

Patient information

Medical termination of pregnancy

Welcome to the Termination Advisory Clinic at West Suffolk Hospital. This leaflet has been compiled to give you information on what you can expect whilst you are with us.

If you undergo a termination with us, it is imperative you read this leaflet fully.

Following a discussion with a health professional, general practitioner, or a family planning nurse, it is your decision and choice to have a termination of pregnancy.

A medical termination may not be appropriate if you are suffering from any of the following medical conditions:

- Cardiovascular disease e.g. cerebro-vascular heart disease, ischaemic heart disease or peripheral vascular disease
- Coagulation disorders, liver disease or kidney disease
- Severe asthma
- Anaemia
- Adrenal failure
- Hereditary porphyria

Or you have had: An adverse reaction to Mifepristone or Misoprostol.

Or you are taking: Corticosteroids, ketoconazole, itraconazole, erythromycin, rifampicin, phenytoin, phenobarbital, carbamazepine, St John's Wort.

If you are taking oral anticoagulants, these may need to be stopped and restarted after the termination.

Medical termination

This procedure can be carried out up to 17 + 5 weeks gestation (in our unit). It involves taking medication which causes miscarriage. It does not involve any surgical procedure or an anesthetic.

The first step in the termination process is taking a tablet of mifepristone to block the pregnancy hormone.

The second step of the process is using prostaglandin (misoprostol), a hormone that makes your womb expel the pregnancy.

There are some situations where medical termination is inappropriate in which case, we may discuss the option of surgical termination.

What does the clinic appointment involve?

- Following referral to the Termination Advisory Clinic, you will be seen by a nurse and a doctor. The procedure will be explained to you in detail, but if you have any questions or are not clear about any information provided, please ask a member of staff.
- An abdominal ultrasound scan will be undertaken to confirm the gestation. Occasionally we will need to undertake a vaginal ultrasound, but the sonographer will explain if this is clinically needed.
- Recent guidance from NICE has recommended that Anti-D is not required for medical termination of pregnancy for gestations less than 10 weeks of gestation. If your pregnancy is beyond 10 weeks gestation, a blood test is taken to confirm your blood group. If you are rhesus negative you will require an Anti-D immunoglobulin injection. This will be given to you in one of your visits in the next few days. Anti-D is a blood product, therefore if you have any objection or concerns regarding having a blood product, please tell the staff looking after you.
- It is recommended that you have a test for chlamydia, which is a self-obtained vaginal swab. We will offer you the opportunity to have a chlamydia test in the clinic.
- Contraception will be discussed with you in detail. We may be able to administer Depo-provera contraception injection while attending clinic (dependent on ward capacity). We can also offer the progesterone only pill (POP or mini-pill) which we are able to give out in the clinic. If you are not sure about the type of contraception you would like to use, the POP or Depo

injection can tide you over until you have had chance to speak to your GP or iCASH about your contraception options.

- For early medical termination (up to 10 weeks), you will be able to pass the pregnancy in the privacy of your own home. You will be given both medications for the termination process at the same time, see section below. The rate of the pregnancy continuing after both medications given together, is 2.4%, but is much lower, (less than 1%) if the misoprostol is taken after 36 – 48 hours.

Under 10 weeks gestation

How is the medication administered?

- You will be asked to take mifepristone tablet in the clinic, which is the first medication in the process. If you vomit within 2 hours, it is important that you return to us to take another dose of this medication.
- Do not drink grapefruit juice while you are being treated with mifepristone as it increases the levels of the medication in the blood.
- You will be asked to take a box of misoprostol home with you.
- The box contains x6 200mcg tablets of misoprostol.
- 4 of these tablets will need to be inserted, 2 tablets at a time, as high into your vagina as possible. We suggest that you lie on the bed for at least 1 hour after doing this to allow the medication to work.
- After 4 hours, take the remaining 2 tablets orally.
- The pregnancy comes away in the bleeding that follows, similar to what happens in a miscarriage. Bleeding may be very heavy with some clots for a few hours before the pregnancy passes. You should use the toilet as often as you want and can flush it as normal. The contractions may be painful. You may feel sick, have vomiting, diarrhoea, headache, dizziness or flushes and sweats.
- Taking regular pain relief will reduce the discomfort, you can use ibuprofen and paracetamol or co-codamol if they are medications you can normally take. Using a hot water bottle may also help.
- The bleeding will then start to slow down but you may bleed on and off for the

next two weeks. Some women bleed for up to ten weeks.

- You may also experience abdominal cramping which can last on and off for a week.
- If you bleed excessively in an hour (soaking three pads or more when resting), contact ward F14 on 01284 713235 or go to the Emergency Department (ED) immediately.
- It is imperative you have someone with you at home whilst this happens to provide you with some support.
- You will have some pain, but this will settle once the pregnancy has passed.
- Contraception advice will be offered in the clinic.

Over 10 weeks gestation

- For all late medical terminations (over 10 weeks), you will have to stay in for the second part of the process, to expel the pregnancy in the hospital.
- You will be given a date and time in the next few days to attend the gynaecology ward F14 for the next step of the termination process.
- Depending on that date you may be asked to come back to take the first tablet as this medication is required 48 hours before the procedure actually takes place.
- Mifepristone 200mg will be given to you to take orally (by mouth). If you vomit within 2 hours it is important that you return to us to take another dose of this medication.
- Do not drink grapefruit juice while you are being treated with mifepristone as it can increase the levels of the medication in the blood.
- You will be given a date and time to return 48 hours after the first medication. Please call the ward on the day to confirm your bed is ready for you, on 01284 713235.

