Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Title of Guideline	**Care of women undergoing surgical termination of pregnancy**
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Division & Specialty	Surgery - Gynaecology
Guideline Number	**Gyn 021**
Version Number	12
Date of Review	December 2026
Approving Committee(s)	Clinical Cabinet
Date of Approval	December 2023
Explicit definition of patient group to which it applies	Pregnant women in first trimester
Abstract	
Statement of evidence base of the guideline Evidence Base (1-5)	
Consultation Process	O&G Guideline Group
Target Audience	Gynaecology staff
This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.	

1a	Meta analysis of RCT
1b	At least 1 RCT
2a	At least 1 well designed controlled study without randomisation
2b	At least 1 other well designed quasi experimental study
3	Well –designed non-experimental descriptive studies (ie comparative / correlation and case studies)
4	Expert committee reports or opinions and / or clinical experiences of respected authorities
5	Recommended best practise based on the clinical experience of the guideline developer

Care of women undergoing surgical termination of pregnancy

Definition

Termination of pregnancy before 24 weeks gestation by surgical intervention, provided for under the Abortion Act 1967.

Introduction

"Induced abortion is one of the most commonly performed gynaecological procedures in Great Britain with around 180,000 terminations performed annually in England and Wales and around 12,000 in Scotland" RCOG 2000. Baird et al (1995) highlight that early medical abortion has been demonstrated to be a safe alternative to surgery.

The RCOG guidelines state that ideally a choice of surgical or medical abortion should be offered by abortion services. Slade et al (1998) highlight that medical and nursing staff need to give an accurate and detailed description of the process to ensure informed choice is given. This should be reinforced by written information. Information is given at the TOP counselling clinic on Ward 2 Leigh Infirmary, where patients are seen by both a nurse. Garg et al (2001) emphasised a need for adequate follow up arrangements to ensure compliance of chosen method of contraception to prevent further unplanned pregnancies. Ward 2 also offer a TOP follow up clinic.

Procedure

	Action	Rationale
1.	Follow admission procedure as identified in Day Case Care Pathway.	To obtain base line observations and identify deviations from normal.
2.	Check that medication has been prescribed and given as described in guideline Gyn 22 *Pre-Termination of Pregnancy Clinic*	
3.	Check that a consent form has been completed by a practitioner trained in delegated consent or able to perform the procedure. If not contact the surgeon for the list and alert for the need to take consent.	Informed written consent is required before the procedure and before inserting preoperative misoprostol.
4.	Give preoperative misoprostol 400 mcg pv if indicated (i.e. nulliparous)	The cervix is likely to be less easy to dilate in these cases and misoprostol facilitates this reducing the risk of cervical damage.

5.	Discuss the following prior to transfer to theatre. • The procedure to be undertaken. • Post-operative care. • Options for sensitive disposal of fetal tissue and obtain consent. (Guideline Gyn 42) • Availability of Counselling Services	To assist women to understand the nature of the operation to be undertaken. To reduce anxiety following procedure. To enable informed choices for women. To provide information to enable access to psychological and emotional support.
6.	Prepare and transfer to theatre following completion of pre-operative check list.	Correct identification and reduction of risks prior to administration of anaesthetic.
7.	Provide nurse escort to transfer back to ward.	To monitor condition of women between theatre and ward.
8.	Post-operative care to be given as per care pathway and individual needs.	To facilitate safe recovery from anaesthetic and identify deviations from normal.
9.	Prior to discharge check blood group and if Rhesus negative give Anti-D 500 i.u. IM (1500U Rhophylac if no D-Gam available)	To minimise chance of Rhesus haemolytic disease in future pregnancies

10.	Prior to discharge, the following information should be given: - • Contact numbers for Ward 2 Leigh Infirmary/ Swinley Ward RAEI • Discharge medication including Doxycycline 100mg one tablet taken orally twice daily for 3 days. • Counselling information. • Family Planning information – check that the patient receives a supply of her chosen contraceptive • Telephone pregnancy test review after 3 weeks at Consultant request	To allow the women access to services to aid her recovery. To try to prevent a recurrence of unplanned pregnancy

References

National Institute for Health and Care Excellence. (2019). Abortion care *(NICE Guideline No. 140). Retrieved from https://www.nice.org.uk/guidance/ng140*

Baird D.T., Sukcharoen N & Thong KJ (1995) Randomised trial of misoprostol and cervagem in combination with a reduced dose of mifepristone for induction of abortion. Human Reproduction 10: 1521 - 1527.

Garg M et al (2001) Journal of Family Planning and Reproductive Health Care. 27: 2: 77-80

Slade P Heke S Fletcher J & Stewart R (1998). A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. British Journal of Obstetrics and Gynaecology. 10: 1288-1295.