

Title of Guideline	Pre-Termination of Pregnancy Clinic
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Division & Specialty	Surgery - Gynaecology
Guideline Number	Gyn 022
Version Number	11
Date of Review	December 2026
Approving Committee(s)	Clinical Cabinet
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Explicit definition of patient group to which it applies	Women seeking 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
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.	

Pre-Termination of Pregnancy Clinic

Introduction

In order to comply with the RCOG guidelines, women referred for termination of pregnancy (TOP) are seen and counselled regarding the procedure and given an informed choice of medical or surgical termination including surgical termination under local anaesthesia as an out-patient using MVA (Manual Vacuum Aspiration)

Women who are referred for TOP up to 12⁺⁶ weeks gestation are given an appointment for telephone consultation followed by an appointment to attend Ward 2, Leigh. They are assessed by a nurse and to counsel regarding options by telephone and the attend to have a scan. There is also a counsellor appointment available if required.

Aims of the Clinic

- To ensure that referred women are suitable for first trimester TOP
- To ensure the woman makes an informed choice regarding the type of termination.
- To prepare for admission, giving advice regarding stay and dates and times for admission.
- To offer counselling if required.
- To give family planning advice.

When the women attend clinic they are given an information leaflet regarding medical and surgical termination to read.

All documentation is made electronically.

Guidelines

	Action	Rationale
1.	<p>During the telephone consultation patients are triaged.</p> <p>This involves taking a medical and surgical history.</p> <p>Also counselling regarding treatment options up to and including 12⁺⁶ weeks gestation.</p>	<p>To assess any problems that may lead to a contraindication to either medical or surgical method</p> <p>To identify any contraindications or potential problems relating to day case surgery under general anaesthetic.</p> <p>To ensure patient makes an informed choice regarding options.</p> <p>To assess suitability for different types of contraception.</p>
2.	<p>Follow up appointment for Ultrasound scan is given.</p> <p>If chosen treatment is medical then treatment can commence at this appointment.</p>	<p>To ensure pregnancy is intrauterine and to confirm gestation of pregnancy and viability.</p>
3.	<p>Give specific information regarding whichever method is chosen.</p>	<p>To reduce anxiety by ensuring the patient is fully aware of what to expect on admission.</p>
4.	<p>Blood taken for FBC and group and save (G & S). (For surgical treatments only)</p> <p>Offer women HIV testing (see Appendix 1)</p>	<p>To ensure results are available on admission.</p> <p>FBC to determine baseline.</p> <p>G & S to assess Rhesus group to indicate need for Anti-D. Bloods saved in case it is required in an emergency.</p> <p>Benefits of knowing HIV status; if negative for reassurance, if positive effective treatment available, better outcome.</p>

5.	Obtain consent and check form HSA1 signed. If this has not already been signed by two doctors these signatures will need to be obtained prior to the termination.	To comply with legislation.
6.	Contraception discussed and leaflets given on chosen method. Use of barrier methods in addition advocated.	To reduce the risk of future unplanned pregnancies. To promote safe sexual practice.
7.	Disposal of the fetal remains needs to be discussed with the patient as specified in Guideline Gyn 43 - <i>Respectful disposal of fetal tissue up to 24 weeks gestation</i> and the appropriate consent form (Section A of Wigan Cremation Form) signed if the patient is agreeable.	Ethical and legal requirements
8.	Ensure that we have the correct personal details and emergency contact numbers.	To ensure we have correct details and ascertain whom we may contact if needed.
9.	All patients are required to have a responsible adult to collect them on discharge.	To promote safety on discharge.
10.	Ask patient regarding correspondence to home and GP and indicate choice.	To facilitate appropriate administration of the patient's notes. To ensure confidentiality.
11.	Dates and times are given for admission and fasting times if required (General Anaesthetic patients only).	Patient needs to be aware of this information, as information cannot be sent out due to time constraints and confidentiality.

12.	<p>Prescribe medications</p> <p>If Medical TOP prescribe</p> <ul style="list-style-type: none"> • Mifepristone 200mg orally • Misoprostol 800 micrograms vaginally or buccal. <p>For inpatients prescribe</p> <ul style="list-style-type: none"> • a further one dose of 400 micrograms vaginally or buccal 4 hours later. • CoDydramol 2 tablets 6 hourly PRN. <p>Provide antibiotics Doxycycline 100mg twice daily for 3 day for suspected high risk of infection or incomplete medical terminations who are in patients.</p> <p>If Surgical TOP prescribe</p> <ul style="list-style-type: none"> • Misoprostol 400 mcg pv. • Doxycycline 100mg twice daily for 3 days <p>For any TOP</p> <ul style="list-style-type: none"> • Provide contraception. 	<p>To ensure that admission runs smoothly.</p> <p>To enhance action of misoprostol.</p> <p>To induce miscarriage, second dose prescribed in case first dose ineffective</p> <p>For pain relief</p> <p>To reduce likelihood of infection</p> <p>To prime cervix pre</p> <p>To reduce likelihood of infection</p> <p>For immediate start to prevent future unplanned pregnancies.</p>
13.	Complete check list and document electronically	To make sure all actions completed

References

NICE Guideline 060 (2016). Increase uptake of HIV testing.

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

NB Also cross refer to guidelines for [first trimester medical TOP \(Gyn 19\)](#) and [surgical TOP \(Gyn 21\)](#)

APPENDIX 1

HIV TESTING PATHWAY IN TERMINATION OF PREGNANCY SERVICE

Patient requests an HIV test

Clinician suggests an HIV test

PRE-TEST DISCUSSION:

1. Explain why you are recommending an HIV test e.g. "We routinely offer patients attending specified settings (such as termination of pregnancy service) an HIV test as part of routine care but an individual has the option to refuse a test".
2. Ensure the patient knows the benefits of knowing HIV status:
 - a. If negative: exclusion of HIV from differential and reassurance.
 - b. If positive: effective treatment, earlier treatment = better outcome.
3. Clarify how results will be communicated:
 - *Turnaround time for a routine HIV test is 1-3 days; urgent HIV test – same day testing once sample is in the laboratory).
 - * PAWS Microbiology laboratory: 0161 206 2089.
 - a. A negative result: we will give your results at the clinic.
 - b. A positive result (reactive or equivocal- needs further testing): we will contact you directly and ask you to come to the hospital. You may be asked to repeat the HIV test or will refer you to a team of HIV specialists who have experience managing people living with HIV.
4. Inform of three month incubation period.
 - If you would like to repeat the HIV antibody test, you could self-refer to Spectrum (01942 483188).
5. Only verbal notification that test is being done is required.
6. For advice or referral contact Infectious Diseases Department at North Manchester General Hospital: 0161 624 0420 (switchboard) and request to speak to the Infectious Diseases Specialist Registrar on-call.

Sample: 3.5-5mls of clotted blood (Brown top tube). Can be stored overnight without refrigeration.

Request on ICE:

Click on:

1. Microbiology.
2. Viral Serology.
3. HIV test.

HIV POSITIVE RESULT:

Give result in arranged way.

Patient will need to be referred to the Infectious Diseases Department at North Manchester General Hospital: 0161 624 0420 (as above) to be seen within two weeks of receiving the result.

HIV NEGATIVE RESULT:

Give result in arranged way.

If there has been risk in preceding three months, repeat at appropriate time.

If ongoing risk: Consider need to discuss risk reduction/refer to Spectrum (01942 483188).