Legal abortion

Legal abortion is a way of deliberately ending a pregnancy, either by using medicines (drugs) or by a surgical procedure.

Key messages

**Eastern Cheshire CCG:**
- A higher percentage of abortions occur in early pregnancy compared to the national figures.
- However, the percentage of surgical abortions has increased and is higher than the national rates (medical abortion is the preferred method in early pregnancy).
- A high proportion of abortions are provided by the independent sector.
- The percentage of repeat abortions are lower than the national average particularly in the under 25s.

**South Cheshire CCG:**
- A higher percentage of abortions occur in late pregnancy compared to the national figures. This may be due to late presentation or delay within referral processes.
- The percentage of surgical abortions are higher than the national average but have decreased from last year.
- The percentage of repeat abortions in 2014 are lower than the national average but they have increased since 2013.

Needs analysis

The demand for legal abortions indicates the level of need associated with unwanted or harmful pregnancies. There were 849 abortions in Cheshire East in 2014. Based on a national study this would equate to 485 from unplanned pregnancies, 276 from those where the intention was unclear and 88 from planned pregnancies. The study found that four in ten pregnancies that were terminated were either planned or with an unclear intention, and therefore cautions against equating abortion with unplanned pregnancy. The number of unplanned pregnancies and those with an unclear intention indicates a need for improved use of contraception.
The following have been found to be linked to unplanned pregnancy (with the increased likelihood):

- drug use, other than cannabis (3.4 times)
- first sexual intercourse before 16 years (2.9 times)
- current smoking (2.5 times)
- higher frequency of recent sex (2.1 times)
- depression (2.0 times)
- binge drinking weekly or daily (2.0 times)
- 2 or more heterosexual partners in past year (2.0 times)
- not sexually competent* at first sexual intercourse (1.9 times)
- lower educational attainment (1.8 times)
- sexual education from a source other than school (1.8 times)

* Constructed variable to measure readiness, based on consensuality, autonomy of decision making, timing and use of effective contraception

A total of 849 women in 2014 had an abortion in Cheshire East\(^2\), a reduction of 77 from 2013 which represents an 8% decrease.

Compared to England, Eastern Cheshire CCG had a lower rate of abortions in women under 18 and over 25. South Cheshire CCG had rates that were generally similar to England although slightly lower in women aged 20-14 and over 30.
• An abortion is legal **up to 24 weeks** of pregnancy if **two doctors** agree continuation of the pregnancy would cause deterioration in physical or mental health in the mother, the unborn child or her family
• The time from referral to abortion service assessment should be **no longer than 5 days**
• Once a decision to proceed has been made, the procedure should happen **within 5 days**
• Abortion is a **safe procedure** but the small level of risk increases with gestation. Major complications are uncommon
• In both medical and surgical methods, antibiotic prophylaxis and appropriate pain relief should be provided
• Most women will not need to have an overnight stay

**Time is important...**
Services should ensure:
• Referral to abortion provider in **2 working days**
• Must assess in **5 working days** from (self) referral
• Procedure in **5 working days** since decision
• **Total time from seeing the abortion provider to the procedure should not exceed 10 days.**
• Abortion required for urgent medical reasons should be reviewed as soon as possible

| Weeks from last menstrual period | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---------------------------------|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Early medical abortion          |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Medical abortion                |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Early surgical abortion         |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Surgical abortion by specialist practitioners |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Suction termination under general or local anaesthetic |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Methods of abortion**
• **Medical:** Medical abortion can be offered up to 24 weeks and involves tablets or gel application
  • Up to 16 weeks, suction termination is an option
  • Dilation and evacuation can be offered from 14 weeks. This involves the cervix being gently stretched and the pregnancy removed with suction or forceps
• **Surgical:** Local anaesthetic, general anaesthetic or light sedation can be used to assist women
  • From 13 weeks: Surgical abortion is safer than medical abortion

**Risk of complications**
Both methods carry a small risk of complications. Major complications are rare.
• **0-7 weeks:** Medical abortion is safer
• **7-13 weeks:** Equal risk for surgical and medical abortions
• **From 13 weeks:** Surgical abortion is safer than medical abortion
What are the risks?
• Damage to the uterus (more likely with surgical abortion)
• Damage to the cervix (1/100 in surgical abortions)
• Excessive vaginal bleeding (1/1000, can reach 4/1000 after 20 weeks of pregnancy)
• Infection
• Method failure (less than 6/100 medical abortions and 1-2/100 for surgical ones). A surgical procedure may then be needed.

