

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Termination of pregnancy

The Department of Health in England has asked NICE to develop a new guideline on termination of pregnancy.

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

## 1 Why the guideline is needed

### Key facts and figures

Termination of pregnancy<sup>1</sup> is an integral part of reproductive healthcare for women. Around 1 in 3 women will have a termination, and each year just under 200,000 women have a termination in England, Wales and Scotland.

Most terminations are carried out because the pregnancy was unintended, and the large majority of procedures are conducted in the first 9 weeks of pregnancy.

Termination of pregnancy can be performed medically (taking mifepristone followed by misoprostol) or surgically.

### Current practice

In recent years there have been changes to how and where termination of pregnancy services are delivered in the NHS. This has resulted in variation in the type and choice of procedures offered. For example, there is variation in whether surgical terminations are carried out under general anaesthesia, sedation or using local anaesthesia. In addition, the medical procedure itself

---

<sup>1</sup> In this document the term 'termination of pregnancy' is used in place of the term 'induced abortion'.

and the methods for checking whether it was successful have been refined. Some of these developments could significantly reduce costs to the NHS and be more acceptable to women.

Termination of pregnancy services also provide other important sexual and reproductive health services to women, such as contraceptive services. However, local services vary, involve different types of providers, and are increasingly provided by non-NHS organisations. Accessing termination of pregnancy services may be difficult for women who live in remote areas; who are in the second trimester of pregnancy (particularly the late second trimester); or who have complex pre-existing medical conditions or difficult social circumstances.

This guideline will help ensure that termination procedures are carried out safely based on the best available evidence, and that services are available for women who need a termination of pregnancy.

### **Policy, legislation, regulation and commissioning**

Termination of pregnancy in England, Scotland and Wales is regulated by the Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990). The Abortion Act also regulates where terminations can take place.

In May 2014, the Department of Health issued [Guidance in Relation to Requirements of the Abortion Act 1967](#). This guidance is intended for those involved in the commissioning, providing and management of termination of pregnancy services to help them comply with the Abortion Act 1967. The Care Quality Commission has also published specific requirements for providers of termination of pregnancy services.

This guideline will make recommendations on how to organise services and on how to conduct termination of pregnancy within the legal framework set out by the Abortion Act 1967.

## 2 Who the guideline is for

Women requesting termination of pregnancy, their families and carers, and the public will be able to use the guideline to find out more about what NICE recommends, and help them make decisions.

This guideline is for providers and commissioners of the following services:

- termination of pregnancy.
- pregnancy diagnosis
- contraceptive care and advice
- Services that provide advice to women, and refer them, for termination of pregnancy (for example, sexual and reproductive health services, GPs and practice nurses).
- Services that provide pregnancy diagnosis, or contraceptive care and advice.
- Early pregnancy services.
- Fetal medicine and wider maternity services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope

## **3 What the guideline will cover**

### **3.1 *Who is the focus?***

#### **Groups that will be covered**

- Women (of any age) requesting termination of pregnancy under the terms of the Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990).
- Women (of any age) undergoing a termination of pregnancy as a life-saving procedure.

Specific consideration will be given to women with complex pre-existing medical conditions.

### **3.2 *Settings***

#### **Settings that will be covered**

- Settings licensed to provide termination of pregnancy services.
- All settings that provide publicly funded commissioned assessment for termination of pregnancy or care after the procedure.

#### **Settings that will not be covered**

- Settings that are not licensed to provide termination of pregnancy services.
- Settings that are not commissioned by publicly funded bodies to provide assessment for termination of pregnancy or care after the procedure.

### **3.3 *Activities, services or aspects of care***

#### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will

assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual women.

- 1 Assessment for termination of pregnancy.
- 2 Termination of pregnancy care.
- 3 Care after termination of pregnancy.
- 4 Service configuration.

#### **Areas that will not be covered**

- 5 Care between conception and the request for termination of pregnancy.
- 6 The ongoing care of women who decide not to terminate their pregnancy.

#### **Related NICE guidance**

- [Sexually transmitted infections](#) (2017) NICE guideline NG68
- [HIV testing](#) (2016) NICE guideline NG60
- [Antenatal and postnatal mental health](#) (2014) NICE guideline CG192
- [Contraceptive services for under 25s](#) (2014) NICE guideline PH51
- [Ectopic pregnancy and miscarriage](#) (2012) NICE guideline CG154
- [Pregnancy and complex social factors](#) (2010) NICE guideline CG110
- [Long-acting reversible contraception](#) (2005) NICE guideline CG30
- [Sexually transmitted infections and under-18 conceptions](#) (2007) NICE guideline PH3

#### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to termination of pregnancy:

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Medicines adherence](#) (2009) NICE guideline CG76

### **3.4 *Economic aspects***

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key

area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

### **3.5      *Key issues and questions***

While writing this scope, we have identified the following key issues, and draft questions related to them:

- 1    Assessment for termination of pregnancy
  - 1.1 What information should women who have requested a termination of pregnancy be given before they have the procedure?
- 2    Termination of pregnancy
  - 2.1 Is it safe and effective to start termination before there is ultrasound evidence of an intrauterine pregnancy?
  - 2.2 Should women who are Rhesus negative and having termination of a first trimester pregnancy receive Rhesus prophylaxis?
  - 2.3 What is the optimal antibiotic prophylaxis regimen (including no antibiotic prophylaxis as an option) for women who are having medical termination of pregnancy?
  - 2.4 What is the optimal antibiotic prophylaxis regimen for women who are having surgical termination of pregnancy?
  - 2.5 In women who are undergoing a termination of pregnancy, and who are identified as requiring thromboprophylaxis, what is the optimal timing and duration of VTE prophylaxis?
  - 2.6 What is the optimal regimen for cervical priming (including no cervical priming as an option) before surgical termination of pregnancy in the first trimester?
  - 2.7 What is the optimal regimen for cervical priming before surgical termination of pregnancy in the second trimester?
  - 2.8 What is the effectiveness, safety and acceptability of surgical compared to medical termination in the second trimester?

