Your guide to medical abortion

My Options

All the information and support you need in an unplanned pregnancy

www.myoptions.ie

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

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

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

About Abortion

What is abortion?

Abortion is the process of ending a pregnancy.

Abortion methods

Abortions can be done in 2 ways:

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

How much does it cost?

An abortion is free through the HSE if you normally live in the Republic of Ireland.

If you live in Northern Ireland, you can have an abortion in Ireland, but you will have to pay for it.

Can I have an abortion?

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

Where can I have an abortion?

Medical abortions up to 9 weeks of pregnancy take place with a doctor in the community.

Medical abortions between 9 and 12 weeks take place in a hospital.

Surgical abortions take place in a hospital.

If you require an abortion in a hospital, a doctor in the community will refer you. The doctor in the hospital will help you decide which method, medical or surgical is most appropriate for you.

How do I know how many weeks pregnant I am?

The length of your pregnancy is the number of days since the first day of your last period.

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

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

How long does an abortion take?

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

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

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

If consultation on	Abortion can happen on
Monday	Thursday
Tuesday	Friday
Wednesday	Saturday
Thursday	Sunday
Friday	Monday
Saturday	Tuesday
Sunday	Wednesday

Who can I bring with me?

You can go to all your abortion appointments on your own or bring a friend or family member. You will have the chance to talk to the doctor in private. This is so you can provide information in confidence. This also allows the doctor to confirm that the decision you are making is yours.

Will anyone be told about my abortion?

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

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

These include:

a) To ensure compliance with Irish law;

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

b) To access HSE funding;

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

If you have one of the cards named above, you should bring this to your appointment.

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

Where can I get support?

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

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

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

Deciding to have an abortion

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

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

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

Medical Abortion (up to 9 weeks)

Overview

	Medical abortion up to 9 weeks
How far along in the pregnancy can I be?	Up to 9 weeks since the first day of your last period.
Where does the procedure take place?	With a doctor in the community and in your home or place of choosing. The first medication is taken with the doctor and the second is taken at home 24-48 hours later.
How painful is it?	Strong cramping off and on throughout the abortion. Stronger cramps than a usual period.
How much will I bleed?	Heavy bleeding and clots to pass the pregnancy. You will require sanitary pads for a number of days.
How successful is it?	98 in every 100 medical abortions are successful. If it fails, a surgical abortion or further abortion medication may be necessary.
How much does it cost?	Free for persons who normally live in the Republic of Ireland.

How does it work?

Visit 1 (Community) – Consultation with a doctor

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

The reason for this consultation is to make sure that having an abortion is the right choice for you and that you understand the process. The doctor will also check and certify that your pregnancy will be under 12 weeks at the time of the abortion. This visit may take place over the phone or by video call.

During the consultation you will:

- Do a pregnancy test to confirm the pregnancy;
- Get information on abortion;
- Discuss the abortion methods available to you, including any possible risks;
- Have a blood test to determine what your blood group is, if required;
- Be certified by the doctor that your pregnancy will be under 12 weeks when you are able to have the abortion;
- Be given a timeline of at least 3 days' time to return for the second visit and start the abortion.

If consultation on	Abortion can happen on
Monday	Thursday
Tuesday	Friday
Wednesday	Saturday
Thursday	Sunday
Friday	Monday
Saturday	Tuesday
Sunday	Wednesday

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

- A referral for an ultrasound, if needed. This ultrasound should take place during your 3 day wait and should not delay your abortion.
- Contact information for *My Options*;
- Contraceptive advice and a prescription if needed;
- Information and advice on sexually transmitted infections (STIs).

You can change your mind at any point up to the start of the procedure. Once you start the abortion (by taking the first medication) it is important that you finish. This is because the first medication is irreversible. If you decide not to take the second medication, there is a risk of harm to the foetus if you continue the pregnancy.

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

If you are unsure of the date of your last period or the doctor is concerned about an ectopic pregnancy, or other complications, you may need an ultrasound scan to check how many weeks pregnant you are. This will help to decide what abortion method is best for you. The doctor will arrange this for you. You may also need an ultrasound if you were taking hormonal contraception such as the pill or if you took emergency contraception or if your periods are not regular.

