

Medical Termination of Pregnancy

Introduction

The aim of this leaflet is to explain what happens during a Medical Termination of Pregnancy. We hope it will lessen any feelings of apprehension you may have.

Making the decision to have a termination can be difficult. We are here to help and support you but the decision must be yours. Expert counsellors are available.

At The RD&E medical termination is performed up to the twelfth week of pregnancy.

What does the treatment involve?

Two medications are used for Medical Termination of Pregnancy.

The first is called Mifepristone and the second is called Misoprostol. These 2 medicines should be taken 24-48 hours apart.

Mifepristone is a single tablet that should be swallowed with water.

Misoprostol also comes in tablet form. 4 tablets should be placed in your mouth, under your tongue, or in the cheek pouch. These should be held in your mouth for 20-30 minutes to allow them to dissolve. You should then swallow the remaining pieces.

What will I notice after taking the Mifepristone?

Most women do not notice anything following Mifepristone, but you may experience some nausea or get a headache. Cramping pain and vaginal bleeding do sometimes start following Mifepristone. We recommend you use sanitary pads rather than tampons if you do bleed.

What should I expect after taking the Misoprostol tablets?

You will have vaginal bleeding which may be heavy and you may pass clots. You should also expect to have cramping pelvic pain. The pregnancy should be passed within 6 to 8 hours. If you stay on the ward, the nursing staff will look after you to ensure that any pain and bleeding are within normal limits and give you pain relief as required. You will be given a bed pan and your pads will be collected by the nurses. This will enable the nurses to check that you have expelled the products of conception.

You may continue to bleed for a further 2 weeks and during this time you may pass blood clots. You should avoid sexual intercourse and use pads rather than tampons until the bleeding stops.

All patients under the age of 18 should have a nominated adult who is aware that the procedure is taking place. This need not be a parent, but a responsible adult who you can call on in the event of any problems following the procedure.

We recommend that someone collects you from the ward rather than drive yourself home.

Will the treatment suit me?

Most women can have this treatment although there are some exceptions. You should not have the treatment if:

- You are not pregnant.
- You have a contraceptive coil. (If you do have a coil it can be taken out beforehand.)
- You have an ectopic pregnancy.
- You have problems with your adrenal glands (adrenal failure).

- You take long term steroid medicines.
- You take a medicine to thin your blood or have a bleeding problem.
- You have an allergy to Mifepristone or Misoprostol.
- You have a condition called Porphyria.
- You have severe Asthma.
- You cannot return for the next 2 visits.

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

Some other medicines may interfere with the treatment and should not be used until after the procedure is completed. Please tell us about all medicines you are taking.

Do I need to stay in the hospital?

If you are having a Medical Termination between 10 and 12 weeks, you must stay in the hospital so that we can ensure the pain and bleeding is manageable and that the process is completed.

Sometimes further doses of Misoprostol are required to complete the termination.

If you are less than 10 weeks pregnant you may choose to take the Misoprostol tablets at home. This is sometimes called an Early Discharge Medical Abortion (EMA). Alternatively you can stay on the ward.

You should only choose an (EMA), if:

- There is a responsible adult with you.
- You have adequate pain relief at home.
- You are otherwise fit and well.
- You can return to the ward within 30 minutes.

If you are planning to have the procedure in the hospital you should bring with you loose comfortable clothes, a change of underwear, slippers and your wash bag. You may have someone with you if you wish.

When can I start the treatment?

Before leaving the clinic, you will be given a date to return for the treatment. At this visit the nurse will give you the Mifepristone tablet which you swallow with some water. You will be able to leave after this once we are reasonably sure you will not be sick. If you are sick within 2 hours, please notify the Clinic.

The Misoprostol medication should be taken 2 days later.

If you are less than 10 weeks pregnant you can choose either to have the medication at home or in the hospital. If you choose to have the procedure at home, we will give you the Misoprostol tablets at the same time.

Are there any side effects of the treatment?

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

There is a small chance that the procedure may fail. If this should happen you may need an operation to remove the pregnancy.

Bleeding and cramps are normal effects of the treatment. However, excessive bleeding may result in the need for surgery or blood transfusion.

Headache, skin rashes or swelling of the face have been reported by some women following.

