedure under general anaesthetic. The pregnancy is removed through the cervix and vagina using slender specialised instruments and suction. This procedure is called dilatation and evacuation (D&E).

The procedure takes about 10-20 minutes.

Pain relief

- Following a surgical abortion, cramps can be constant or can come and go. It's not unusual to continue to get cramping on and off in the first 2 weeks after treatment.
- You'll be given advice on pain relief tablets such as paracetamol, ibuprofen, or codeine.

- **Please do not take aspirin as it can increase bleeding.**
- You can apply a heat pad or (warm) hot water bottle wrapped in a towel or blanket to your lower abdomen if this makes you more comfortable.
- If you have any worries about any pain you experience following your abortion, you can call our aftercare line any time to speak to a nurse.

Side effects

Side effects are common, but short-lasting. Any side effects that you experience will depend on your procedure and anaesthetic used.

Side effects from the surgical procedure may include:

- Bleeding - this can start immediately or up to 72 hours following the procedure. Bleeding can be heavier than a normal period, with small clots, but it is not a period. It can last up to 1 - 2 weeks.
- Pain - cramping pain is normal following the procedure as the womb returns to its normal size.

Side effects from cervical preparation medication may include:

- Nausea
- Diarrhoea
- Chills or light fever
- Cramping pain
- Bleeding

If you start to bleed after cervical preparation, please let one of our nurses know right away, so we can assess you.

In very rare cases, the medication used for cervical preparation can cause the pregnancy to be expelled. If at any point you start to experience very strong cramps, heavy bleeding, or an urge to push, please let one of our team members know right away.

Possible complications and risks

Surgical termination of pregnancy is a very safe procedure. However, as with any medical procedure, there are some possible complications or risks.

- **Infection – uncommon (less than 1 in 100 people).** The risk of infection can be reduced by following our aftercare advice. You may be given antibiotics during your appointment to reduce the risk of infection. If an infection is not treated it can lead to further serious problems.
If you have symptoms of pelvic inflammatory disease (PID), such as unusual vaginal discharge, fever, or pain and discomfort in the lower abdomen you must seek urgent medical attention. See your GP or visit your local A&E department.
- **Retained tissue (retained products of conception) – common (less than 5 in 100 people).** This is where some of the pregnancy tissue is not fully removed from the womb, or a blood clot forms in the womb after the abortion. Retained tissue, products, or clots will sometimes pass without treatment, or they may need further treatment (medication, or another surgical procedure similar to a surgical abortion).
- **Haemorrhage (heavy bleeding) – uncommon (1 – 4 in 1000 people).** This can happen during the procedure, immediately afterwards, or up to 10 days after you have returned home. It can be associated with having had previous pregnancies, previous C-sections, and increased age.
- **Perforation of the uterus (womb) – uncommon (less than 5 in 1000 people).** This is the risk of instruments piercing or tearing the womb, bladder, or bowel. The risk increases with higher gestation (the more weeks you have been pregnant for). If this does happen we will transfer you to a hospital.

- **Cervical damage – uncommon (1 in 100 people).** This can happen during the surgical procedure. If this happens the surgeon will decide whether to repair the damage or transfer you to a hospital.
- **Treatment failure (continuing pregnancy) - uncommon (1 in 100 people).** This means that the pregnancy is continuing to develop, even after the procedure. Further treatment, such as medical (misoprostol) or surgical treatment, will be discussed. Transfer to another service can also be made in the event of continuing pregnancy. We recommend doing a pregnancy test 3 weeks after treatment (any earlier test is not reliable).
- **Thrombosis (clots in the legs or lungs).** This is a risk of any surgery, and a risk of being pregnant. The risk increases with a higher gestation (the more weeks you have been pregnant for).

Serious complications have warning signs. If you experience any of the symptoms below call us straight away.

- Abdominal pain or discomfort that is not helped by pain relief medication, or by a heat pad.
- Vaginal discharge that smells unpleasant.
- Feeling hot and shivery with a high temperature of 38°C or above.
- Generally feeling unwell.
- Very heavy bleeding that soaks through more than 2 sanitary pads (suitable for a heavy flow) an hour.
- If you bleed heavily during or immediately following your treatment, we are often able to manage this at the centre, but may transfer you to a hospital.

Anaesthetic options

At MSI Reproductive Choices UK there are three anaesthetic options possible during the surgical abortion procedure. We can discuss which option would be recommended for you, given your gestation (how many weeks you have been pregnant) and medical history.

Local anaesthesia

This is suitable for patients under 12 weeks gestation, especially if you have given birth vaginally before. You can take ibuprofen and paracetamol before the procedure. Some people should avoid using ibuprofen, and others should use it with caution. **Please do not take aspirin as it can increase bleeding.** If you have any questions about using pain medication please talk to one of our nurses. Local anaesthesia option may not be available in every centre, please discuss your preferences during your consultation.

