

Title of Guideline	First Trimester Medical Termination of Pregnancy
Contact Name and Job Title (Author)	Shatha Attarbashi, Consultant O&G
Division & Specialty	Surgery - Gynaecology
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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)	
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
Consultation Process	O&G Guideline Group
Target Audience	Gynaecology staff
<p>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.</p>	

First Trimester Medical Termination of Pregnancy

Definition

A first trimester termination of pregnancy (TOP) is an induced abortion using oral/vaginal medication up to and including 12 weeks gestation. Ewart and Blinkoff (1998) state that *"medical abortion is the use of drugs such as mifepristone, rather than surgery to terminate pregnancy in its early stages."*

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 NICE guidelines (2019) state that a choice of method for abortion should be offered by abortion services. 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 nurses who have been assessed to be competent in this process. 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.

Procedure

	Action	Rationale
	Termination of pregnancy clinic	
1.	<p>This appointment is a Telephone Consultation Only where patients are triaged over the telephone. This involves taking a medical and surgical history and being counselled regarding treatment options up to and including 12 weeks plus 6 days gestation.</p> <p>Give details of the counselling service available to patients following a medical abortion</p>	<p>To assess whether TOP is agreed between practitioner and patient and to ensure that the patient makes an informed choice.</p> <p>Make the patient aware that this exists if she requires it at any time either immediately or in the future.</p>
2.	<p>Check no contraindication to mifepristone:</p> <ul style="list-style-type: none"> • Long term corticosteroid therapy. • Suspected ectopic pregnancy • Treatment with anticoagulants • Severe asthma that required 2 or more hospital admissions in the last 12 months • Chronic adrenal failure • Abnormal liver function • Inherited Porphyria <p>There are no specific contraindications to misoprostol</p>	<p>If there is a contraindication then this method of TOP may not be suitable. The option of having misoprostol without mifepristone can be considered but the patient needs to be aware that the overall success of this technique is not known.</p>
3.	<p>Women with heart disease may undergo medical termination of pregnancy. Antibiotic prophylaxis is only recommended if there are risk factors (NICE 2008):</p> <ul style="list-style-type: none"> • women who have had valve replacement • acquired valvular heart disease with stenosis or regurgitation • hypertrophic cardiomyopathy • previous history of endocarditis 	

4.	<p>Check that form HSA1 has been signed by two doctors. Patient's signature on consent form to be obtained by nurse for whom delegated consent has been approved.</p> <p>The doctor prescribing the medication will be responsible for completing HSA4 to declare that the termination has been performed.</p> <p>This will be completed on line by the support staff on Ward 2 but has to be validated by the doctor prescribing the medication</p>	To conform with legislation.
5.	<p>Prescription written for:</p> <ul style="list-style-type: none"> • Mifepristone 200 mg orally. • Misoprostol 800 micrograms given either vaginally or buccal. • For inpatients with a gestational age of 10⁺¹ weeks and up to and including 12⁺⁶ weeks prescribe a further 1 dose of 400micrograms Misoprostol to be given vaginally or buccal 4 hours later. • Codydramol 2 tablets 6 hourly • Routine antibiotic prophylaxis is NOT needed for medical termination If women are a high risk for sexually transmitted infection prescribe Doxycycline 100 mg twice daily for 3 days. 	To enable prompt administration of medication on admission.
6.	<p>Contraception discussed by nurse. Link to relevant information leaflets given to the patient.</p> <p>Condom use advocated in conjunction with chosen method of contraception.</p>	<p>Written information reinforces verbal information already received.</p> <p>To prevent future unwanted pregnancies.</p> <p>To promote safe sexual practice.</p>

7.	Disposal of the fetal remains needs to be discussed with the patient as specified in Guideline Gyn 42. - <i>Respectful disposal of fetal tissue up to 24 weeks gestation</i> and the appropriate consent form (Wigan Cremation Form Side A) signed if not already completed in clinic.	Ethical and legal requirements
8.	Patient then attends for an ultrasound scan including a transvaginal scan if this is required.	To ensure that the pregnancy is intrauterine. To confirm gestational age and viability.
9.	Mifepristone will be given at the scan appointment and a further appointment will be given to re-attend for Misoprostol along with contact numbers and information leaflets.	To ensure patient is fully informed of admission and has contact numbers.
Mifepristone & Misoprostol up to and including 9⁺⁰ weeks gestation opting to go home		
10.	For medical termination up to and including 9 ⁺⁰ weeks, women can be given the choice of either: Taking oral 200mg Mifepristone and vaginal 800mcg Misoprostol at the same time Or Alternatively taking the 800mcg Misoprostol home as a TTO for self-administration 24-48 hrs later vaginally or buccal.	Explain to the patient having Mifepristone and Misoprostol at the same time may increase the risk of ongoing pregnancy, and it may increase with gestation although the evidence is not very clear.

