

Termination of Pregnancy

Patient Information

Gynaecology Services

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You have decided that a termination of pregnancy is the right course of action for you to take, yet you may still experience feelings of guilt mixed with feelings of relief. There is a counselling service available should you wish to speak to someone and our staff will be happy to give you their contact telephone numbers.

If you are 12 weeks pregnant or less when you attend the clinic, you can choose to have either a Surgical Termination of Pregnancy or a Medical Termination of Pregnancy (a non-surgical procedure) both of which will be discussed within this leaflet.

Ward 2 Leigh Infirmary

Telephone number: 01942 264830 or 01942 264256 Monday to Friday 8am to 4pm
Our out of hours telephone number is for Swinley Ward (RAEI) 01942 822568

Medical Termination of Pregnancy

Initial consultation

This appointment is a '**Telephone Consultation Only**' where patients are triaged over the telephone. This involves taking a medical history and being counselled regarding treatment options. An appointment within 24-48hours will then be offered for you to attend the unit where you will have a transvaginal scan to determine the pregnancy gestation and consent obtained for your chosen treatment.

Will a medical termination of pregnancy be suitable for me?

Most women can have the treatment. However, you should not have the procedure if:

- You are not definitely pregnant
- You have a ectopic pregnancy (pregnancy outside of the uterus)
- You are allergic to any of the ingredients in Mifepristone or Misoprostol
- You are taking any Corticosteroid treatments
- You have any illness or you are taking treatments that may stop your blood clotting
- You have liver or kidney disease
- You have a heart complaint, have an artificial valve fitted to your heart or you are receiving treatment for high blood pressure
- You suffer from diabetes, asthma, bronchitis or high cholesterol.

If any of the above applies to you, you should tell the nurse when you first visit the clinic.

When attending an appointment for a Medical Termination of pregnancy

You will be seen in the Termination of Pregnancy clinic, where you will meet two nurses who specialise in sexual and reproductive health. A Nurse Sonographer will perform an internal vaginal ultrasound scan to check that the pregnancy is in the uterus and also

confirm your pregnancy gestation. You will be required to sign two consent forms with the nurse. One of the consent forms is to confirm that you wish to proceed with the medical termination of pregnancy and the other consent form is optional to sign if you wish foetal tissue to go for cremation after the procedure. (This is discussed below and complies with the Trust policy).

This procedure involves medication to terminate your pregnancy. A medical termination of pregnancy can be performed up to and including 12 weeks gestation.

There are 3 options available depending on your pregnancy gestation and age:

If you are under the age of 16 years then you will need to be assessed by a Doctor and required to stay as an inpatient for your treatment as a daycase.

Option 1

Mifepristone & Misoprostol up to and including 9 weeks gestation opting to go home

- You will be given a tablet of 200mg Mifepristone to take orally on the unit which is the first stage of the treatment.
- You can then either proceed with the second stage of the treatment where the nurse will insert 800mcg Misoprostol tablets vaginally. (Tablets taken together may increase the risk of an ongoing pregnancy although the evidence isn't clear).

OR

- You can take 200mg Mifepristone orally on the unit which is the first stage of the treatment. Then you will be given some other medication 800mcg Misoprostol tablets to take home for self-administration 24-48hrs later to be either insert vaginally (preferred option) or taken buccal (dissolved along the gum line), this is the second stage the treatment.
- A relative or friend must attend this appointment with you and stay and support you at home for 24hrs following treatment.

Option 2

Mifepristone & Misoprostol up to and including 10 weeks gestation opting to go home

- You will be given a tablet to take orally 200mg Mifepristone on the unit this is the first stage of the treatment. You will then be given some other medication, 800mcg Misoprostol tablets, to take home for self-administration 24-48hrs later to be inserted vaginally (preferred option) or taken buccal (dissolved along the gum line). This is the second stage of the treatment.

OR

- You will be given a tablet to take orally 200mg Mifepristone on the unit which is the first stage of the treatment. You will then attend Ward 2 again 24-48hrs later for administration of 800mcg Misoprostol inserted vaginally (preferred option) by a nurse or taken buccal (dissolved along the gum line), this is the second stage of the treatment.
- A relative or friend must attend this appointment with you and stay and support you at home for 24hrs following treatment.

Option 3

Mifepristone & Misoprostol from 10 weeks plus 1 day and up to and including 12 weeks plus 6 days gestation you are required to stay as an *INPATIENT* for your procedure

- You will be given a tablet of 200mg Mifepristone to take orally on the unit this is the first stage of the treatment. You will then return to Ward 2 for the second stage of your treatment 24-48hrs later as a day case inpatient. You will then be given 800mcg Misoprostol which can be inserted vaginally (preferred option) by a nurse or taken buccal (dissolved along the gum line). If after 4 hours no pregnancy tissue is passed you will then be given a further 400mcg Misoprostol which can be inserted vaginally by a nurse or taken buccal.
- Relatives are **NOT** permitted to stay with you on the day of the treatment (**unless you are under the age of 16 years**) but a relative or friend must collect you on discharge and stay and support you for 24hrs at home following treatment.