Mifepristone. Some women have diarrhoea, sickness, hot flushes, headache and dizziness after taking Misoprostol. Rarely there may be pain in the chest. If you think you are reacting badly to the medicines, please contact the nurse on the ward immediately.

Do I need the Anti-D Injection?

If you are more than 10 week pregnant you may need Anti D.

People who are Rhesus-positive have a substance called D-antigen on their red blood cells whereas people who are Rhesus-negative do not.

If there is mixing of your Rhesus-negative blood, with that of the fetus who may be Rhesus-

positive, your body's immune system may form antibodies against the D-antigen. These 'Anti-D' antibodies attack red blood cells with the D-antigen on them. This mixing of blood can be harmful to any babies you have in future that are Rhesus-positive because the antibodies stay in your system.

There is not believed to be any risk of blood mixing in pregnancies less than 10 weeks, but after 10 weeks you should have a blood test to determine your blood group. If you have a Rhesus-negative blood group you will be offered an injection of Anti-D. This acts by hiding any D-antigen from your immune system, thus preventing any reaction in the future.

How is pregnancy tissue managed after a termination of pregnancy at the Royal Devon and Exeter Foundation Trust?

Unless you request to make your own arrangements, the hospital will store the pregnancy tissue temporarily in the mortuary before being cremated in a registered crematorium.

Can I eat and drink as normal?

You should eat and drink normally prior to the treatment. You should not drink alcohol or smoke however, between starting the treatment and 48 hours following the Misoprostol pessary.

Do I need follow-up?

There is a small chance that the procedure will fail.

If you are less than 10 weeks pregnant at the time of taking the Misoprostol medicine, it is important that you do a urine pregnancy test 3 weeks following the procedure. (It can take some time for the pregnancy hormone to return to normal). If this is positive or you have any concerns please call us for advice (**01392 406503**).

If you are more than 10 weeks pregnant at the time of the Misoprostol medicine, the staff will ensure that pregnancy tissue is passed before you go home. If it is not, an appointment will be

arranged in the emergency gynaecology clinic on the next available day.

What can I use for contraception?

It is possible to become pregnant straight away after the procedure and it is therefore important that you decide on contraception and start using it immediately.

If you would like the contraceptive injection (Depoprovera) it can be arranged at the same time. The contraceptive implant (Nexplanon) can also be arranged.

If you would prefer to have a coil we can discuss using the injection or the Progesterone only pill (POP) as a bridging method until it can be fitted.

What is the advice for patients following Medical Termination of Pregnancy?

You should expect to have some further bleeding for 7-10 days.

Medical Termination of Pregnancy is a safe and effective procedure, but you should be aware of the following potential problems.

1. On-going pregnancy:

If pregnancy tissue has been confirmed by a member of the nursing staff, then on-going pregnancy is extremely unlikely.

If your pregnancy was less than 10 weeks, we ask that you do a pregnancy test 3 weeks following the termination. If this is positive we would like you to call us.

(Please note the pregnancy test will be positive for about 1 in 5 women as the hormone takes time to disappear, but we would like to talk to you and review your case as appropriate.)

If your pregnancy was more than 10 weeks, we need to be sure that the pregnancy tissue is passed and you must stay on the ward until this is confirmed by a member of staff. In the event that the tissue is not seen, we will arrange for a repeat ultrasound and possible surgical procedure in the following few days.

2. Retained pregnancy tissue:

Any retained tissue will usually pass by itself. If you have symptoms of bleeding or discharge that persist beyond 3 weeks however, you should call us for advice..

3. Infection:

If you have a temperature, or pain that is not managed with Paracetamol and/or Ibuprofen, please call us.

You should not drink alcohol or smoke until 48 hours after the procedure.

We advise you not to have sexual intercourse, or use tampons until the bleeding stops.

Please remember that it is possible to get pregnant again soon after a termination and you should start using a method of contraception immediately after the procedure.

Please call **Clinic 2 (01392 406503)** or **Wynard ward (01392 406512)** if you have any symptoms mentioned above, or any other concerns.

Contact numbers

Counsellors..... **01392 406678**

Wynard Ward **01392 406512**

Clinic 2 Co-ordinator **01392 406503**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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