You may be in the treatment room for about ten minutes. The procedure may be uncomfortable but usually only lasts a short time. You will feel severe cramping pains which will pass when the procedure has finished. Our nurses will stay with you and keep you distracted. We will give you a heat pad and other pain relief afterwards.

The benefits of local anaesthesia include:

- Avoiding the risks associated with sedation or general anaesthesia
- Avoiding the need to fast before your appointment
- Quicker recovery time
- Being able to drive yourself home

Sepsis can be caused by an infection in any part of the body. Sepsis after an abortion is rare, but very serious. Symptoms of sepsis can be like having the flu at first.

If you develop any of the signs below it is important to seek urgent medical advice:

- Feeling dizzy or faint
- Slurred speech
- Severe muscle pain
- Severe breathlessness
- Cold, clammy and pale or blotchy skin
- Confusion
- Extreme shivering
- Being unable to urinate
- Loss of consciousness

Please keep in mind...

Not everyone will be suitable for surgical abortion treatment at an MSI Reproductive Choices UK Centre. However, it may be possible to refer you to an NHS hospital service if this is required. During your consultation we will discuss your medical history to make sure the option is safe for you.

Sedation anaesthesia or general anaesthesia

With both types of anaesthesia, you are not likely to remember the procedure. They both involve administering the same types of medications through a needle or cannula (small tube) in the vein, usually in the back of your hand. The amount of medication administered is unique to each person's needs. Our anaesthetist will be with you at all times during this procedure.

If you are having an anaesthetic, you will need to fast before your appointment. This means not eating or drinking for some hours in preparation. Please read pages 41 and 42 for details of when you must stop eating and what you are able to drink before your appointment.

Sedation anaesthesia (typically for under 14 weeks gestation).

You are given a smaller dose of medication, resulting in heavy drowsiness or unconsciousness for the short duration of the procedure, and a quicker recovery. You will retain control over your breathing and reflexes, but are not likely to remember the procedure.

General anaesthesia (typically for 14 - 23 weeks and 6 days gestation). You are given a larger dose of the medication, resulting in a deeper unconsciousness for a longer duration. It will take you slightly longer to recover. You may not retain control over your breathing and reflexes, so we may administer oxygen and help you breathe through a mask or a plastic tube in your throat. The anaesthetic risks and complications (on page 34) increase as the level of anaesthesia increases.

Side effects from the anaesthetic

- Drowsiness - you should not drive, sign important documents (such as contracts), or operate heavy machinery for 24 hours after having anaesthetic. Some car insurance specifies that you should not drive for 48 hours after a procedure with anaesthetic, so please check with your insurance provider.
- Nausea and vomiting - please let the doctor or nurse know if you are feeling nauseous, as we can give medication to help.
- Heightened emotions - for some patients, this means they may feel a range of emotions after treatment. A nurse will be on hand and this sensation normally passes after 10 - 20 minutes.
- Bruising – you may develop some bruising and pain where the cannula has been inserted into the vein. Bruising usually settles within a week.
- Pain – you may experience a cold sensation or pain in the vein during injection of the anaesthetic. This settles quickly and is not harmful. Sometimes you may feel soreness in the vein after the procedure, which settles over a few hours.

Possible complications and risks from anaesthetic

- **Adverse drug reaction** - reactions to anaesthetic medications are rare and can range from mild (rash) to severe (anaphylactic shock). The anaesthetist will assess and treat any adverse drug reactions.
- **Airway difficulty** - spasm of the airway or vomiting during the procedure are rare complications. The anaesthetist will monitor you during the procedure and will deal with any complications if they occur. However, if the anaesthetist is concerned that vomit may have entered the lungs you will be transferred to an NHS hospital service.
- **Prolonged recovery** - most patients feel fully awake, relatively comfortable, and nearly back to themselves within 30 - 60 minutes after waking up.

On rare occasions - due to dehydration, recreational drug use, or other co-existing health problems - it may take longer for you to feel back to normal. We will not discharge you from our care until we're confident that you've fully recovered, you can walk around independently, and your pain is well managed.

If you do not start to feel like yourself within a normal timeframe, or if you have persistent pain, this may be a sign that you need further care to recover and we may transfer you to a more advanced healthcare setting such as a hospital.

- **Difficulty or failure gaining intravenous (IV) access** - this is where the anaesthetist has difficulty inserting the needle/cannula into the vein. It can be affected by the size and depth of your veins or dehydration. This is rare, but if it happens, your treatment may need to be delayed until another day, or you may be referred to an NHS service.

Please keep in mind...

Having an anaesthetic will not be suitable for everyone. During your consultation we will discuss your medical history to make sure the option is safe for you.

Preparing for your appointment

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After you have considered your treatment options, you can begin to prepare for your appointment.

