Medical Termination of Pregnancy

Obstetrics & Gynaecology
Women & Children’s Services

This leaflet has been designed to help you understand the procedure you will be undergoing and to answer some commonly asked questions.
Information for patients and visitors

Introduction
This leaflet has been written to give help and guidance on your referral to the Pregnancy Advisory Clinic.

You have requested a referral to the Pregnancy Advisory Clinic. It is our practice to perform a variety of investigations during your first visit to the clinic. This is to allow the nursing staff to gather various sorts of information about your well-being prior to any treatment that you may choose. There is a Pregnancy Advisory Service at Scunthorpe and Goole General Hospital and Diana Princess of Wales.

Your First Visit to the Clinic

Please report to:

Scunthorpe General Hospital:
B floor right before Church Lane Entrance
Gynaecology Outpatients

Diana Princess of Wales Hospital:
Colposcopy and Hysteroscopy Suite, B floor

What will happen on my first visit?
Your first visit may take up to 3 to 4 hours. You can bring 1 adult with you for support. Please bring any long term medications / inhalers with you at this appointment so that we can check they are compatible with the treatment.

You will have an ultrasound scan – a probe is passed across your lower abdomen to allow the nursing staff to establish the stage of your pregnancy.

It is very important that you attend the clinic with a full bladder as this helps give a more accurate scan result.

If the scan is unclear you may need to have a transvaginal scan. You will be asked to empty your bladder. A special probe with a protective barrier is then inserted, this is not usually felt. Again, this is to establish the stage of your pregnancy. Please note that the person scanning you will not be able to give you any information regarding the termination.

Following the scan you will be seen by a qualified nurse who will:

• explain the whole procedure
• take your medical history
• discuss the treatment options available depending on the results of your scan
• discuss future contraception and offer advice
• give you a time and date to come back for the termination if this is your choice
Information for patients and visitors

- Patient at Goole with significant medical complications or contra-indications to Medical Termination will be referred to Scunthorpe General Hospital.

You will be seen by a doctor who will ask you to sign some consent forms and prescribe your medication.

Your nurse will give you a tablet called Mifepristone as the first part of your treatment.

You will then be asked to go to the Pathology Lab to have some blood samples taken before going home.

**What is the treatment?**

**If You Are 9 Weeks Pregnant or Under**

You will be given one tablet of a drug called Mifepristone to swallow with a glass of water, which you must take at the hospital.

You must return to hospital 2 days later to be given a drug called Misoprostol.

**Scunthorpe General Hospital** patients please come to Gynaecology Ward situated on B Floor.

**Diana Princess of Wales** patients please come to Diagnostic & Investigation Unit (DIU) situated on C Floor. **Goole & District Hospital** patients please come to Ward 5.

Misoprostol is given vaginally and / or orally by a nurse to complete the course of treatment and induce the termination. You will also be given antibiotics orally and rectally. This is to prevent infection.

Most people undergo this treatment in hospital, where you will be cared for by nurses in the clinic. However, depending on where you are attending for treatment, you may be given the choice to either stay in hospital for approximately 6 hours or you may prefer to go home. It is important to consider your safety if you decide to go home. The staff will support you with making the best decision.

If the termination is not complete while you are on the ward you will be asked to return for another scan 2-3 weeks later. If you do not attend for this scan we recommend that you repeat a urine pregnancy test 3 weeks after treatment and seek medical advice if it is still positive as you may still be pregnant. The nurse will give you a follow-up appointment on discharge.

If you have any worries or problems prior to your return you will have been given a contact number that you may ring for advice.

**If You Are Over 9 Weeks Pregnant**

Patient presenting at Goole over 9 weeks will be referred to Scunthorpe General Hospital.

You will be given one tablet of a drug called Mifepristone to swallow with a glass of water, which you must take at the hospital.

You must return to hospital 2 days later to be given a drug called Misoprostol. This is given vaginally and / or orally to complete the treatment.

For more information about our Trust and the services we provide please visit our website: www.nlh.nhs.uk
Information for patients and visitors

After 3 hours you will then be given another dose of Misoprostol vaginally and/or orally, and a further 3 doses at 3-hourly intervals if required. In a few cases, a second course of treatment may be required. You will also be given antibiotics orally and rectally. This is to prevent infection.

What do I need to bring on my treatment day?

<table>
<thead>
<tr>
<th>Pre-Admission Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitary towels for heavy bleeding (at least 20, do not use tampons for this bleeding)</td>
</tr>
<tr>
<td>Pain killers for at home</td>
</tr>
<tr>
<td>Responsible adult for support, especially if having treatment at home</td>
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<tr>
<td>Arrange childcare while in hospital or if having treatment at home</td>
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<tr>
<td>Books / magazines / something to pass the time</td>
</tr>
<tr>
<td>Decide on future contraception</td>
</tr>
<tr>
<td>Bring long term medications / inhalers with you</td>
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How does the treatment work?

**Mifepristone** acts by blocking the uterine effects of progesterone, a hormone that is needed for pregnancy to continue.

**Misoprostol** is similar to a prostaglandin hormone which works by causing your uterus (womb) to contract and your cervix (neck of the womb) to open up to expel the pregnancy.

Please note that Misoprostol is unlicensed by the manufacturer but recommended by the Royal College of Obstetricians & Gynaecologists, (RCOG 2004), for safe use in Medical Termination of Pregnancy.

