



Your guide to Abortion care

Confidential direct line telephone number: 200 76333

This information is for you if you are considering having an abortion. It tells you:

- how you can access abortion services
- the care you can expect to receive
- the different abortion procedures you may be offered

This information aims to help you and your healthcare team make the best decisions about your care. It may help you in deciding whether abortion is right for you. This leaflet is not meant to replace advice from a doctor or nurse about your own situation.

Some of the recommendations here may not apply to you; this could be because of an illness or condition you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

Key points

- An abortion is a way of ending a pregnancy, either through using medicines (drugs) or through a surgical procedure.
- In Gibraltar, the law allows a woman to obtain an abortion at up to 12+0 weeks of pregnancy if two doctors agree that it would cause less damage to her physical or mental health than continuing the pregnancy.
- Abortion is a safe procedure for which major complications are uncommon at any stage of pregnancy. The earlier in your pregnancy you have an abortion, the safer it is.

You have a right to confidentiality if you are seeking an abortion. Your doctor will explain the extent of this.

How do I arrange an abortion?

- If you think you want an abortion, you can call the dedicated direct line telephone 200 76333. During normal working hours of 08:00 to 16:00, you will be able to speak with an individual who will take your details and arrange an appointment.
- During busy working hours and out of hours (24/7) you will be able to leave a voicemail message with your number and request a call back. You can also see your general practitioner (GP), nurse specialist or the Well Person unit, who will be able to contact the same number above to request an appointment. You should not have to wait more than 6-8 working days from your first referral to the time of your abortion.
- An appointment for a first consultation within 3 working days of being referred.
- An abortion within 3 working days of the decision to go ahead being agreed.

You should be seen as soon as possible if you need an abortion for urgent medical reasons.

Can my doctor refuse to give me an abortion?

A doctor must not certify an abortion if he does not in good faith believe that the circumstances fall within the law in Gibraltar.

A doctor or nurse has the right to refuse to take part in abortion on the grounds of conscience, but he

or she must refer you to another doctor or nurse who will help. The General Medical Council's Duties of a Doctor says that doctors must make sure that their 'personal beliefs do not prejudice patient care'. The Nursing and Midwifery Council's Code of Conduct provides similar guidance to nurses.

Will anyone else be told about my abortion?

You have a right to confidentiality. Your GP, for example, will not be informed without your consent. However, not consenting to other appropriate health care professionals being informed may mean that you will not be able to be provided with appropriate care afterwards.

You do not need your partner's agreement to have an abortion, although many women want to discuss the pregnancy with their partner and come to a joint decision. Partners who have taken legal action to try to prevent an abortion have so far always been unsuccessful.

The Government collects figures on abortions carried out in Gibraltar. This information is sent to the GHA's Director of Public Health after the abortion is carried out. The information sent to the Director of Public Health is anonymised and any information published is anonymous.

What if I am under 16 years of age?

Any young person, regardless of age, can give valid consent to medical treatment providing they are considered legally competent; that is, able to understand a health professional's advice and the risks and benefits of what is being offered.

All women under 16 years of age are encouraged to involve their parents or another supportive adult. If you choose not to do this, doctors can offer you an abortion if they are confident that you can give valid consent and that it is in your best interests.

You have a right to confidentiality like everyone else. However, if staff at the GHA suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social services and other safeguarding collaborates.

What can I expect before I have an abortion?

This booklet gives you printed information about your choice and care. This information includes the different methods of abortion that can be used at your stage of pregnancy and the possible risks associated with them.

You will be offered extra support, including counselling if you want it, to help you make your decision. You will be offered information and support if you decide not to have an abortion.

The counselling offered will be non-directive and non-judgemental and provided by professionals within the GHA Mental Health Service trained to provide this service. Such referrals for counselling will be made directly by the Gynaecologist to the Mental Health Service and will be prioritised in order to meet the requisite timeframe.

Your healthcare team should ensure that you could get help if you have additional needs (if, for instance, you do not speak English or if you need to be cared for by a woman doctor). You have the right to delay or cancel appointments. You can also change your mind about having the abortion at any stage.

During the first consultation, you will be offered:

- A blood test to check your blood group and a blood test to make sure you are not anaemic;

- An ultrasound scan – you will not be shown the scan or be provided with any image of the fetus unless you explicitly request so.

In some circumstances, you may be offered:

- Tests for genital infections (including Chlamydia trachomatis or other sexually transmitted infections).
- A referral to counselling services.

You will have an opportunity to discuss with your healthcare team your plan for contraception after the abortion.

What does an abortion involve?

An abortion is a way of ending an unwanted pregnancy using either medicines (drugs), called a medical abortion, or using a surgical procedure, called a surgical abortion. Both types of abortion may be used at any stage of pregnancy. If you are less than 7 weeks pregnant, a medical abortion is more likely to work than a surgical abortion.

Your abortion service should be able to offer at least one method for each stage of pregnancy. You should ideally have a choice of methods, although this may not always be possible. You will usually be able to go home the same day, unless there is a medical reason to keep you in the hospital.