Arranging travel

It is important to arrange your return travel before you come to your appointment. Please consider the latest COVID-19 guidance before travelling.

Please do not use public transport after your abortion treatment. You must not drive yourself home if you have taken both sets of medical abortion tablets in the centre, or had a surgical abortion with sedation or general anaesthetic.

We strongly recommend that someone travels home with you after your treatment, and stays with you for 24 hours.

For patients travelling from overseas, we know you have travelled some way to get to your appointment. You will want to return home as soon as you can, but we strongly advise to stay overnight locally with friends or family if possible.

There is an increased risk of developing deep vein thrombosis (DVT – blood clots in the legs) from a period of sitting still (such as being on a long journey by car or plane) after surgery, and during pregnancy. This is why we advise against travelling a long way on the same day of treatment.

If you're not sure how to get to the centre for your appointment, or if you think you might be late please call us. Maps are available at www.MSIChoices.org.uk/find-clinic

Bringing a companion with you

We recommend that all patients bring one friend or family member with them, subject to there not being COVID-19 restrictions in place. If you are under 16 years old we strongly recommend that you bring an adult (someone over 18 years old) to accompany you. They may be able to stay with you in the waiting area, but not during your consultation, treatment, or recovery. Our nurses and healthcare assistants will be there to support you.

Our treatment consultations are usually one-to-one. However, we understand that some people feel more comfortable if there is an additional team member with them during their consultation to act as a chaperone. If you would like a chaperone to be with you during your consultation, please ask when you arrive.

What to wear

It is best to wear something loose and comfortable for your appointment. Bring a jumper in case you feel cold.

For surgical abortion, you may find it more comfortable to wear a baggy t-shirt as you will be asked to undress from the waist down. You will be given a wrap to cover you before entering the treatment room.

Jewellery and nail varnish

For surgical abortion we ask that you do not wear:

- nail varnish, gel nails, or Shellac on finger nails
- false (acrylic) nails
- tongue piercings

This is because they can interfere with some anaesthetic equipment.

Essential things to bring

- Any medication that you are currently taking (including inhalers).
- Any information you have from your doctor about any medical conditions.
- Your referral letter from your doctor or family planning clinic if you have one.
- Any notes you may have been given from a previous consultation.
- An extra pair of comfortable underwear.
- Sanitary pads suitable for a heavy flow (not tampons or menstrual cup).
- Your glasses and contact lens kit if you use contact lenses. You may be asked to remove your contacts before a surgical abortion procedure.
- Your payment method if you are having private (non-NHS) treatment.

Drug use

Please do not use recreational drugs for 24 hours before your appointment. If you have taken recreational drugs, please tell us, as this could affect your treatment. This will be treated confidentially.

Bathing

For your comfort, we recommend that you have a shower or bath before leaving home on the day of your appointment. You can have a shower or bath after your abortion but avoid douching.

As you may be feeling light-headed, for your safety please do not have a shower without someone nearby.

Eating and drinking

There are fasting guidelines for each abortion treatment that are very important to follow. This is for your safety. Your appointment may have to be moved to another day if you don't follow the guidelines.

For medical abortion:

24 hours before appointment	Do not drink alcohol
48 hours after treatment	Do not drink alcohol until 48 hours after treatment

For a surgical abortion without anaesthetic:

24 hours before appointment	Do not drink alcohol
48 hours after treatment	Do not drink alcohol until 48 hours after treatment

For a surgical abortion with anaesthetic:

For your safety it is very important that your stomach is empty before you have a procedure under general anaesthetic or sedation. Fasting can be uncomfortable, and it is important to stay hydrated while fasting.

24 hours before appointment	Do not drink alcohol or take recreational drugs
6 hours before treatment	Stop eating
2 hours before treatment	Stop drinking
48 hours after treatment	Do not drink alcohol until 48 hours after treatment

Eating before surgical abortion with anaesthetic:

If you are having a morning procedure that means no food after 2am the night before.

If your procedure is in the afternoon you can have a light breakfast (such as tea and toast) 6 hours before your procedure.

Please avoid heavy meals as they may not have passed through your stomach in time for your appointment.

You may chew gum and suck boiled sweets (including mints) up to when you get called through for your procedure.

Drinking before surgical abortion with anaesthetic:

It's important to stay hydrated, so you should drink clear fluid up to 2 hours before your procedure.

Please stop drinking 2 hours before your procedure.

There is a table below on what is classed as clear fluid.

Drinking clear fluids:

Allowed	Not allowed
Any clear drink that you can read newspaper through	Milk
Water	Milk-based coffee/tea drinks (latte, cappuccino, chai latte etc.)
Clear juice such as apple or cranberry juice	Alcohol
Tea and coffee without milk	Chocolate drinks
Carbonated / fizzy drinks	Juices with “bits” in such as orange juice
Clear sports drinks	

If you are not sure if your drink classes as a clear fluid, drink water.