Visit 2 (Community)

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

During this visit you will:

- Be confirmed by the doctor that your pregnancy is under 9 weeks (if you are over 9 weeks, you will be referred to the hospital);
- Confirm that you have read the information provided to you and that you understand the procedure as well as the associated risks and potential complications of any treatment that is offered to you;
- Talk to the doctor about any questions you have;
- Sign a consent form to say that you understand the procedure and any potential risks of your treatment – see section 'Giving your consent';
- Be provided with information on *My Options*;
- Take the first medication to start the abortion – see section 'About the first medication';
- Be provided with the second medication to take at home 24-48 hours later – see section 'At home or a place of your choosing';
- Be given a low sensitivity post abortion pregnancy test to take approximately 2 weeks later.

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

- Contraceptive advice and a prescription, if needed;
- A prescription for pain relief, if needed;
- Information and advice on sexually transmitted infections (STIs).

Giving your consent

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

This is to confirm that you:

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

About the first medication (mifepristone)

To start the abortion, you will take the first medication, called mifepristone, with the doctor. You will be able to go home afterwards and do your normal activities.

This medication comes in a tablet form and you will take it as advised by the doctor. If the dosage given to you is different to the leaflet that accompanies the medication, this is still in line with international best practice. You can talk to the doctor about this if you have any queries.

Mifepristone stops the hormone that allows the pregnancy to continue. The lining of the uterus breaks down and the pregnancy can't continue.

Most people do not have bleeding or pain after taking mifepristone. But if you think you passed the pregnancy before taking the second medication please call *My Options* on 1800 828 010.

After taking mifepristone, you may have nausea or feel like you need to vomit. If you vomit within 1 hour of taking this tablet, contact the doctor as soon as possible. You may need to take the tablet again.

Remember, mifepristone is irreversible. If you decide not to take the second medication, there is a risk of harm to the foetus if you continue the pregnancy.

About Anti-D:

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

If you are over 10 weeks of pregnancy and have a rhesus negative blood group, the doctor will give you information on anti-D and may refer you to hospital to get an anti-D injection.

If you are referred to the hospital for an anti-D injection, the doctor will arrange a time for you. It is up to you to ensure that you attend the hospital.

At home or place of your choosing (24-48 hours later)

24 to 48 hours later you take the second medication called misoprostol. You will take it at home or a place you feel more comfortable. You should plan when to take the misoprostol so that it fits with your daily schedule. You should make sure that you have support available, if you need it.

This medication comes in a tablet form and you will take it as advised by the doctor. You place the tablets between your gum and cheek and let them dissolve in your mouth.

Misoprostol makes the womb contract. When the womb contracts you will bleed heavily to pass the pregnancy through the vagina. Heavy bleeding usually starts 2 hours after taking the misoprostol. But it may start sooner.

Bleeding and cramping usually lasts at least a few hours. You will need to take pain relief medication at this stage.

You might also:

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

If you have any questions on the medication you can contact *My Options* on 1800 828 010 and speak to a nurse.

You may see large blood clots or tissue at the time of the abortion. The tissue will be larger and more recognisable at higher gestations. Under 8 weeks, you are only likely to see the sac within which the early pregnancy is developing.

You can decide how to dispose of the pregnancy remains. They can be flushed down the toilet, or wrapped in tissue and disposed of as you feel is most appropriate.

Most people pass the pregnancy within 4-6 hours after taking the misoprostol. For others it may be quicker or may take longer. Almost all people pass the pregnancy within a few days, but you will generally bleed like a period for up to a week afterwards.

Abortion Aftercare

A medical abortion is very effective and usually uncomplicated. But it is important to make sure it has worked. Having some cramping and bleeding does not mean that the procedure has been successful.

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

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

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

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

The risk of an ongoing pregnancy if you are under 9 weeks is 1-2 in every 100 abortions.