Risks of Medical Termination of Pregnancy

It is reassuring to know that this procedure is very safe. However, no procedure is absolutely safe and it is important that you know what the risks are:

- **Bleeding** – will occur as this is normal after taking the medication.
- **Blood transfusion** – only required if you bleed heavily (**rare**)
- **Infection** – this is unlikely. However, if it is thought necessary a course of oral antibiotics called Doxycycline will be prescribed as a take home medication. (**Rare**)
- **Failure to completely empty the uterus (retained products) or failure to terminate the pregnancy (Rare 1-100)** – you will be given a follow up appointment to attend for a rescan after one week if you think that this is the case. If on scan the pregnancy is still there then more medication or a surgical procedure will be required depending on how many weeks pregnant you are.

Treatment expectations and side effects

First stage of the treatment

- After taking the Mifepristone tablets, the first stage of the treatment, you may experience some light vaginal bleeding but not all women experience this. In rare cases some women may experience heavier vaginal bleeding with blood clots which can lead to miscarrying before having the second stage of treatment medications. Please inform the nurse if this occurs.
- You may also experience some cramp-like discomfort similar to a period-like pain, when we will advise that you take some pain relief like Paracetamol or Codeine based tablets only. **DO NOT TAKE ASPIRIN, NUROFEN, IBUPROFEN, VOLTAROL or NAPROXEN**, as these can stop the first stage of the treatment from working properly.
- Other possible side effects could be: diarrhoea, nausea, vomiting, dizziness and hot flushes which shouldn't last too long.

Second stage of the treatment

- After the administration of Misoprostol either (vaginally or buccal) at some point you will start to experience heavy vaginal bleeding, much heavier than a normal period, and also pass blood clots which can sometimes be as large as the palm of your hand in size. You will also experience abdominal pain which we advise you take pain relief as explained above. These are normal expectations of the treatment and no reason to panic.
- The tablets can cause some side effects such as: diarrhoea, nausea, dizziness and hot flushes.
- You must stay at home and near to a bathroom for at least 8 hours after taking Misoprostol.

Discharge advice

- You **MUST** have someone who can support you throughout your treatment. They **MUST** be available to drive you home or go in a taxi with you and then care for you at home and be available to stay overnight with you. **YOU CANNOT GO HOME ON PUBLIC TRANSPORT.**
- **NO TREATMENT WILL BE GIVEN IF YOU HAVE NO ONE AVAILABLE TO CARE FOR YOU FOLLOWING YOUR TREATMENT.**
- You are advised **NOT** to smoke or drink alcohol during your treatment until the pregnancy has been passed.
- Use of sanitary pads **ONLY** throughout your treatment. **DO NOT** use tampons until your next period. **(Reduces the risk of infection)**
- It is very important to drink plenty of fluid throughout your treatment and follow a healthy diet.

- You will experience some vaginal bleeding for several weeks following the treatment. You are advised **NOT** to have sexual intercourse for two weeks or longer if you are still experiencing vaginal bleeding or a brown discharge. **(Use of a condom will reduce the risk of infection).**
- You are advised to have a shower instead of a bath and **NOT** to go into a swimming pool or hot tub for at least two weeks or longer if you are still experiencing vaginal bleeding or a brown discharge. **(Reduce the risk of infection).**
- You will be given a pregnancy test to do at home three weeks following your treatment and asked to telephone the unit with your result. This is to ensure that the treatment has been successful.
- Advice will be given with regards to your choice of contraception.
- You may resume normal activities the following day, but if you have a physically demanding job you may decide to take a few more days off.
- Contact numbers are Ward 2 Monday to Friday 8am to 4pm 01942 264830 or 01942 264256. Our out of hours contact service is Swinley Ward (RAEI) 01942 822568.

Surgical Termination of pregnancy

Initial consultation

This appointment is a '**Telephone Consultation Only**' where patients are triaged over the telephone. This involves taking a medical history and being counselled regarding treatment options.

An appointment within 24-48hours will then be offered for you to attend the unit where you will have a transvaginal scan to determine the pregnancy gestation and consent obtained for your chosen treatment.

When attending an appointment for a surgical termination of pregnancy.