If you have any questions on the fasting guidelines, please call us.

You can eat and drink as normal after your treatment.

At the back of this booklet you will find a useful chart to help you note when you need to stop eating and drinking.

Arranging childcare

Unfortunately, you won't be able bring any children into the centre with you. This is to be as sensitive as possible to others who may be in the waiting areas. Because of this policy we do not have facilities for children in our centres. Please arrange child care, as your appointment will take a number of hours.

If you are breastfeeding

Small traces of the medication from a medical or surgical abortion could pass into the breast milk.

If you have a surgical abortion with an anaesthetic, in most cases it is fine to breastfeed after you have recovered.

If you have a medical abortion, after taking the 2nd set of tablets (misoprostol) we recommend that you wait for 5 hours before breastfeeding.

Please let us know if you are breastfeeding and would like further support and advice.

Possible protestors

Occasionally there may be people outside our centres who do not believe in a woman's right to choice. Please do not be worried. They may try to hand you leaflets which contain unpleasant, distressing, and nonfactual content.

Unfortunately, we cannot stop them from doing this. But please remember that these people have no right to interfere with your choice. You do not have to explain yourself to them, and can walk past them without speaking if you want to.

If you feel uneasy and do not want to walk past them without support, please call us. We can arrange for a team member to come out from the centre to walk with you.

At your appointment

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Our centres

We want you to be as comfortable and relaxed as possible during your visit, so our centres do not look like hospitals. Our smaller centres are often hosted inside local health centres or GP surgeries.

The amount of time you will need to stay in the centre will depend on your treatment choice and gestation (how many weeks you have been pregnant).

Infection prevention

Our centres follow strict healthcare hygiene rules to prevent infection. This includes cleanliness and hand hygiene.

You can help us by carefully disposing of litter; we have facilities for the safe disposal of hygiene products.

We also encourage all patients and their companions to clean their hands when they arrive at the centre. Alcohol gel hand sanitiser is available. We also have facilities for you to wash your hands with soap and water. It is important to wash your hands at the centre if they are visibly dirty. This helps to prevent the spread of infection.

If you have any concerns about cleanliness or hand hygiene, please let any of our team members know. You are welcome to politely ask any of our team if they have cleaned their hands.

On arrival

If your appointment is in one of our larger centres, our receptionist will greet you and check your notes when you arrive to make sure all details are complete.

If you are attending one of our smaller clinics, you will often be signposted to a waiting area. Our MSI Reproductive Choices nurse will come and meet you and check your details with you.

If you are a private patient (not NHS) you will be asked to pay your fee for the consultation with medical assessment when you arrive. You will be asked to pay the remaining fees before treatment. Please understand that we cannot proceed with treatment without payment.

Waiting room

Our waiting areas vary in size in each of our centres and clinics. We ask that you bring one companion only. To respect the privacy and comfort of all patients, companions will not be allowed into consultation, treatment or recovery areas with you. Our teams will always be there to support you, if you need anything please ask. If space is limited, your companion may be asked to leave the waiting area when you are having treatment and return for you later.

We encourage everyone to respect the privacy of other patients in the waiting areas, and ask that you do not take any photographs or videos while in the waiting rooms.

Ensuring all our patients' safety is our top priority, and as a result sometimes there are delays. We thank you for your patience and understanding if you are asked to wait a little longer than expected.

Consultation

When you book your appointment with us, you will be given the option of having a consultation over the phone, or face-to-face. During this appointment we will talk you through your abortion care options.

We will ask you about your medical history to make sure that it is safe for you to have treatment. It's extremely important to give accurate information about any drugs or medication you are taking.

In order to fulfil legal requirements, we will ask what your reasons are for wanting an abortion. If at any time you find yourself uncertain about your decision we can arrange an appointment for you with one of our counsellors. Continuing with treatment is your decision only, and we will support you whatever you decide.

Any information that you share is held securely and confidentially. To find out more about how we handle, share, hold, and use your information please pick up our **Privacy Notice leaflet** in any of our centres or clinics or follow the link below.

<https://www.msichoice.org.uk/privacy-notice/>

Your consultation is a good opportunity to discuss your future contraceptive needs. It's very important to know that you could become pregnant almost immediately after having an abortion. We can discuss the different contraceptive methods available and find which one suits you best at this time.

Medical assessment

You will have a medical assessment on the day of your abortion treatment. Your health is assessed on the day of your treatment to make sure you are well enough to go ahead. You will also be offered a number of tests.

Ultrasound scan

We may need to assess how many weeks pregnant you are using ultrasound scanning. Scans use sound waves to build a picture of the inside of the body. Scans are completely painless and are usually done on the abdomen. We will not show you the scan images on screen during this process, however if you feel that you would like to see the images you are welcome to ask.