Visit 3 (Community) – Optional post abortion check up

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

You will also be able to talk to them about:

- Contraception
- Sexually transmitted infections (STIs)
- Further counselling

Contraception

You can get pregnant immediately after having an abortion, so you should start using contraception straight away if you do not wish to get pregnant. The doctor can give you advice and a prescription for contraception, if needed.

You should be given information about contraception and offered a choice of methods. This includes long-acting reversible contraception (LARC) methods.

Sexually Transmitted Infection (STI) Risk Assessment

You will be offered an STI risk assessment as part of your abortion care.

Post abortion counselling

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

What happens if I don't require a post abortion check-up?

If you do not book a post abortion check-up, you should be contacted by the doctor who completed the abortion to confirm you have taken the low sensitivity post abortion pregnancy test and that you are no longer pregnant.

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

Risks and complications

Risks and complications are usually easy to treat, and rarely have any long-term health effects. The risks if you are under 9 weeks pregnant are different to the risks if you are between 9-12 weeks pregnant and have a medical abortion.

For under 9 weeks these can include:

- Unpredictable time to complete the procedure - variable;
- Side effects of the medications such as nausea, vomiting – diarrhoea, headache, dizziness, fever/chills - common;
- Infection - this happens in 1-2 in every 1,000 abortions;
- Unpredictable, irregular or prolonged bleeding after the abortion - variable;
- Pain during the procedure – common;
- Very heavy bleeding – variable.

Some complications may require a visit to hospital.

These can include:

- The pregnancy is not completely removed - this can happen when the pregnancy has been successfully ended, but some of the pregnancy tissue is left behind in the womb – this occurs in 2-3 in every 100 abortions;
- Continuation of pregnancy - this happens in 1-2 in every 100 abortions;
- Prolonged pain +/- bleeding; this happens in 1-2 in every 100 abortions.

Extra procedures that may be necessary:

- Surgical abortion (in cases of failed or incomplete abortion);
- Laparoscopy or laparotomy (this is an operation to look inside the abdomen in the event of an ectopic pregnancy).

Complications and when to get medical advice?

If you are experiencing complications, contact *My Options* on 1800 828 010 to speak to a nurse. The nurse will provide you with medical information, reassurance and appropriate advice on what to do and when to consult a doctor. The nursing service is available 24/7.

Contact *My Options* straight away if you have:

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

Feeling sick, having abdominal discomfort, diarrhoea, nausea, vomiting or weakness more than 24 hours after taking the second medication, misoprostol, could be a sign of a serious complication and you should contact *My Options* on 1800 828 010.

Useful information (up to 9 weeks)

Self-care during abortion

During a medical abortion, there will be strong cramping and pain, which is often much more intense than your normal period pains.

There are many ways to lessen the pain:

- Stay in a familiar and relaxing place;
- Apply a heat pad or hot water bottle to your lower stomach;
- Wear comfortable clothes;
- Use pain medicine such as ibuprofen.

What can I do after an abortion?

Most people will be fit and well enough to return to normal activities within a day or two. You can take a bath or shower as normal. You should rest until you feel able to return to your normal routine.

Sex

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

Travel

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

Your next period

Your next period should begin around 4 weeks after an abortion. Contact the doctor immediately if your period does not come after 4 weeks. It is important to remember that any bleeding immediately after your treatment is not a period.

Medical Abortion (between 9-12 weeks)

Overview

Medical Abortion 9-12 weeks	
How far along in the pregnancy can I be?	Up to 9 weeks since the first day of your last period
Where does the procedure take place?	A doctor in the community will refer you to the hospital for the abortion to take place at the hospital.
How painful is it?	From mild to very strong cramping off and on throughout the abortion. Stronger cramps than a usual period.
How much will I bleed?	Heavy bleeding and clots to pass the pregnancy. You will require sanitary pads for a number of days.
How successful is it?	98 in every 100 medical abortions are successful. If it fails, a surgical abortion or further abortion medication is necessary.
How much does it cost?	Free for persons who normally live in the Republic of Ireland.

How does it work?

Visit 1 (Community) – Consultation with a doctor

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

The reason for this consultation is to make sure that having an abortion is the right choice for you and that you understand the process. They will also check and certify that your pregnancy will be under 12 weeks at the time of the abortion. This visit may take place over the phone or by video call.

