

# Early medical abortion at home (EMAH)

Gynaecology Department – Northern Services

## 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 contact the PALS desk on 01271 314090 or at [rduh.pals-northern@nhs.net](mailto:rduh.pals-northern@nhs.net).

Please read this leaflet carefully and keep it throughout your treatment as it contains important information regarding your procedure and aftercare.

## Points to be aware of before you start the procedure

The law has changed recently to allow administration of all tablets to effect the medical termination of pregnancy, to be taken at home, provided the first tablet is taken no later than **9 weeks and 6 days** into the pregnancy. This was initially introduced to minimise women's visits to healthcare settings during the COVID-19 pandemic.

We would usually recommend that you have an ultrasound of your pregnancy in the clinic setting before having the termination. This allows us to determine how many weeks pregnant you are, whether the pregnancy is still present (you may have miscarried) and to exclude an ectopic pregnancy. However, it is not compulsory.

**It is important, before you take the first tablet, that you are certain of your decision to proceed with the abortion.**

**There are known risks to the foetus from the medication and therefore, we recommend that once you have taken the tablet(s) you continue with the abortion.**

- It is recommended that you do not smoke or drink any alcohol once the procedure has started.
- If you are breastfeeding, you may continue during the procedure as only small amounts of the drugs Mifepristone and Misoprostol pass into the breast milk and they are therefore not expected to cause adverse effects in the breastfed infant.

## Early medical abortion procedure – what abortion involves

You will have both parts of your treatment sent to either NDDH pharmacy (the usual option) or your GP surgery for collection. Please read the instructions with the medications carefully and if you have any concerns or questions, please either ask the pharmacist dispensing the medication or call **Petter Ward on 01271 322722 (between 8am and 7.30pm, Monday to Friday)** or **King George V Ward on 01271 322720 (at all other times)** prior to taking ANY of the tablets.

The treatment consists of two parts;

- The first part is a single tablet called **Mifepristone** 200mgs taken by mouth.
- The second part is 6 tablets called **Misoprostol** 200mcgs to be taken either vaginally or by mouth (see options 1 and 2 below) 36-48 hours after taking the first tablet.

(It is possible to take the mifepristone and misoprostol **together** but it may take longer for the pain and bleeding to start and there may be a higher failure rate of the procedure).

## First part of your treatment at home

A single tablet called Mifepristone 200mcg requires to be swallowed with water. (If you vomit within 30 minutes of taking it, please contact Petter Ward or King George V Ward as we will need to arrange for you to have another Mifepristone tablet).

After swallowing this tablet, you may experience some nausea and/or vomiting and some bleeding/period type pain. It is important to note that bleeding at this stage does not mean that you have miscarried the pregnancy and therefore you should continue with the next stage of treatment as planned. If you have discomfort, you can take over-the-counter pain relief such as Paracetamol and Ibuprofen as per package directions.

## Second part of treatment at home

When you take the Misoprostol tablets, you are advised to have a responsible adult with you at home and to stay with you for the rest of the day and overnight

You have been given six tablets called Misoprostol to be taken at home 36-48 hours after the first medication. Use four tablets first and the remaining two tablets three hours later **if required**.

The misoprostol tablets can be taken in two ways as follows:

**Option 1** – (this is the preferred method as you will experience fewer side effects)

Using your finger, insert four misoprostol tablets into the top of your vagina as high as you can place them. The precise location does not matter only that they do not fall out. This can be done lying down, squatting or standing with one leg up: whatever is most comfortable for you.

Please rest for 30 minutes to one hour to allow the tablets to work. Do not be alarmed if you see some of the tablets when you visit the toilet. This will not stop the treatment from working. If four hours later, you are not certain that you have miscarried the pregnancy, insert the remaining two tablets.

**Option 2** –

Place two tablets on each side of your mouth (four tablets in total), between cheek and gum and allow the tablets to dissolve for 30 minutes. If after 30 minutes they have not completely dissolved, swallow what is left with water. If four hours later, you are not certain that you have miscarried the pregnancy, take the remaining two tablets (one on each side of your mouth).

## What to expect after the final medication at home

- You will experience **vaginal bleeding** which can be heavy with blood clots and this may be accompanied by passage of the pregnancy tissue.
- Period type **pain** (cramps) usually one to two hours after using the tablets. For any pain and discomfort you experience, you can use Paracetamol and Ibuprofen. Please read the patient information leaflet with the packet and take as directed.
- You may experience some **nausea, vomiting, dizziness, possible diarrhoea or cold or hot flushes**. These are common side effects from these tablets and will not stop the tablets from working.
- For most people the procedure is likely to be completed within four to six hours of taking the Misoprostol; however it may take up to a few days.

