

Medical termination of pregnancy under 9 weeks gestation

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

What is a medical termination of pregnancy?

The aim of this leaflet is to explain what happens when you come into hospital for a medical termination of pregnancy. We hope this will lessen any feelings of apprehension that you may have.

Making the decision to have a termination can be difficult. We are here to help and support you. We have a counsellor available for you to talk with if you wish.

Medical termination of pregnancy is performed up to the ninth week of pregnancy. Beyond this date you may wish to consider surgical termination. You will be able to discuss these options with the doctor when you come in for your first consultation visit.

The benefit of a medical termination is that it does not involve a general anaesthetic.

Treatment

The treatment is in two stages.

First you will be given a tablet called mifepristone (200 micrograms), which you take orally. This medication acts by blocking the effects of progesterone, a hormone which is needed for the pregnancy to continue.

The second stage follows two days later with four tablets of misoprostol (800 milligrams), which will be given vaginally or need to be placed directly under the tongue and left to dissolve. This is a different type of hormone, which will soften the cervix and cause uterine contractions to finish the pregnancy.

The two hormones must be used one after the other to give the best possible chance for the treatment to work.

Will the treatment suit me?

Most women can have this treatment without problem.

You should **not** have the treatment if:

- You have an ectopic pregnancy, which means the pregnancy is in the fallopian tube rather than in the womb
- The first day of your last period was more than 63 days ago.
- You have ever had a bad reaction or are allergic to mifepristone.
- You suffer from severe asthma that is not controlled by medication
- You have liver or kidney disease
- You are breast-feeding

Some other health problems may also make this treatment unsuitable. These include:

- Heart complaints or high blood pressure
- Chronic bronchitis or diabetes
- High blood cholesterol levels
- Long-term steroid therapy
- Blood-clotting disorders
- Heavy smoking if you are over 35 years old.

At your first consultation, the doctor will discuss these issues with you to ensure that the treatment is suitable.

Some other medication may interfere with the treatment and should not be used until after the procedure is completed. These include pain-relief tablets such as aspirin, ibuprofen and mefenamic acid. If you are taking any of these medications, you must tell the doctor.

How is the treatment given?

Stage one

Day one: After the first consultation with the doctor, you will be given a date to return for the treatment. At this visit the nurse will give you the mifepristone tablet which you will swallow with some water. You will be able to leave once we are sure that you will not be sick. If you are sick within two hours, you need to notify us immediately.

Day three: Two days later, you will return to the hospital to be admitted to Petter Day Treatment Unit for the second stage. The nurse will give you the Misoprostol which is placed either in the vagina or under the tongue.

You will need to bring with you loose and comfortable clothing, a change of underwear and your wash bag. You may bring someone with you for support during this second stage of treatment. We recommend that someone comes to collect you from the Day Treatment Unit as you may not feel like taking public transport or driving yourself home.

The pregnancy is usually passed within 6 to 8 hours and you will remain on Petter Day Treatment Unit for this time.

If the pregnancy is not passed you will be allowed home and further follow up will be arranged.

Once you have taken the mifepristone tablet, we strongly recommend that you continue with the termination as there is a risk of foetal abnormality if you stop at this point.

After taking the mifepristone tablet, you may experience some nausea or get a headache. Vaginal bleeding may start after 12 hours with some cramping pains. We recommend that you use sanitary pads rather than tampons if you have bleeding.

Stage two

After the second stage is commenced and you have had the Misoprostol, it is normal to experience cramping and pain which may be quite severe. You will be able to have pain relief for this if you need it.

Most women begin to bleed after a few hours. The vaginal bleeding may be heavy and you may pass clots.

The pregnancy should be passed within within six to eight hours. You will be asked to use bedpans and your pads will be collected by the nurse. This is to enable the nurse to check that you have expelled the pregnancy.

Vaginal bleeding can vary significantly in both duration and severity. Many women report that the bleeding resembles a heavy period.

When staff are satisfied that you have passed the pregnancy, you will be allowed to go home. You may continue to bleed for a further two weeks and during this time you may pass blood clots. Do not be alarmed as this is quite normal.

Avoid sexual intercourse for the next two weeks and use pads rather than tampons until the bleeding has stopped.

Are there any possible complications?

Complications are rare with this treatment but all procedures do carry some degree of risk.

Abdominal cramping and bleeding are normal and expected experiences of the procedure itself. Many women report that the cramps and abdominal pain are similar to those associated with a heavy menstrual period.

The medication may cause nausea, vomiting, diarrhoea, fever and chills. In most cases, side-effects can be managed with appropriate symptomatic treatments, such as oral painkillers.

On occasion, bleeding can be extremely heavy or prolonged and may require an operation to remove any products that have not been expelled. Bleeding to the point where a blood transfusion is required is very rare.

There is also a small risk that the procedure fails. If this should happen, then the consultant will arrange a follow up appointment for you and you may require surgery to remove the pregnancy.

Follow-up

It is important that you have follow up care arranged approximately two weeks after the procedure. This appointment is necessary to ensure that you are well, the bleeding is minimal, that the termination is complete.

Contraception/periods

Your next period should occur within four to six weeks from completion of the procedure. It is possible to become pregnant straight away after the procedure. It is therefore important that you have made decisions on contraception and start using it immediately.

Further information

Petter Day Treatment Unit – 01271 322722

British Pregnancy Advisory Service

Counsellor – Barnstaple Health Centre - 012710312961

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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