You will be seen in the Termination of Pregnancy clinic, where you will meet two nurses who specialise in sexual and reproductive health. A Nurse Sonographer will perform an internal vaginal ultrasound scan to check that the pregnancy is in the uterus and also confirm your pregnancy gestation. You will be required to sign two consent forms with the nurse. One of the consent forms is to confirm that you wish to proceed with the surgical termination of pregnancy and the other consent form is optional to sign if you wish foetal tissue to go for cremation after the procedure. (This is discussed below and complies with the Trust policy). Bloods will be obtained to establish your haemoglobin level and blood group prior to procedure.

You will then be given an appointment for the next available treatment slot.

There are 2 options available for this treatment:

Option 1

A Surgical Termination of pregnancy using Manual Vacuum Aspiration (MVA) under a local anaesthetic up to and including 12 weeks and 6 days gestation.

This is a small hand held device which is used to remove pregnancy tissue from the womb. A local anaesthetic is used for this treatment in the form of an injection onto the cervix (neck of the womb).

This treatment is offered as an additional choice to women who want a surgical termination of pregnancy but who want to avoid having a general anaesthetic.

Day of admission

On the day of your admission, you will book in at admissions then go up to the ward area. A nurse will show you to your allocated bed and carry out some basic tests to ensure your fitness for the operation i.e. your temperature, pulse and blood pressure.

You will have already been advised to have a light diet prior to attending for your treatment.

You will have a drug called Misoprostol prescribed for you which will be inserted vaginally by a nurse. Its aim is to soften the cervix. Misoprostol has not yet been licensed for this treatment, though we do widely use it for this procedure to reduce the likelihood of causing any damage to the cervix. You will also have been given some pain relief called Naproxen.

The doctor will meet you and go through any questions that you may have. You will be asked to sign a consent form if you haven't already done so. A nurse and a health care assistant will stay with you throughout the procedure. They will assist the doctor and provide reassurance and support. A local anaesthetic is injected into the cervix and a cold local anaesthetic gel is also inserted. The cervix is then dilated (stretched) gradually. A narrow suction tube is then inserted into the uterus to remove the pregnancy tissue. At this stage you will experience a period like pain. The whole procedure will take about 10 – 15 minutes.

After the procedure

After the procedure, you can rest in a recovery area with refreshments until you feel able to go home. Usually you are fine to leave within an hour. You may experience some period-like pains after the procedure. Pain killers are available if you need them. You may experience some light vaginal bleeding afterwards which can last for a few weeks. If it becomes heavy, you need to contact us via telephone 01942 264830 or 01942 264256. Our out-of-hours contact service is Swinley Ward (RAEI) 01942 822568 if you need to see a doctor. You will be given a pregnancy test to do at home three weeks following your treatment and asked to telephone the unit with the result. This is to ensure the treatment has been successful.

Are there any risks?

These are mostly the same as for a surgical termination under general anaesthetic (see option 2). There is a very small risk of having a reaction to the local anaesthetic.

What are the benefits?

MVA has been shown to:

- be 99.5% effective
- be associated with less blood loss
- avoids the risks associated with general anaesthetics
- require a shorter length of stay in hospital than general anaesthetic.

What are the disadvantages?

Some women prefer not to be aware of the procedure. You may worry about coping with pain or anxiety.

Option 2

A Surgical Termination of pregnancy under a general anaesthetic up to and including 12 weeks and 6 days gestation.

Day of admission

On the day of your admission, you will book in at admissions then go up to the ward area. A nurse will show you to your allocated bed and carry out some basic tests to ensure your fitness for the operation i.e. your temperature, pulse and blood pressure.

You will have been already advised to fast for 6 hours prior to your procedure.

If you are suffering from symptoms of a cold or sore throat on the day of your admission please ensure that you inform the nurse and the anaesthetist.

You will have a drug called Misoprostol prescribed for you which will be inserted by a nurse vaginally. Its aim is to soften the cervix. Misoprostol has not yet been licensed for this treatment, though we do widely use it for this procedure to reduce the likelihood of causing any damage to the cervix.

You will be asked to change into a theatre gown, your dressing gown and slippers in preparation for your transfer to theatre. The Doctor and the anaesthetist will come up to the ward to speak to you prior to your treatment and check your consent.

A member of staff will take you down to theatre where you will meet the theatre team in the reception area. You will then be taken into the anaesthetic room where a needle will be inserted into the back of your hand by the anaesthetist who will have already discussed this with you on the ward.

The operation will be carried out with a general anaesthetic and lasts around 10 minutes. The contents of the womb will be removed by suction. You will be nursed in the recovery area for up to one hour before returning back onto the ward. If you experience any pain following the operation the nurse in recovery will give you pain relief by either injection or tablet. You may feel slightly drowsy and sick but this should wear off after a few hours.