If you have been pregnant for 6 weeks or less, we might not be able to see the pregnancy using this type of ultrasound. We may need to insert a small ultrasound probe into your vagina for a clearer image.

If we cannot see the pregnancy on these scans we cannot be sure that the pregnancy is developing inside the womb. This could be for a number of reasons, which we will talk you through based on your medical history and their probability. Possible reasons include:

- A normal pregnancy that is too small to see yet.
- A pregnancy that had started but is no longer growing (miscarriage).
- An ectopic pregnancy.

An ectopic pregnancy develops outside of the womb, usually in the fallopian tube. This can be a serious and possibly life threatening condition. If we have any suspicions of ectopic pregnancy, we will refer you to a hospital for further scanning.

If we believe you have a low risk of ectopic pregnancy, we may still offer you treatment.

However, please be aware of these signs and symptoms of ectopic pregnancy:

- Vaginal bleeding or a brown watery discharge
- Pain in the tip of your shoulder
- Abdominal pain low down on one side
- Discomfort when urinating or pooing

These symptoms are not necessarily a sign of a serious problem, but please give our nurses a call on our 24-hour aftercare line: **0345 122 1441**

If you have a combination of the following symptoms, seek medical advice immediately.

- A sharp, sudden, and intense pain in your abdomen
- Feeling very dizzy or fainting
- Feeling sick
- Looking very pale

Call 999 or go to your closest A&E department.

Blood pressure and pulse rate

Before a surgical abortion, we will check that your blood pressure and pulse rate are at a safe level. We understand that at times of stress or anxiety can affect blood pressure and pulse rate. If your pulse and blood pressure are high, we may suggest that you have a short walk or sit down to try to relax. When you feel more relaxed we can assess you again.

Blood tests

During your appointment, we may take a sample of blood from a finger prick. Using this sample we can test for the following conditions:

Rhesus negative: Everyone's blood is either rhesus positive (RhD positive) or rhesus negative (RhD negative). These red blood cell identities are inherited from your parents. If you are RhD negative you will be offered an injection of anti-D immunoglobulin. This will be explained to you in more detail at your appointment if you are RhD negative.

Anaemia: Depending on your gestation, we may test your blood for signs of anaemia (fewer red blood cells than normal). We may need to refer you to another NHS provider if you have anaemia.

Sexually transmitted infection (STI) testing

Sexual health tests may be offered as part of your NHS-funded treatment. We will talk you through these tests, how you will get your results, and answer any questions you may have. You may be offered tests for:

- Chlamydia
- Gonorrhoea
- HIV
- Syphilis

If we offer you these tests, we strongly advise that you have them as a precaution. Chlamydia, in particular, is the most common STI in the UK and often has no symptoms. More information on chlamydia and other STIs is available in our centre.

Consenting to your abortion

We will explain all of the known side effects, risks, and possible complications of your abortion treatment. If you have any questions, a nurse will be able to answer them for you, so please feel free to discuss anything. You will be asked to sign a consent form to say that you understand all potential risks and what the treatment will be like.

Detailed information on side effects, risks, and possible complications for medical abortion can be found on page 22.

Detailed information on side effects, risks and possible complications for surgical abortion and anesthetic can be found on pages 28 and 34.

We will not proceed with abortion treatment unless you are certain of your decision. We have counsellors that you can speak to on the telephone ahead of your appointment if you would like.

Treatment

Medical abortion – tablets taken at the same time

After your consultation, medical assessment, and consent, you will be given two sets of medical abortion tablets.

The first tablet (mifepristone) will be swallowed with water. We will give you the second set of tablets (misoprostol) for you to insert into your vagina to dissolve and absorb. This will be fully explained by a nurse. Instructions for how to insert misoprostol into your vagina are on page 19.

You will also be given:

- A painkiller if you've not taken any before your appointment
- An anti-sickness tablet
- We may give you some antibiotics. The nurse will assess your need for extra protection against infection.

Or

Medical abortion - first visit

After your consultation, medical assessment, and consent, we will give you the first tablet (mifepristone) to swallow with water. We will also give you:

- An anti-sickness tablet

You can then leave the centre.

Medical abortion - second visit (24 - 48 hrs later)

When you return for your second visit, we will give you:

- A painkiller if you've not taken any before your appointment
- Your second set of abortion tablets (misoprostol) to dissolve in your mouth or vagina.
- We may give you some antibiotics. The nurse will assess your need for extra protection against infection.

Or

Medical abortion at home

After your consultation, medical assessment, and consent, we will give you two sets of medical abortion tablets.

We will give you tablets to swallow with water at the centre:

- Your first abortion tablet (mifepristone)
- An anti-sickness tablet

We will then give you some tablets to take home:

- Your second set of abortion tablets (misoprostol)
- We may give you some antibiotics. The nurse will assess your need for extra protection against infection.