We request that you contact Petter Ward or King George V Ward for advice **7 days after taking the Misoprostol tablets** if you have only had a slight blood loss without clots, or you have not had any bleeding, or you continue to have symptoms of pregnancy. This may mean that the procedure has been unsuccessful.

## Known risks of early medical abortion at home

### Common/unavoidable risks which are usually treatable without long-term effects:

- Unpredictable time to miscarry pregnancy (common)
- Pain during procedure (common)
- Retained pregnancy tissue requiring further treatment (approx. 2 %)
- Infection (less than 1 %)
- Side effects of drugs including nausea, vomiting, diarrhoea, headaches, chills, dizziness (common)

### Risks which may require further treatment at home or surgical treatment in hospital:

- Failed procedure and continuing pregnancy – under nine weeks, risk is up to one in a hundred, between nine and 10 weeks, it is up to three in a hundred. This may require further tablets or surgical termination of pregnancy.
- Excessive bleeding (haemorrhage) requiring blood transfusion (less than one in a thousand).
- Undiagnosed ectopic pregnancy. Unless you have an ultrasound scan, there is a small chance (approx. one in a hundred) that the pregnancy is in your tube or pelvis rather than in the womb (uterus). This is called an ectopic pregnancy. Such pregnancies may cause heavy bleeding within your body and even death. If you have any symptoms that suggest you have an ectopic pregnancy (e.g. severe abdominal pain, shoulder tip pain, heavy vaginal bleeding), please contact Petter Ward or King George V Ward, NHS 111 or the emergency department immediately.

- Emotional/psychological distress following an abortion. If you are struggling, we would suggest that you contact your GP or Choices Pregnancy Centre (01392 966728 / 07826 715377) so that counselling or support can be arranged.
- Risk of death is very rare.

Please perform a pregnancy test three weeks after abortion at home and, if it is positive, faintly positive or unclear, contact Petter Ward by phone (01271 322722). We will arrange an appointment for you to be reviewed.

If you do not contact Petter Ward, we will assume both that you have performed the home pregnancy test and that it has shown a negative result.

## Advice following early medical abortion

1. As already discussed, you are advised to have a responsible adult with you, who is aware of the treatment and should remain with you until the following morning.
2. You are advised not to travel long distances, especially by air, until you have performed a negative home pregnancy test at three weeks after treatment. If you do decide to travel, we strongly recommend you inform your travel insurance provider that you are undergoing a procedure.
3. Bleeding following the procedure is very individual. It can last for up to three weeks as a continuation of the procedure, this is not a period. It is not unusual for the bleeding to stop and start during this time. With this bleeding we advise you to use sanitary towels not tampons.
4. You are advised to maintain your normal hygiene routine. However, whilst you are bleeding, it is important that when showering you do not apply the jet of water directly to the vagina (douching) as this may increase the risk of infection.
5. You are advised to avoid sexual intercourse until you have a negative pregnancy test. Using condoms may help to reduce the risk of infection. You can get pregnant before your next period if adequate contraception is not used.
6. Your next period should occur four to six weeks following the procedure. However, this can be affected by the method of contraception you are using. The bleeding on this period may be heavier than you are normally used to.
7. It is advisable that you limit any strenuous activity including prolonged sports activities until your bleeding has settled.

## Signs and symptoms that indicate you may require medical help

If you should develop any of the following, contact either Petter Ward (8am – 7.30pm, Monday to Friday) or King George V Ward (at all other times) or your local Emergency Department:

- **Heavy and continuous bleeding** that soaks through two or more pads in an hour for a period of two hours.
- **Severe repeated or continuous abdominal pains** – if not eased with the tablets you have taken for pain relief.
- Violent shivering attacks/chills.
- High temperature – greater than 39°C
- Offensive (smelly) vaginal discharge.

## 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 will 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.

Most women who have abortions do not have long-term emotional problem. Long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Talk to your doctor if you have any concerns.

An abortion will not cause you to suffer emotional or mental health problems but if you have had mental health problems in the past, you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems previously experienced and to happen whether you choose to have an abortion or to continue with the pregnancy.

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

If there are 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 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.

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the PALS team (contact details below).

---

## **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 email [rduh.pals-northern@nhs.net](mailto:rduh.pals-northern@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## **Have your say**

Royal Devon University Healthcare NHS Foundation 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.

Tell us about your experience of our services. Share your feedback on the Care Opinion website [www.careopinion.org.uk](http://www.careopinion.org.uk).

---

Royal Devon University Healthcare NHS Foundation Trust  
Raleigh Park, Barnstaple  
Devon EX31 4JB  
Tel. 01271 322577  
[www.royaldevon.nhs.uk](http://www.royaldevon.nhs.uk)

© Royal Devon University Healthcare NHS Foundation Trust  
This leaflet was designed by the Communications Department.  
[www.royaldevon.nhs.uk/get-in-touch](http://www.royaldevon.nhs.uk/get-in-touch)