On returning back to the ward you may experience bleeding from the vagina after the procedure. You may also experience some lower back or abdominal pain, which again is quite normal but please ask the nurse for pain relief if it is unbearable.

A light diet will be provided prior to discharge. After two hours a member of the nursing team will contact your named relative to come and collect you to take you home. If, however, it is thought that you are not recovering well, then you will be advised to stay in hospital overnight and this will mean a transfer by ambulance to Wigan RAEI site.

Risks

It is reassuring to know that this operation is very safe. However, no procedure is absolutely safe so it is important that you know what the risks are:

- **Bleeding** – the procedure itself will result in vaginal bleeding. There is a small chance of tearing the cervix, which may also cause vaginal bleeding, though this would usually be noticed at the time and repaired.
- **Blood transfusion** – only required if you bleed heavily (**rare**)
- **Infection** – this is unlikely but you will be discharged with an antibiotic called Doxycycline one tablet twice daily for three days. If after discharge you notice an increase in vaginal bleeding, lower abdominal pain, a raised temperature or a smelly discharge then either contact ward 2 Leigh Infirmary 01942 264380 or 01942264256 (Monday to Friday 8am to 4pm) or our out-of-hours' on Swinley Ward at RAEI 01942 822568 for an appointment to see one of the doctors.
- **Thrombosis (blood clots in lung/leg)** – this is unusual in early terminations of pregnancy.
- **Failure to completely empty uterus (retained products) or failure to terminate the pregnancy (rare)** – this is more likely before seven weeks of pregnancy, which is why the operation is not normally performed before this time. However, it can rarely happen at later dates so it is important to contact Ward 2 Leigh Infirmary 01942 264830 or 01942 264256 (Monday to Friday 8am to 4pm) or, out of hours Swinley ward RAEI 01942 822568 to arrange an appointment if you notice a smelly discharge or you continue to feel pregnant.
- **Perforation of the uterus, damage to the cervix or damage to internal organs (rare).**

Other procedures in the event of complications occurring:

- Laparoscopy – camera examination of the abdomen
- Laparotomy – open abdominal operation

Discharge advice

- You **MUST** have someone who can support you throughout your treatment. They **MUST** be available to drive you home or go in a taxi with you and then care for you at home and be available to stay overnight with you. **YOU CANNOT GO HOME ON PUBLIC TRANSPORT.**
- **NO TREATMENT WILL BE GIVEN IF YOU HAVE NO ONE AVAILABLE TO CARE FOR YOU FOLLOWING YOUR TREATMENT.**
- Use of sanitary pads **ONLY** throughout your treatment. **DO NOT** use tampons until your next period. **(Reduces the risk of infection)**
- You may experience some vaginal bleeding for several weeks following the treatment you are advised **NOT** to have sexual intercourse for two weeks or longer if you are still experiencing vaginal bleeding or a brown discharge. **(Use of a condom will reduce the risk of infection)**
- You are advised to have a shower instead of a bath and **NOT** to go into a swimming pool or hot tub for at least two weeks or longer if you are still experiencing vaginal bleeding or a brown discharge. **(Reduce the risk of infection)**
- Advice will be given with regards of your choice of contraception
- Contact numbers are Ward 2 Monday to Friday 8am to 4pm 01942 264830 or 01942 264256. Our out-of-hours' contact service is Swinley Ward (RAEI) 01942 822568.
- You will be advised not to work, drive or sign any legal documentation for 48 hours after discharge because the effects of the anaesthetic in your body.

Other valuable information

Breast feeding

If you are currently breast feeding, please discuss this with the nurse during your telephone consultation.

Contraception

Please remember it is possible to get pregnant before your next period so it is important to use some form of contraception. During your telephone consultation the nurse will discuss contraceptive options with you and give advice as the nurse is Family Planning trained. You will be discharged home with a supply of condoms. You will be advised to use the condoms alongside your other contraceptive choice to reduce the risk of infection developing and also ensure your chosen contraceptives effectiveness as you may have been prescribed some antibiotics.

Anti-D

If your blood group is Rhesus Negative, you may require an injection of Anti-D before discharge. This is only applicable to patients having surgical termination of pregnancy or failed medical termination of pregnancy as an inpatient. The nurse will discuss this with you on your admission.

Disposal of foetal remains

Foetal tissue from a termination of pregnancy that is passed in the hospital is treated respectfully and cremated. You may be asked to sign a form stating that you agree to this on your scan or treatment visit. This complies with the Trust policy guidelines.

Confidentiality

All health care professionals have a duty of care not to disclose any information unless requested by you to do so or it is in the interest of your safety.

Counselling

Please speak to any member of staff regarding accessing Counselling services or Mental Health services.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website:
https://www.wvl.nhs.uk/patient_information/leaflets/

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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