You will wait until 24 - 48 hours after taking the first tablet, and then you can use the second set of tablets at home.

You will either place the misoprostol tablets in your mouth between your cheek and gums to dissolve, or insert them into your vagina to dissolve. This will be fully explained by a nurse during your appointment. Instructions for how to use misoprostol are on pages 18 and 19.

We may offer you codeine for pain relief but please make sure you have some paracetamol or ibuprofen at home. See pages 21 for more information on taking pain relief at home.

The abortion may take place within 2 - 5 hours after taking the second set of tablets and is usually completed within 1 - 2 days. More detail on what to expect from a medical abortion is on page 20.

You will be given an aftercare booklet to take away with you. It's important that you read this.

Pregnancy test after your medical abortion

We will give you a pregnancy test to take home with you to confirm that the pregnancy has passed. We ask that you wait for 3 weeks after your abortion before taking the pregnancy test. This is because some pregnancy hormones can be present for up to 3 weeks following abortion, which can give a positive test result even though you are no longer pregnant.

If the pregnancy test is positive, please call our aftercare line. Our advisors can help you to book an appointment for another ultrasound, and further treatment if needed.

Surgical abortion

Before treatment

After your consultation, medical assessment, and consent, our doctors will review your medical notes. Once everything is ready for you, you will be shown through to the pre-treatment waiting area.

You will be shown to a private changing room where you can undress from the waist down. We will give you with a wrap to put around your waist.

Treatment room

You will be shown to the treatment room. At MSI Reproductive Choices UK Centres, the treatment areas for surgical abortion look a little like a surgical theatre. This may make you feel nervous, but please know we are there to keep you safe and answer any questions. The doctors will introduce themselves, and the nurses will be by your side the whole time.

You will be helped onto the bed, and we will help you to put your feet into stirrups to keep your legs in place. If you are not having anaesthetic, the procedure will begin. The nurses will talk to you throughout and help you to stay as relaxed as possible.

More on what to expect from a surgical abortion is on page 25 and 26.

If you are having anaesthetic

The anaesthetist will introduce themselves, and will insert a small needle or cannula (small tube) into your vein. This is usually on the back of your hand. The anaesthetists will be with you at all times during the procedure. More detail on anaesthetic options are on page 31.

Recovery room

After the procedure you will relax in our recovery room while our nurses check on your recovery. The amount of time you will need to spend in recovery will depend on your anaesthetic choice. You will be given some light refreshments. The nurse will talk you through aftercare information and may give you some antibiotic tablets to prevent infection.

Once you have recovered the nurse will follow discharge procedure and you will be able to go home. This will include checking that your blood pressure and pulse are within a normal range, and that you have passed urine. You will also be given an **aftercare booklet** to take away with you. It is important that you read this.

Contraception for the future



It is very important to know that it is possible to get pregnant almost immediately following an abortion. If you do not want to become pregnant, we recommend that you have contraception ready for after your treatment.

Contraception that suits your body and lifestyle

Contraception can never be 100% effective. Often people access abortion care for that very reason. If your contraception has failed in the past, we may be able to suggest a contraception method that is more effective, or more suited to you. You can talk to us about your contraception choice either on the phone, or at a face-to-face consultation during your appointment.

Choosing a contraceptive method that suits you and your lifestyle can be difficult. You may wish to use our digital Contraception Counsellor "Choice" to help you consider your options before you have your abortion. You can compare and view information on specific contraceptive methods or even fill out a questionnaire about your lifestyle, preferences, needs and medical history, and the site will provide a list of the most appropriate contraception options for you

Scan the QR code below or follow the link.

<https://bit.ly/DigitalContraceptionCounsellor>



Types of contraception

Contraception methods can be short-acting (need to be taken every day or week, or used every time you have sex), long-acting (lasts for months or years but is reversible), or permanent. They all have different advantages and disadvantages, and not every method will suit everybody. They also each have different levels of effectiveness. The methods we can offer are explained in this section. We can talk you through any of these methods if you would like to explore them further, and can give you more information.

Many methods of contraception can be started on the same day following your abortion. This means you can leave your appointment knowing that you are protected right away. If you are not sure of which method you would like to use long term, we can provide you with a short term method. You can then make an appointment with your GP or local family planning clinic when you are ready for further contraceptive services. We also run post-abortion contraception appointments at some of our clinics.

When we look at how effective a type of contraception is, we describe it in two ways, perfect use and typical use. Perfect use of a contraception method is when it is used correctly all the time. Typical use is what happens in real life and takes into account human error. This could be forgetting to take the pill, for example.

Long-acting reversible contraception (LARC) includes:

Contraceptive implant

The implant is a small plastic tube, about 4cm long. It is inserted under the skin in your upper arm. The implant releases a hormone which stops the ovaries from releasing an egg. It works for up to 3 years and is over 99% effective. It can be removed earlier than 3 years.