- On the day you will be in a side room with a designated nurse looking after you. You will have a commode in the room, which you will be expected to use, allowing the nurse to monitor everything you pass. You will need to stay in this room until the procedure is complete.
- Please bring with you
 - An overnight bag in case you do not complete on that day
 - Your regular medications
 - Books/games to occupy you – you will be able to access NHS internet
 - Snacks or drinks you may want during the day. We will provide lunch.
- After this appointment, it is essential that you have an adult to escort you home and you do not drive yourself or use public transport.
- Anti-D injection will be given to you if you are Rhesus negative.
- You can also have a contraception injection called Depo-provera if you wish.

Please note (both pathways)

- If you decide to change your mind, please let us know on 01284 713235.
- If you have taken the first mifepristone tablet, and then decide not to proceed with the termination (although we strongly recommend you complete the treatment) you must see us or go straight to see your GP. There is an increased risk of miscarriage and there may be other ongoing risks to the pregnancy although studies are limited and have not confirmed these.
- On the second day of the treatment, you will need to rest so should not work on that day. After that, it depends how you feel.
- You will need to perform a urine pregnancy test **three weeks** following this procedure at home. If the urine pregnancy test is positive, please call us on the above number.
- Do not use internal tampons until your next period – use sanitary towels instead.
- Avoid intercourse until the bleeding stops.
- Use a condom to avoid infection.
- The medication can irritate your stomach, this can be worsened by smoking or

drinking alcohol, so it is recommended to avoid these during the termination process.

- If you are concerned or need advice please phone the ward, which is manned by experienced nurses 24 hours a day.

Aftercare: what to look out for

- Following your termination, it is important to look out for certain symptoms which may indicate an infection or other complication. These include:
 - A high temperature
 - Continuous and heavy bleeding which lasts longer than a week or soaks three or more pads in an hour while resting
 - A general feeling of being unwell
 - Lasting pain
 - Abdominal tenderness
 - Abnormal, unpleasant smelling vaginal discharge.

If you experience any of these symptoms, you should phone the ward on **01284 713235** immediately. Alternatively, you should see your GP or go to the Emergency Department.

How safe is termination?

For most women, a termination is safer than carrying a pregnancy and having a baby. All medical and surgical procedures have risks, but the earlier in pregnancy you have a termination, the safer it is. The clinic staff will explain common risks associated with a termination while going through the consent form with you. If you are in doubt or not clear about any information, please ask.

Vaginal bleeding

You can expect to have some vaginal bleeding for one to two weeks after your termination. Some women bleed on and off up to 10 weeks. This is like a heavy period for the first day or so. This should lessen and may become brown in colour. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

Sexually Transmitted Infection (STI) Screening

You will be offered the opportunity to have a chlamydia swab taken at your appointment. This is a test which you will do in the toilet at the time of your appointment. It involves inserting a small swab into your vagina. The nurse in the clinic will explain how to do the test if you would like one.

What can I do with the pregnancy tissue I have passed?

With a medical termination of pregnancy, you will have bleeding and pass pregnancy remains. Some women may want to look at it, others may not. If you decide to look you might see a sac and depending on the gestation, sometimes an identifiable fetus.

There is no right or wrong way to dispose of any pregnancy remains you pass. Some women feel comfortable passing everything on the toilet and flushing afterwards, others do not and would like alternative options, which could include burying your pregnancy remains at home in the garden or in a pot with flowers. You might like to arrange your own private funeral or cremation. Alternatively, you can choose the hospital arrangements of a woodland burial, that occurs once a month.

If you would like further information, please contact F14 ward or Early Pregnancy Assessment Unit where staff can discuss your options with you in the first instance. The bereavement office is also able to support you with this and they are contactable on 01284 713410 and would be very happy to discuss and support your decision in what can be a very distressing and difficult time.

When should I seek medical advice after a medical termination of pregnancy?

You should seek medical advice from your GP or gynaecology ward on 01284 713235, or attend your local A&E department if you experience:

- Heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain, raised temperature (fever) and flu-like symptoms.
- Painful, red, swollen, and hot leg (to check for DVT (deep vein thrombosis)).
- If you have shortness of breath, chest pain or cough up blood.

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately.

These organisations offer support and information:

iCaSH: Integrated Contraception and Sexual Health Services: Abbey View Clinic, 9/10 Churchyard, Bury St Edmunds, IP33 1RX
Telephone: 0300 300 3030 | www.icash.nhs.uk,

FPA (Family Planning Association): 50 Featherstone Street London EC1Y 8QU
Telephone: 0845 310 1334 | www.fpa.org.uk

Non-profit-making organisations which provide confidential termination services:

BPAS (British Pregnancy Advisory Service)

Head Office, 20 Timothy's Bridge Road Stratford Enterprise Centre Stratford upon Avon Warwickshire CV37 9BF

Booking line: 03457 30 40 30 | www.bpas.org

Marie Stopes International UK has nine centres in England

Telephone: 0845 300 8090 for termination information and appointments

www.mariestopes.org.uk

Meeting your needs

We can provide information about our service in different formats and adapt the ways we communicate with you, depending on your needs. Please let us know what your particular needs are, and we will do our best to help.

F14 contact telephone number: 01284 713235

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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