11.	<p>When the patient attends:</p> <ul style="list-style-type: none"> • Complete nursing documentation. • Check patient consent • Administer medication and allow home with TTO misoprostol if required 	<ul style="list-style-type: none"> • To ensure that staff have the correct details and an emergency contact number. • Ensure correct person for the correct procedure
<p>Mifepristone & Misoprostol from 9⁺¹ weeks up to and including 10⁺⁰ weeks gestation opting to go home.</p>		
12.	<p>For medical termination between 9⁺¹ weeks up to and including 10⁺⁰ weeks, women can be given the choice of either:</p> <p>Taking 200mg Mifepristone orally and then taking the 800mcg Misoprostol home as a TTO for self-administration 24-48 hrs later vaginally or buccal.</p> <p>Or</p> <p>Return to Ward 2 for administration of 800mcg Misoprostol by a nurse either vaginally or buccal 24-48 hours later and then going home</p>	<p>Between 9 and 10 weeks gestation mifepristone and misoprostol should not be offered at the same time</p>
13.	<p>When the patient attends for mifepristone:</p> <ul style="list-style-type: none"> • Complete nursing documentation. • Check patient consent • Give mifepristone and allow home wither with TTO of misoprostol or with date and time to return to Ward 2 for misoprostol 	<ul style="list-style-type: none"> • To ensure that staff have the correct details and an emergency contact number. • Ensure correct person for the correct procedure

	Discharge advice for all those opting to go home up to 10⁺⁰ weeks gestation	
14.	<p>Explain anticipated expectations of events also give an information leaflet with relevant information reiterating this in a discharge pack.</p> <p>Contact numbers for Ward 2 Leigh and Swinley Ward RAEI</p> <p>Advised if no products of conception passed within 1 week then to contact Ward 2 for a rescan to assess uterus.</p> <p>Check has an adult to accompany home and stay with them for 24hours and advise against public transport.</p> <p>The patient must be given advice about disposal of the products of conception when they are passed at home and a contact number to seek further advice if she requires it. She must be given the option for the products to be brought to the hospital and disposed of in the same sensitive manner as if they had been passed whilst in hospital.</p> <p>All discussion points must be documented clearly in the notes.</p> <p>Check has contact numbers as above.</p> <p>Give the patient GP letter</p> <p>Give 3 week follow up pregnancy testing kit and advice if positive after 3 weeks contact Ward 2 for a follow up scan.</p>	<p>To avoid anxiety.</p> <p>To ensure that the patient can contact us.</p> <p>A repeat dose of Misoprostol vaginally or buccal or alternative treatment to be considered</p> <p>To provide support.</p> <p>Disposal of the products may be a sensitive and emotional issue for the patient. (See Guideline Gyn 42)</p> <p>It needs to be clear that this advice has been given to the patient to avoid subsequent complaints.</p> <p>To keep the GP informed of procedure.</p> <p>A positive pregnancy test after 3 weeks suggests either the abortion hasn't been successful or there is a molar pregnancy.</p>

	Mifepristone & Misoprostol from 10⁺¹ and up to and including 12⁺⁶ weeks gestation as an inpatient.	
15.	For medical termination from 10 ⁺¹ up to and including 12 ⁺⁶ weeks gestation women are only given the option of inpatient admission for their treatment	To assess whether products of conception have been passed and monitor blood loss
16.	Patient attends ward for first visit. Mifepristone 200 mg given orally as prescribed by ethically concurring staff.	To enhance action of misoprostol.
17.	<p>When patient attends for administration of mifepristone.</p> <ul style="list-style-type: none"> • Complete nursing documentation • Check patient consent. • Advise against using aspirin and NSAIDs. • Contact numbers given for Ward 2 Leigh Infirmary/Swinley ward RAEI if experiencing any problems. • Give readmission date after between 24-48 hours for second stage 	<ul style="list-style-type: none"> • To ensure that staff have the correct details and an emergency contact number. • Ensure correct person for the correct procedure • To avoid reducing efficacy of mifepristone. • To ensure patient safety and reduce anxiety.