Intrauterine system (IUS) – also known as the coil or hormonal coil

An IUS is a small T-shaped plastic device inserted into your womb. The IUS releases progestogen and works for 5 - 6 years. The IUS is over 99% effective. It can be removed earlier if this method does not suit you or you wish to get pregnant.

Intrauterine device (IUD) – also known as the copper coil

An intrauterine device (IUD), or copper coil, is a small copper and plastic T-shaped device that is inserted into the uterus. It releases copper, which stops the sperm and eggs surviving in the womb. The copper coil can remain in place for 5 - 10 years and is over 99% effective. It can be removed earlier than 5 - 10 years.

Contraceptive injection

The contraceptive injection contains the hormone progestogen, which is released into your blood. The contraceptive injection that we provide lasts for 13 weeks at a time. The injection is 99% effective with perfect use. This is a good method of contraception if you are unsure which longer acting method of LARC you would like to choose. You can visit your GP for a repeat injection at 13 weeks or we offer a new type of injection that can be self-administered and posted to you.

Short-acting contraception includes:

Combined pill

The combined pill is a hormonal contraceptive which is 99% effective with perfect use, and 91% effective with typical use. The pill needs to be taken daily.

Progestogen-only pill (POP or “mini pill”)

The progestogen-only pill is a hormonal contraceptive that works by either preventing sperm entering the womb or preventing an egg from being released. It is 99% effective with perfect use, and 91% effective with typical use. The pill needs to be taken daily.

Contraceptive patch

The contraceptive patch sticks onto your skin and releases oestrogen and progestogen to prevent pregnancy. A new patch needs to be applied weekly. If used correctly, the patch is over 99% effective, but this can drop to 91% with typical use.

Vaginal Ring

The vaginal ring is a small soft ring that you insert into your vaginal. It contains two hormones, progestogen and oestrogen. The ring is kept in the vagina continuously day and night for three weeks. With typical use, the vaginal ring is 91% effective.

Condoms

Condoms are a barrier method for stopping semen from entering a womb during sex. You can get both male condoms that are worn on a penis, and female condoms that are worn inside the vagina. Condoms are 98% effective with perfect use, and 82% effective with typical use.

Permanent contraception includes:

Vasectomy

Vasectomy is a permanent contraception for men. It is one of the most effective contraceptives. In a quick 15 minute procedure the sperm-carrying tubes (vas deferens) are sealed to prevent sperm entering the fluid which a man ejaculates.

For further information please call us on **0345 300 0212** or visit our website

www.mschoices.org.uk/other-services/vasectomy/

Please keep in mind...

Condoms are the only contraceptive method that will help protect you from sexually transmitted infections (STIs) including HIV and syphilis.

Confidentiality, privacy, and feedback



We are committed to protecting your privacy. If you want to call us for advice you do not have to tell us who you are. We will not call you back unless you want us to.

All contact and treatment information is confidential. The decision you make about your abortion care will just be between you and our teams.

Keeping you safe

If you give us information over the phone or online, which suggests that you are at serious risk of immediate harm, we would ask to put you in touch with services that can help. There are some things that we think are too important to keep between just you and us, and we will talk to you about whether other people need to know what is happening.

For example, if:

- You have told us that someone is hurting you.
- A person who is hurting you might be hurting other people too.
- We think your life or someone else's life is in danger.

In some instances where a child or vulnerable adult may be at risk from harm, we have a duty of care to protect them by sharing information with appropriate agencies. In most circumstances the child or vulnerable adult's parent or guardian will be told beforehand, unless this puts them at further risk.

If you want someone else to know about what is happening to you, you can talk to one of our counsellors or any other MSI Reproductive Choices UK team member about what you would like to happen next.

Keeping us safe

To be able to support everyone who comes into our centres and clinics, we need to be able to work in an environment free from harassment, violence, and abuse.

If we feel that anyone is behaving inappropriately to our team, or patients, we may ask them to leave and may refuse treatment.

All incidents are recorded. The police will be called if the incident is serious.

Data protection

We are committed to protecting your privacy. We are legally responsible for making sure that all personal, sensitive, and confidential information we hold and use is done so lawfully. This covers information we collect directly from you, or information we may receive from other individuals or organisations.

Calls to our advice line may be recorded for training purposes, and calls are played back in instances of a complaint.

To find out more about how we handle, share, hold, and use your information, and for information on how to request copies of your medical records, please pick up our **Privacy Notice** leaflet in any of our centres or clinics.

If you have a complaint about how we hold or use your personal data, you can write to us in an email to: information.governance@MSIChoices.org.uk

The quality of our care

We want to have the very best people looking after you. We make sure that everyone involved in your care is highly trained and experienced.