Some myths...
Abortion will not:
• Affect the chances of a woman having a baby in the future (uncomplicated abortion)
• Increase risk of breast cancer
• Increase risk of ectopic pregnancy, low placenta or miscarriage
However, abortion can slightly increase the risk of a subsequent premature birth.

In 2014, 62% of the women in Cheshire East chose the surgical method of abortion, which is 12% higher than the average of 50% for England. Especially in early pregnancy (under 7 weeks), medical abortion is the preferred method.
• Both CCGs had a slightly lower percentage of repeat abortions in 2014 compared to England
• The percentage of repeat abortions increased in South Cheshire CCG from 2013 to 2014

97% of the abortions in Cheshire East in 2014 were funded by the NHS. A very small proportion were privately funded, although in Eastern Cheshire CCG this proportion has increased since 2013 and is approximately twice that of England. There are more NHS funded Independent Sector abortions in Eastern Cheshire CCG and a lower percentage of hospital abortions. This can be explained by the fact that there is no hospital offering an abortion service in Eastern Cheshire.
Impact
Abortion can bring a range of emotions around the time of the decision and the actual procedure as well. Long term psychological problems are not common among previously healthy women. If there were mental health problems previously, an abortion can possibly cause further issues so a thorough discussion is needed.

What about contraception?
Contraception can, and should, be started straight away. Women who had an unintended pregnancy will need advice about reliable contraception.

Legal abortions: Week of gestation and NHS funded abortions, 2013

<table>
<thead>
<tr>
<th>Gestation in weeks (%)</th>
<th>NHS funded abortions</th>
<th>NHS funded at under 10 weeks</th>
<th>% of NHS at under 10 weeks</th>
<th>Confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-9</td>
<td>84</td>
<td>463</td>
<td>84</td>
<td>81.2 - 87.8</td>
</tr>
<tr>
<td>10-12</td>
<td>10</td>
<td>391</td>
<td>64</td>
<td>62.2 - 71.0</td>
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<td>13+</td>
<td>6</td>
<td>907</td>
<td>76</td>
<td>72.9 - 78.5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>173,043</strong></td>
<td><strong>137,348</strong></td>
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<td>10-12</td>
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<td>441</td>
<td>74</td>
<td>69.9 - 78.0</td>
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<td>13+</td>
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• In Cheshire East 79% of the abortions in 2014 were between week 3 and 9 of pregnancy. There was a 4% increase in early presentations between 2013 and 2014, and the percentage is now similar to that of England. Women should be aware that the earlier they decide for abortion, the safer it is.
• The percentage of late abortions (over 10 weeks) is higher in South Cheshire CCG (26%) compared to Eastern Cheshire CCG (16%) and England (19%).
• Combining this table with the table about method of abortion in the previous page, it is clear that even in the early presentations (under 10 weeks) a great percentage of women undergo a surgical abortion, which is not the preferred method for that time in pregnancy.
References/ Further information:

Miscarriage rates have been estimated using the Natsal-3 findings. The diagrams on the front page are based on 849 abortions and 3,799 births. Miscarriages were then estimated using these figures.

What we don’t know but would like to know…
Views and opinions of women about counselling services and abortion services.

Version control

<table>
<thead>
<tr>
<th>Publication date</th>
<th>Changes made</th>
<th>Content sponsor</th>
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<tr>
<td>September 2015</td>
<td>New section published. Section contributors: Ioannis Papamargaritis, Helen John, Jean Bennie, Louise Collingwood (all from Pubic Health)</td>
<td>Julie Sin</td>
<td>Guy Hayhurst</td>
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