Coronavirus (COVID-19) – Information for women requiring abortion

These Q&As relate to the Coronavirus (COVID-19) Infection and abortion care – information for healthcare professionals; Version 2 - 1 April 2020 published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Faculty of Sexual and Reproductive Healthcare and British Society of Abortion Care Providers.

Q1. What impact may the COVID-19 infection have on my request for an abortion?
Abortion care is an essential part of healthcare for women, and services must be available even where non-urgent or elective services are suspended. Abortion is time-sensitive, and services should be organised to provide care as early as possible.

We do not know the extent of service disruption, but abortion services are still being provided and all women should be able to access timely care. We would encourage you to contact an abortion care provider as early as possible. We understand for some women a later term abortion is required and this should be discussed with the provider.

**Q2. What measures are in place to reduce my risk of exposure to coronavirus**

Abortion care providers have infection control measures in place. Current best practice guidance for abortion care already recommends processes such as self-referral and undertaking assessments by phone or video call which will reduce to a minimum the amount of contact you will need to have with other people.

In England, Wales and Scotland, after speaking to a healthcare professional over video or teleconference, you may be able to receive a treatment package in the post depending on your gestation.

**Q3. Do I have to have a GP appointment and be referred by my GP to get an abortion?**

You can request an abortion directly from the abortion care provider, rather than having to be referred by your GP. This is known as self-referral and can be done remotely via phone or teleconference. Information about your local service will be available online or can be provided by national abortion care providers via their booking and information lines.

**Q4. How do services make sure consent and safeguarding procedures still happen during remote consultations?**

You will still be given enough information and time for you to fully think things through and give informed consent to go ahead with the abortion, if that’s what you choose. This includes the opportunity to ask questions. Written information should be provided or available to you before the consultation. This could be through email or links to online sources.

Safeguarding is an essential part of abortion care. In some cases, the clinician may decide that an in-person consultation would be best for you.

**Q5. Will I be required to go into an abortion care clinic for a medical consultation or to receive my care?**

Early medical abortion care should be provided to you with as little physical contact as possible to minimise any possible risk of transmission of COVID-19. We recommend that consultations with healthcare professionals can be done over the phone or via video link where possible. You may still need to attend in person for part, or all, of the procedure.

In England and Wales if you are below 10 weeks’ gestation, you may not need to go into a clinic or have an in-person consultation with a professional. Instead, you can receive a treatment package in the post. In Scotland this may be available until 12 weeks’ gestation.

We recommend that consultations with healthcare professionals can be done over the phone or via video link where possible. You may still need to attend in person for part, or all, of the procedure.
Q6. If I have an early medical abortion, will I have to go into an abortion care clinic to receive the medication I need for the abortion?

Not necessarily. If you are in England and Wales, you can access early medical abortion from home until 10 weeks’ gestation. In Scotland you may be able to access home care up until 12 weeks.

The treatment package sent to your home will include written advice and information, and a plan for a remote follow up assessment, and will be able to answer any questions that you may have. It will also provide a number in case you have any questions. You may prefer to pick up the treatment package from the abortion provider, in which case this should be possible with minimal contact.

Q7. What happens after a medical abortion?

You will receive information on what to expect before and after your abortion online, via e-mail, via post and through phone conversations where possible.

For all types of abortion, it is likely you will experience period-like stomach cramps and vaginal bleeding, that may last a week or two but usually get better each day. Please see our information about abortion care for patients and the public for more information on what to expect.

Q8. If I cannot have an early medical abortion because I am over 10 weeks, will I be able to still get an abortion, and will I have to go into hospital / abortion care service?

Access to abortion care is an essential part of women’s healthcare. Surgical and medical treatment is available up to 24 weeks’ gestation based on your preference, medical needs, and how many weeks along the pregnancy is.

To receive an abortion after 10 (or 12 in Scotland) weeks, initial consultations may be provided over the phone or via video link where possible in order to limit physical contact. However, you will still have to go into the abortion care service to have your procedure.