During the consultation you will:

- Do a pregnancy test to confirm the pregnancy;

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

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

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

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

You can change your mind at any point up to the start of the procedure. Once you start the abortion (by taking the first medication) it is important that you finish. This is because the first medication is irreversible. If you decide not to take the second medication, there is a risk of harm to the foetus if you continue the pregnancy.

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

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

Visit 2 (Hospital)

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

During this visit you will:

- Be confirmed by the doctor that your pregnancy is still under 12 weeks;
- Have a blood test to determine what your blood group is, if required;
- Confirm that you have read the information provided to you and that you understand the procedure as well as the associated risks and potential complications of any treatmentthat is offered to you;

- Talk to the doctor about any questions you have;
- Sign a consent form to say that you understand the procedure and any potential risks of your treatment – see section 'Giving your consent';
- Take the first medication to start the abortion – see section 'About the first medication';
- Be provided with an appointment time to return to the hospital to take the second medication.

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

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

Giving your consent

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

This is to confirm that you:

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

About the first medication (mifepristone)

To start the abortion, you will take the first medication, called mifepristone, at the hospital. You will be able to go home afterwards and do your normal activities.

This medication comes in a tablet form and you will take it as advised by the doctor. If the dosage given to you is different to the leaflet that accompanies the medication, this is still in line with international best practice. You can talk to the doctor about this if you have any queries.

Mifepristone stops the hormone that allows the pregnancy to continue. The lining of the uterus breaks down and the pregnancy can't continue.

Most people do not have bleeding or pain after taking mifepristone. But if you think you passed the pregnancy before taking the second medication please call *My Options* on 1800 828 010.

After taking mifepristone, you may have nausea or feel like you need to vomit.

If you vomit within 1 hour of taking this tablet, contact the doctor as soon as possible. You may need to take the tablet again.

Remember, mifepristone is irreversible. If you decide not to take the second medication, there is a risk of harm to the foetus if you continue the pregnancy.

Visit 3 (Hospital) - 24-48 hours later

During this visit you will:

- Take the second medication to complete the abortion – see section 'About visit 3';
- Be provided with a low sensitivity post abortion pregnancy test to take approximately 2 weeks after the abortion;
- Be provided with information for *My Options*.

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

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

About visit 3

You will return to the hospital to take the second medication, misoprostol, 24-48 hours after taking the first medication. This medication comes in a tablet form and you will take it as advised by the doctor. You place the tablets between your gum and cheek and let them dissolve in your mouth.

Misoprostol makes the womb contract causing cramping and bleeding. When the womb contracts you will bleed heavily to pass the pregnancy through the vagina. Heavy bleeding usually starts 2 hours after taking the misoprostol. But it may start sooner. You may need to be given additional misoprostol until you bleed heavily.

Bleeding and cramping usually lasts at least a few hours. You will need to take pain relief medication at this stage.

You might also:

- Feel dizzy
- Feel nauseous or vomit

- Have a headache
- Have diarrhoea
- Have temporary flushes or sweats

You will pass the pregnancy at the hospital. You may see large blood clots or the foetus at the time of the abortion.

On average it takes about 6 hours to pass the pregnancy, but this can vary and you may need more medications to make this happen.
For others it may be quicker or may take longer. Almost all people pass the pregnancy within a few days.

It's normal to have some light bleeding or spotting for up to 4 weeks after the abortion. Using sanitary pads may make it easier to keep track of your bleeding.

About Anti-D:

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

If you are between 9-12 weeks of pregnancy and have a rhesus negative blood group, the doctor will give you information on anti-D and you will get an anti-D injection before you are discharged home.

Abortion Aftercare

A medical abortion is very effective and usually uncomplicated. But it is important to make sure it has worked.

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

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

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

This is very important because if the abortion doesn't work and you have an ongoing pregnancy that goes over 12 weeks, it is illegal under Irish law for you to have another abortion, unless in certain circumstances – see section 'Abortion after 12 weeks'.

If you are still under 12 weeks pregnant, you are able to have further treatment and the doctor will advise you on the best option for you.