2.9 For women who are having an early (up to 10 weeks) medical termination of pregnancy, what is the effectiveness, safety and acceptability of mifepristone and misoprostol given simultaneously compared with other time intervals?

2.10 For women who are having medical termination of pregnancy, what gestational limit for expulsion at home offers the best balance of benefits and harms?

2.11 What is the optimal dose and route of administration of misoprostol after mifepristone, for inducing medical termination in the second trimester?

2.12 For women who are having medical termination of pregnancy and plan to use a progestogen-only contraceptive implant or depot injection, does administration of the contraception at the same time as mifepristone influence the efficacy of the termination?

2.13 What is the optimal method of anaesthesia or sedation for surgical termination of pregnancy?

2.14 What is the optimal regimen for termination of pregnancy after 24 weeks, for example, for fetal anomaly?

### 3 Care after termination of pregnancy

3.1 What is the best method of excluding an ongoing pregnancy after early (up to 10 weeks) medical termination of pregnancy, when the expulsion has not been witnessed by healthcare professionals (for example, expulsion at home)?

3.2 For women who have had medical termination of pregnancy, how soon afterwards is it safe to insert an intrauterine contraceptive device?

3.3 What support should women be offered after a termination of pregnancy?

### 4 Service configuration

4.1 What strategies ensure the sustainability of a safe and accessible termination of pregnancy service?

4.2 What strategies prevent delayed presentation to termination of pregnancy services?

4.3 What strategies are effective at facilitating uptake of effective contraception after termination of pregnancy?

### **3.6      *Main outcomes***

The main outcomes that will be considered when searching for and assessing the evidence are:

- Treatment acceptability.
- Treatment preference.
- Success of pregnancy termination.
- Continuing pregnancy.
- Undiagnosed ectopic pregnancy.
- Complications during and after pregnancy termination.
- Drug-related adverse events.

## **4            *NICE quality standards and NICE Pathways***

### **4.1      *NICE quality standards***

**NICE quality standards that may need to be revised or updated when this guideline is published**

- Contraception (2016) NICE quality standard 129, statement 3:  
[Contraception after an abortion](#)

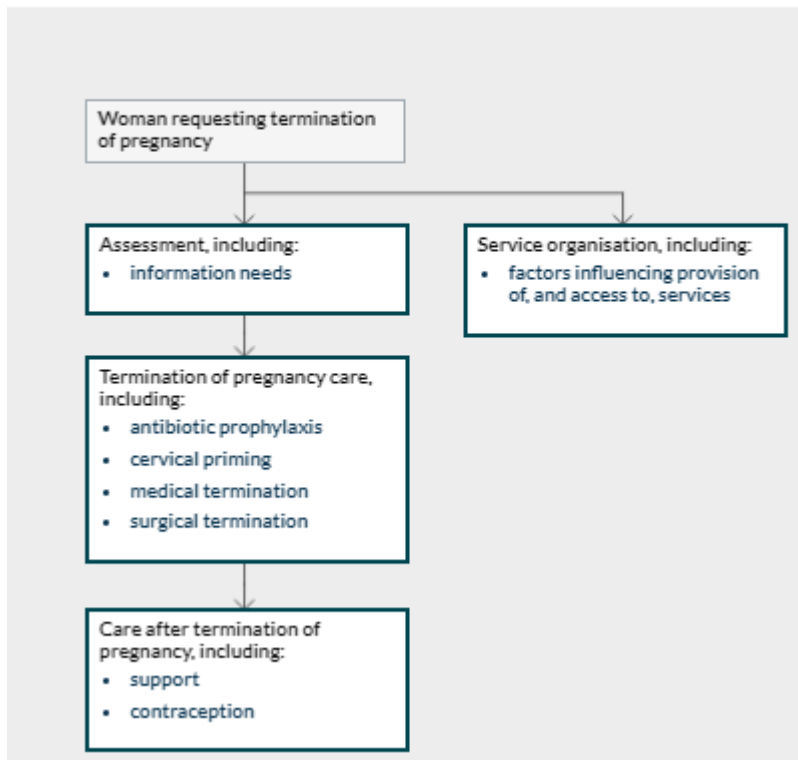
### **4.2      *NICE Pathways***

NICE Pathways bring together all NICE recommendations on a topic in an interactive flowchart. When this guideline is published, the recommendations will be added to a new pathway on termination of pregnancy.

A pathway outline based on this scope is included below. It will be adapted and more detail added as the recommendations are written during guideline development.



## Termination of pregnancy overview



## 5 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in September 2019.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.