You will probably have some pain or discomfort; whatever kind of abortion you have. You should be offered a choice of appropriate pain relief if you need it.

Whichever type of abortion you have, you may be offered antibiotics to prevent infection.

Medical abortion

Medical abortion up to 9 weeks and 6 days of pregnancy

You will need to attend the clinic or hospital to receive two different medicines. The first medicine you will be given is mifepristone which will block the hormones to the pregnancy. You will take the mifepristone orally whilst in clinic or hospital and can go home after about an hour. A second dose might have to be given if you have been sick within the hour. The second medication misoprostol will have to be used 24 to 48 hours after mifepristone. A day case attendance will be arranged for you come to the hospital accordingly. Two hours after the administration of medication, it is safe and acceptable for you to leave the hospital to complete the abortion at home. Misoprostol is a hormone that makes your uterus (womb) expel the pregnancy, usually within 4 to 6 hours. However, it can take up to 24 hours. You will be offered pain relief during the abortion. You may continue to bleed for a few days.

You should be given detailed follow up instructions about what to do if you suspect the abortion has not ended the pregnancy.

Medical abortion from 10 weeks and after of pregnancy:

You take the same drugs as you would for an early medical abortion and the process is the same as above. At this stage, however, abortion takes longer and you may need to have more than one dose of prostaglandin and additional pain relief. If your blood group is Rhesus negative, you will be given the Anti D injection at the time you take the first medication – mifepristone.

Surgical abortion

Suction termination: usually from 7 to 12 weeks of pregnancy

If you have a surgical abortion, you may be offered a general anaesthetic

The cervix (entrance to the uterus) is gently stretched and opened until it is wide enough for the contents of the uterus to be removed with a suction tube. The extent to which the cervix needs to be opened depends on the size of the pregnancy. To make this safer, there are a number of effective ways to soften the cervix beforehand, for example by inserting tablets containing misoprostol into your vagina.

What is the risk of the abortion failing?

All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This is uncommon, occurring in fewer than 1 in 100 women.

What are the risks of abortion?

Abortion, at any time in pregnancy, is a safe procedure for which serious complications are uncommon. The earlier in the pregnancy you have an abortion, the safer it is.

Are there risks at the time of the abortion?

Problems at the time of abortion include:

- Excessive vaginal bleeding, such that you may need a blood transfusion, happens in around 1 in every 1000 abortions.
- Damage to the cervix happens in no more than 1 in every 100 surgical abortions.
- Damage to the uterus happens in between 1 and 4 in every 1000 surgical abortions.

Should complications occur, treatment – including surgery – may be required.

Are there risks after the abortion?

You are more likely to get problems in the 2 weeks after the abortion than at the time of the procedure itself:

Up to 1 in 10 women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk. If you are not treated, it can lead to a more severe infection known as pelvic inflammatory disease or PID

The uterus may not be completely emptied of its contents and further treatment may be needed. This happens in fewer than 6 in 100 women having a medical abortion and in 1 to 2 in 100 women having a surgical abortion. An operation may be needed to remove the pregnancy tissue within the uterus.

If you develop pain, bleeding or a high temperature after the abortion you should attend A&E at the GHA.

What happens after the abortion?

After the abortion you shall be offered:

- the chance to discuss contraception and obtain supplies if you need them
- information on where to get help if you want to discuss contraception again later
- a follow-up appointment, if you wish, within 2 weeks of your abortion (this is particularly important if you have an early medical abortion)
- further counselling if you experience continuing distress (this happens to a few women and is usually related to personal circumstances).

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately.

What if my blood group is RhD-negative?

If you are RhD-negative, you should usually be offered an anti-D injection after your abortion. You may not need this if you are less than 7 weeks and have a medical abortion. However, further advice will be given during your consultation.

What are the long-term effects of abortion?

How may I be affected emotionally?

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure.

You will be offered support and counselling should you require it.

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

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. However, you may have a slightly higher risk of a premature birth.

Does abortion cause breast cancer?

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

Further information

What is the law on abortion?

Under the law in Gibraltar, in particular under section 163A(1)(a), abortion is legal up to the 12th week of a pregnancy (a week of pregnancy is measured from the first day of your last normal menstrual period). For example, most abortions (75 out of 100) are carried out before 10 weeks of pregnancy in the UK.

In Gibraltar, you can have an abortion if two doctors agree that it would cause less damage to your physical or mental health than continuing with the pregnancy. You may also consider an abortion if there is substantial risk that the fetus is suffering from a fatal foetal abnormality. The doctors will take your life circumstances into consideration including the distress of having to continue with an unwanted pregnancy.

Other GHA Contacts

GHA Well Person Unit (at the Primary Care Centre) – 200 07842 – Monday to Friday 09:00 -13:00 & 14:00 – 17:00

GHA Mental Health Services – 200 07831 Monday to Friday 08:00 to 17:00

This leaflet is adapted from the RCOG patient information 2012, updated 2019
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