The risk of an ongoing pregnancy if you are between 9-12 weeks is 2 in every 100 abortions.

Visit 4 (Community) – Optional post abortion check up

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

You will also be able to talk to them about:

- Contraception
- Sexually transmitted infections (STI)
- Further counselling

Contraception

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

Sexually Transmitted Infection (STI) Risk Assessment

You will be offered an STI risk assessment as part of your abortion care.

Post abortion counselling

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

What happens if I don't require a post abortion check-up?

If you do not book a post abortion check-up, you should be contacted by the doctor who completed the abortion to confirm you have taken the low sensitivity post abortion pregnancy test and that you are no longer pregnant.

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

Risks and complications

Risks and complications are usually easy to treat, and rarely have any long-term health effects. The risks if you are under 9 weeks pregnant are different to the risks if you are between 9-12 weeks pregnant and have a medical abortion.

For between 9-12 weeks these can include:

- Unpredictable time to complete the procedure - variable;
- Side effects of the medications such as nausea, vomiting – diarrhoea, headache, dizziness, fever/chills - common;
- Infection - this happens in 1-2 in every 1,000 abortions;
- Unpredictable, irregular or prolonged bleeding after the abortion - variable;
- Pain during the procedure – common;
- Very heavy bleeding – variable.

Some complications may require a visit to hospital.

These can include:

- The pregnancy is not completely removed - this can happen when the pregnancy has been successfully ended, but some of the pregnancy tissue is left behind in the womb – this occurs in 2-3 in every 100 abortions;
- Continuation of pregnancy - this happens in 2 in every 100 abortions;
- Prolonged pain +/- bleeding; this happens in 1-2 in every 100 abortions.

Extra procedures that may be necessary:

- Surgical abortion;
- Blood transfusion;
- Laparoscopy or laparotomy - operation to look inside the abdomen.

Complications and when to get medical advice?

If you are experiencing complications, contact *My Options* on 1800 828 010 to speak to a nurse. The nurse will provide you with medical information, reassurance and appropriate advice on what to do and when to consult a doctor. The nursing service is available 24/7.

Contact *My Options* straight away if you have:

- Pain that doesn't respond to pain medication;

- Heavy bleeding that soaks through 2 sanitary pads an hour, for 2 hours or more in a row;
- Abdominal pain or discomfort that is not helped by medication, rest, a hot water bottle, or a heat pad;
- A high temperature of 38°C or higher;
- Discoloured or smelly discharge from your vagina;
- Signs that you are still pregnant- such as sore breasts or nausea;

Feeling sick, having abdominal discomfort, diarrhoea, nausea, vomiting or weakness more than 24 hours after taking the second medication, misoprostol, could be a sign of a serious complication and you should contact *My Options* on 1800 828 010.

Useful information (between 9-12 weeks)

Self-care during abortion

During a medical abortion, most people will have strong cramping and pain, which is often much more intense than your normal period pains.

There are many ways to lessen the pain:

- Apply a heating pad or hot water bottle to your lower stomach;
- Wear comfortable clothes;
- Use pain medicine such as ibuprofen.

What can I do after an abortion?

Most people will be fit and well enough to return to normal activities within a day or two. You can take a bath or shower as normal. You should rest until you feel able to return to your normal routine.

Sex

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

Travel

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

Your next period

Your next period should begin around 4 weeks after an abortion. Contact the doctor immediately if your period does not come after 4 weeks. It is important to remember that any bleeding immediately after your treatment is not a period.

Other key information

Can a doctor decline to give me an abortion?

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

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

What are the long-term effects of abortion?

Emotional effects

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

Future pregnancies

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

Breast Cancer

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

Individual circumstances

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

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

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

Abortions after 12 weeks

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

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

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

The risk of an ongoing pregnancy is 1-2 in every 100 abortions for medical abortions between 0-12 weeks.

What if I am under 18 years?

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

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

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

Will my doctor tell anyone?

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

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

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

Notes:

My Options

All the information and support you need in an unplanned pregnancy

www.myoptions.ie

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Version: 1.3 2026