Q9. What can I do to reduce my risk of catching coronavirus?

The most important thing to do is to wash your hands regularly and effectively as soon as you come from public places to your home or workplace. There is useful advice on the NHS UK Coronavirus web pages on the best way to reduce any infection risk, not just for coronavirus, but for other things like colds and flu.

The Government has also advised all citizens to reduce social contact as much as possible through social distancing measures. This means that you should work from home if possible and avoid public and crowded places as much as possible.

Q10. What should I do if I think I may have coronavirus or been exposed and require abortion care?

If you:

- Have a high temperature
- Have a new, continuous cough
- Are living in a household with someone who shows these symptoms

You should stay at home for 7 days. Do not go to a GP surgery, pharmacy or hospital. You do not need to contact NHS 111 to tell them you are staying at home. You do not need a test for coronavirus. At the present time, only people with severe symptoms who require overnight admission to hospital will be tested.
You should contact your abortion care clinic to inform them that you have symptoms of coronavirus, particularly if you have any routine appointments booked in the next 7 days. They will inform you of next steps with regards to your abortion care and whether it will have to be delayed.

You should use the NHS 111 online coronavirus service, or call NHS 111 if:

- you feel you cannot cope with your symptoms at home
- your condition gets worse
- your symptoms do not get better after 7 days

**Q11. Are pregnant women at greater risk of contracting coronavirus or developing severe symptoms?**

There is no evidence that pregnant women are at any greater risk of contracting coronavirus or developing severe symptoms if they are infected.

If you seek treatment or are admitted to hospital as a result of contracting coronavirus, you should tell the people treating you that you are pregnant – even if you are planning on seeking an abortion.

**Q12. Will being in self-isolation delay my abortion?**

You should contact your abortion care clinic if you have any routine appointments booked in the next 7 days and are currently in self-isolation.

If you are in self-isolation, you may be able to access an early medical abortion completely remotely, with a treatment package delivered to your home following a video or telephone call with a healthcare professional.

If you suspect you have coronavirus, or have tested positive, and are experiencing only mild symptoms, and your pregnancy has not yet reached 10 weeks’ in England and Wales (or 12 in Scotland), you can be offered an early medical abortion package delivered to your home.

If you cannot have an early medical abortion, your abortion care provider should either ask you to come into the clinic when infection control procedures are in place or refer you to another provider who can treat COVID-19 patients.

**Q13. If I have coronavirus or think I may have it, will this delay my abortion?**

You should contact your abortion care clinic to inform them that you have symptoms of coronavirus, particularly if you have any routine appointments booked in the next 7 days and are currently in self-isolation.

If you are suitable for an early medical abortion and have no, or mild, symptoms, you should be able to have your consultation over video or the telephone and receive a treatment package in the post.

If you cannot have an early medical abortion, your abortion care provider should either ask you to come into the clinic when infection control procedures are in place or refer you to another provider who can treat COVID-19 patients.

If your pregnancy is likely to be below 20 weeks’ gestation, your care should be booked as a priority after 7 days since the illness started (unless you remain unwell).

If your abortion can not be safely deferred, the provider should discuss how best to manage your treatment depending on local availability. This may mean admission to a provider who can treat COVID-19 patients for either medical or surgical care.
Q14. If I don’t have a scan, how do I know I haven’t got an ectopic pregnancy?

You will be asked some questions to make sure it is safe to proceed without needing a scan. Evidence shows that it is safe to have an abortion without a scan, and that the risk of having an ectopic pregnancy in women having an abortion is low (less than one in a thousand). Having a medical abortion would not affect this but it is important that it is picked up.

- In the unlikely event you do develop worsening pain after the abortion, especially if this is under your ribs or shoots up into your shoulder, then you should seek medical help immediately. This advice is the same for anybody in early pregnancy, whether they have an abortion or continue the pregnancy. If you have to seek help, tell the doctor or nurse that you have had an early medical abortion without ultrasound – this information will not be available to anybody outside the abortion service.