18.	<p>Inpatient admission for Misoprostol</p> <ul style="list-style-type: none"> • Check nursing documentation. • Re-check patient consent • Check BP, Pulse and Temp • Administer 800mcg Misoprostol either vaginally or buccal. • Advice the use of bedpans and each bedpan checked for products of conception. 	<ul style="list-style-type: none"> • To ensure that staff have the correct details and an emergency contact number. • Ensure correct person for the correct procedure. • To obtain baseline observations. • To induce TOP. Misoprostol may be vaginally or buccal dependant on patient preference. Administered vaginally is associated with fewer side effects. • To assess whether products of conception have been passed and to monitor blood loss
19.	<p>If products of conception not passed after 4 hours give misoprostol 400 micrograms orally or vaginally/buccal.</p>	<p>To induce TOP. Misoprostol may be given either orally or vaginally dependent on the patient's preference. If there is significant vaginal bleeding oral may be preferable as the tablets may be expelled from the vagina.</p>
20.	<p>When products passed same sent to mortuary as Guideline Gyn42 - Respectful disposal of fetal tissue up to 24 weeks gestation.</p> <p>Complete and sign Side B of the Wigan Cremation Form</p>	<p>To ensure correct disposal of fetal tissue.</p> <p>To allow cremation to take place.</p>
21.	<p>If patient has passed products but is bleeding heavily or patient is bleeding and has not passed products arrange for transfer to Swinley Ward RAEI for overnight stay.</p>	<p>For further observation and medical intervention if necessary.</p>

22.	<p>If products not passed 3 hours after the last dose of misoprostol and patient is not bleeding, discharge patient.</p> <p>The patient must be given advice about disposal of the products of conception when they are passed at home and a contact number to seek further advice if she requires it. She must be given the option for the products to be brought to the hospital and disposed of in the same sensitive manner as if they had been passed whilst in hospital.</p> <p>All discussion points must be documented clearly in the notes</p>	<p>Expectation of products of conception being passed later.</p> <p>Disposal of the products may be a sensitive emotional issue for the patient. (See Guideline Gyn 42)</p> <p>It needs to be clear that this advice has been given to the patient to avoid subsequent complaints.</p>
23.	<p>If products passed and bleeding settled patient can be discharged home</p>	<p>Termination is complete</p>
24.	<p>For all at discharge</p> <ul style="list-style-type: none"> • Check has contact numbers as above. • Give the patient a GP letter • Give 3 week follow up pregnancy testing kit and advice if positive after 3 weeks contact Ward 2 for a follow up scan. • Give details of the counselling service available to patients following a medical abortion 	<ul style="list-style-type: none"> • To keep the GP informed of procedure. • A positive pregnancy test after 3 weeks suggests either the abortion hasn't been successful or there is a molar pregnancy • Make the patient aware that this exists if she requires it at any time either immediately or in the future.

Antibiotics	
25.	<p>For patients choosing to have termination at home or inpatient who has passed products of conception.</p> <ul style="list-style-type: none"> • Provide antibiotics only if suspected high risk of infection. (Doxycycline 100 mg twice daily for 3 days) <p>For inpatients who have NOT passed products of conception 3 hours after the last dose of misoprostol and patient is not bleeding.</p> <ul style="list-style-type: none"> • Consider antibiotics (Doxycycline 100mg twice daily for 3 days)
	<p>Routine use of antibiotics is NOT recommended following medical abortion.</p> <p>Potential risk of infection is greater if it takes longer to pass products</p>
Contraception	
26.	<p>Contraception should be advised</p> <p>Oral contraception</p> <p>Depo Provera (can be given on day of Mifepristone)</p> <p>Nexplanon or IUCD</p> <p>Condoms</p>
	<p>To prevent future unwanted pregnancies.</p> <p>Family planning leaflets and contact service details to be given in discharge pack.</p> <p>Prescription to be given to commence after Misoprostol.</p> <p>For women who choose Depo Provera IM for contraception on the day of Mifepristone, explain that having the Depo Provera at this stage may increase the risk of an ongoing pregnancy, although the overall risk is low.</p> <p>Can contact relevant GP or Family Planning once they have a negative pregnancy test.</p> <p>To be given in discharge pack</p>

References

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.

Ewart WT & Winikoff B (1998) Toward safe and effective medical abortion. Science 281: 5376: 520-521.

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