We are committed to the training and development of our teams. We also continuously make improvements to our centre environments and make sure we have up-to-date equipment.

We have a system of clinical checks to make sure that our medical teams are keeping set standards.

All of our locations are registered with the Care Quality Commission (CQC) and they regularly inspect our centres and clinics. The report from each inspection is a matter of public record and is available on their website www.cqc.org.uk or at the centre if you would like to request it.

Feedback

Your opinion and suggestions are extremely important to us. During your appointment, you will be given a questionnaire to comment on the care you have received. We will make sure your comments are directed to the appropriate team, and reviewed as part of our commitment to continually improving our services. We monitor and audit all responses, and produce an annual report. All feedback will be anonymous.

You will be invited to complete the questionnaire online via the link below or using the QR code.

<https://bit.ly/TellUsYourExperience>



How to send us your comments or compliments

Email us: services@MSIChoices.org.uk

Call us: 0345 300 80 90

Or hand in your questionnaire

You can also leave a review of our services on

NHS Choices: www.nhs.uk

Complaints

If you would like to make a complaint about any aspect of the service or care you have received, there are a number of ways to do so:

1. Patient questionnaire: You will be invited to complete the questionnaire online via the link below. A printed copy of the questionnaire can also be provided in centre.

<https://bit.ly/TellUsYourExperience>

2. Call us: Please call **0345 300 80 90** and let us know that you wish to make a complaint.

Your call will be transferred to the treatment centre within working hours to speak with the Manager or a Supervisor. A record will be made of your complaint and the Manager or Supervisor will investigate with the team members concerned.

Depending on the nature of the complaint you may be asked to put this in writing, for ease of investigation. If your complaint cannot be resolved at the time of the initial telephone call you will be contacted either by telephone, or in writing, once the investigation has been completed.

3. Write to us: Your complaint will be handled by the Head of Customer and Quality Services, who will begin an investigation with the relevant Operations Manager or Clinical Service Matron. A written response will be sent to you. We aim to respond within 20 working days.

Please address your letter to:

Head of Quality and Customer Services

MSI Reproductive Choices UK

1 Conway Street

Fitzroy Square

London, W1T 6LP

Alternatively, you can send an email to:

quality.customerservice@MSIChoices.org.uk

If you are not satisfied with the response you receive, you can appeal within 20 working days of the final written response sent to you. All case notes will be reviewed and we will send you a response.

4. Contact your local Clinical Commissioning Group (CCG) or NHS England:

If your complaint is not resolved to your satisfaction, self-funded patients can contact ISCAS, the Independent Sector Complaints Adjudication Service. Patients referred by the NHS may follow the NHS complaints process at www.nhs.uk or contact the Health Service Ombudsman.

We hope that this booklet has answered all of your questions about your abortion care options, and what to expect. If you have any other questions, you can call us any time, day or night.

Appointment and treatment notes

Please note down all important information about your appointment.

Type	Date	Time	Location

Please let us know as soon as possible if you are not able to come to your appointment by calling 0345 300 8090.

Pain relief given at appointment

Type	Date	Time	Notes

Anti-D for rhesus negative blood type

If you have been given an Anti-D injection, please make a note here:

Date	Time	Notes

If you have any questions call us any time on 0345 300 8090.

Fasting for your medical abortion appointment

- Do not drink alcohol for 24 hours before the first tablet and until 48 hours after the second set of tablets.
- Eat and drink as normal.
- Take routine medication as normal unless told otherwise.

Fasting for your surgical abortion without anaesthetic

- Do not drink alcohol for 24 hours before your appointment and until 48 hours after your appointment.
- Eat and drink as normal.
- Take routine medication as normal unless told otherwise.

Fasting for your surgical abortion with anaesthetic

Go to page 41 for more fasting guidance.

- Do not drink alcohol for 24 hours before, and 48 hours after treatment.
- Stop eating 6 hours before your procedure.
- Only drink clear fluids up to 2 hours before your procedure. Please stop drinking 2 hours before your procedure.
- Take routine medication as normal unless told otherwise.

Time of surgical abortion with anaesthetic:

I must stop eating at (6 hours before):

I must stop drinking at (2 hours before):

About MSI Reproductive Choices UK

MSI Reproductive Choices UK is a specialist independent provider of sexual and reproductive health services in the UK. We are part of the world-leading reproductive and sexual health charity MSI Reproductive Choices, based in almost 40 countries around the world.

In the UK, we have over 60 locations and strive to provide a local supportive service for women and men. Through our team of highly skilled doctors, nurses, counsellors and healthcare assistants we provide reproductive and sexual health services including abortion, vasectomy, and contraception fitting.

Contraception Counsellor



<https://bit.ly/DigitalContraceptionCounsellor>

Patient Feedback



<https://bit.ly/TellUsYourExperience>

Information & advice (24 hours): 0345 300 8090

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