

Title of Guideline	<b>Follow Up Clinic After Termination of Pregnancy</b>
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Division & Specialty	Surgery - Gynaecology
Guideline Number	<b>Gyn 023</b>
Version Number	9.0
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Approving Committee(s)	Clinical Cabinet
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Explicit definition of patient group to which it applies	Women undergoing termination of pregnancy
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
<b>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.</b>	

# Follow-up clinic after termination of pregnancy

## Introduction

Following termination of pregnancy, all patients requesting an IUCD or LARC are offered an appointment 3 weeks later. Those having a medical TOP who do not pass products of conception prior to discharge are offered an appointment 1 week later for an ultrasound scan. Patients having a surgical TOP are offered an appointment for an insertion of a LARC post procedure at the follow up clinic if it has not been given during admission.

## **Indications for a specific follow up clinic:**

- To accommodate patient management based on individual clinical need.
- To improve quality of care given to each patient and streamline the service.
- To meet the guidelines set by the Royal College of Obstetricians and Gynaecologists (RCOG).

## **Aims:**

- To provide an efficient service which can provide individual clinical assessment.
- To enhance uptake and continuation of contraception to reduce further unplanned pregnancies.
- The clinic provides continuity of care for patients, who are seen in familiar surroundings by the staff of the day care unit and clinic.
- Reduce the need for patients to be scanned in the EPAU (early pregnancy assessment unit).
- To allow for post treatment counselling and questions as necessary, including referral to counsellor as required.

**Guidelines for Follow Up Clinic following termination of pregnancy**

	<b>Action</b>	<b>Rationale</b>
1.	Assess the patient's reaction following termination of pregnancy.	To enable the psychological and social needs of the patient to be identified and supported.
2.	<p>Assess vaginal bleeding – ideally vaginal bleeding should be settling, non-persistent and non-offensive.</p> <p>Check written documentation in case notes to confirm if products were passed and if complete.</p> <p>If bleeding is persistent, heavy or offensive</p> <ul style="list-style-type: none"> <li>• Patient to be referred for medical opinion and ultrasound scan.</li> <li>• Obtain HVS for culture and endocervical swab for chlamydia.</li> <li>• Check pregnancy test</li> </ul>	<p>To clinically confirm complete evacuation of the uterus and no post procedure infection.</p> <ul style="list-style-type: none"> <li>• Ultrasound scan to check for retained products.</li> <li>• To ensure no post procedure infection is present.</li> <li>• Exclude possibility of molar pregnancy</li> </ul>
3.	Assess the level of pain experienced. If pain settling then no need for medical review. If pain persists, medical advice should be sought.	To assess if retained products of conception or infection present.

4.	<p>Check method of contraception</p> <p>a) If IUCD</p> <ul style="list-style-type: none"> <li>• Arrange fitting if not already done either at the same clinic or on future occasion</li> <li>• Teach to check the threads</li> </ul> <p>b) If COCP</p> <ul style="list-style-type: none"> <li>• Check knowledge of pill use, emergency contraception and use of barrier methods as needed. .</li> </ul> <p>c) If Depo Provera</p> <ul style="list-style-type: none"> <li>• Check and reassure re side effects</li> <li>• Advise re follow up.</li> </ul> <p>d) If condoms</p> <ul style="list-style-type: none"> <li>• Provide supplies</li> <li>• Discuss knowledge re emergency contraception and more reliable methods.</li> </ul> <p>e) If Nexplanon</p> <ul style="list-style-type: none"> <li>• The doctor will insert.</li> </ul>	<p>To ensure patients fully understand the use of their method of contraception and have access to it.</p>
5.	<p>Ensure that relevant documentation is completed.</p> <p>GP letter completed and sent if patient agrees.</p>	<p>To adhere to NMC (nursing and midwifery council) guidelines.</p> <p>To inform GP of procedure and relevant contraception.</p>

### **References**

Nursing and Midwifery Council (NMC) (2015). The Code: Professional standards of Practice and Behaviour for Nurses and Midwives. NMC, London.

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