‘European Community regulations permit Doctors to prescribe unlicensed regimens and permit nurses to administer medicines prescribed outside of a product license’ (RCOG 2004).
Information for patients and visitors

Will the treatment suit me?
This treatment suits most women, however you should not have the treatment if:

- You are not definitely pregnant
- You have an ectopic pregnancy (where the egg has implanted in your fallopian tubes rather than in your womb)
- You have had a contraceptive coil (IUD or IUS) fitted. This would need to be removed prior to the treatment
- You have had a bad reaction, or are allergic to Mifepristone

In some other circumstances the treatment may also be unsuitable, so please tell your Doctor if:

- You suffer heart problems or high blood pressure
- You suffer from asthma, bronchitis or have diabetes
- You suffer from any other conditions, or are taking medicines of any kind
- You know you have a high blood cholesterol level

The Doctor will be able to discuss with you whether you are able to have the treatment

If you are breast feeding you should stop for 14 days after the treatment. You may express and discard the breast milk during these 14 days. Your Doctor will discuss with you when you will be able to restart.

What about other medicines?
Some other medicines may interfere with the treatment and should not be used until the treatment is complete. Please bring any long term medications and inhalers with you and check with your nurse whether it is safe to take them.

Do not take any anti-inflammatory pain killers such as Ibuprofen, Nurofen, Aspirin or Diclofenac.

What risks are there to having a medical termination?
As with any medical treatment, medical termination carries a small chance of complication. The most common complications in the first few weeks following the procedure are as follows:

Persistent Bleeding
Up to 5% of women may experience continued bleeding in the first few weeks following medical termination. Haemorrhage, or excessive bleeding, which requires a blood transfusion is an extremely uncommon side effect.

Pelvic Inflammatory Disease (PID)
Infection within the pelvic cavity, which may involve the uterus, fallopian tubes and ovaries, is a known complication of surgical termination. Although the use of antibiotics does reduce this risk, up to 5% of women may experience this type of infection.
Information for patients and visitors

In the long-term, there is a very small chance that PID can lead to reduced fertility and ectopic pregnancy.

Emotional / Psychological Problems
Up to 6% of women may experience some form of emotional or psychological problem in the weeks following a medical termination.

If you are struggling emotionally following your termination, please discuss this with your GP. The hospital chaplain is also available for emotional and / or spiritual support and can be contacted via the following telephone number: 03033 302489

Other Complications
Other side effects, which may be experienced, are abdominal pain and vaginal discharge.

Every effort is made to reduce the risk of these complications occurring. If you are concerned about any of these complications, please discuss this with the nurse at the Clinic.

Treatment Failure
Bleeding and pain, although a usual part of the process, do not mean that the treatment has been a total success. Treatment failure includes:

- pregnancy is terminated but some tissue remains
- ongoing pregnancy

In a small number of cases the pregnancy may not be expelled at all, or only part of it may be expelled. The failure rate for the treatment is 2% in pregnancies of less than 7 weeks duration, 5% in pregnancies between 7 and 9 weeks duration and 5-10% in pregnancies of over 9 weeks duration.

If your pregnancy test is still positive 3 weeks after your termination you are advised to seek medical advice via your GP as this may be a sign that treatment has failed or is incomplete.

A second course of treatment or a simple operation may be required to complete the process.

What if I change my mind about the treatment?
Once you have taken the Mifegyne tablet you should be aware that you cannot change your mind. This is because there is a risk that if the pregnancy continues the baby may be born with abnormalities. This should be discussed with your Doctor.
Information for patients and visitors

What are the effects of the treatment?

First Part of the Treatment
After taking the tablet nothing will happen for about 12 hours. You may feel unwell – perhaps a little faint or sick – during the first few hours. You may suffer from a headache or a skin rash. In some cases you may experience some bleeding and cramps.

After 12 hours you may start to bleed vaginally. About half the women who have the treatment start to bleed before coming back for the second course of the treatment.

Very rarely, you may experience the termination (which is physically similar to a miscarriage), before coming back for the second part of your treatment. As the pregnancy terminates you may pass large clots, a sac-like structure, placenta and sometimes the fetus which may look like a tiny baby. This often happens when you are sat on the toilet. Most women prefer to flush the toilet at this time which is OK. However, if you wish to retrieve the pregnancy tissue that has been passed and bring it to the clinic, we can arrange for cremation.

Second Part of the Treatment
This is when you return to hospital for the second visit and receive the vaginal and / or oral treatment that will induce the ‘miscarriage’ part of your treatment to end the pregnancy.

Bleeding
If you are not already bleeding, you will start to bleed within a few hours of taking the tablets or vaginal medication. In some cases the bleeding can be very heavy. In a very small number of cases, it is necessary to give a blood transfusion and perform a simple operation (scrape or evacuation of uterus) to stop the bleeding.

Please be aware that an identifiable fetus and placenta may also be seen at the time of the termination of pregnancy.

Pain
If you have a lot of pain you will be given pain killers. Pain can be worse in women who have never been pregnant before or who suffer from painful periods.

It is likely you will get stomach pains and cramps that may be quite strong. Some women describe the pain as severe period pains or full contractions like labour pains.

Side Effects of Medication
Some women have diarrhea, sickness, hot flushes and chills after the treatment has been given. It may also cause dizziness, headaches and sometimes pain in the chest. If any of these happen to you, please tell the nurse.

If you think you are reacting badly to any of the medication, tell your nurse straight away.

If you are over 9 weeks pregnant, we recommend that you stay in hospital until the termination is complete. This can take several hours and sometimes it is necessary to stay in hospital overnight.
**Under 9 weeks**, the treatment is often completed within 6 hours, however, in some cases this will happen after you are sent home. Contact the clinic on the following telephone number if this causes you concern:

**Scunthorpe and Goole & District Hospitals**  
Direct Dial: Pregnancy Advisory Service Office, Gynaecology Ward 19 on: 03033 302015

**Diana Princess of Wales Hospital, Grimsby**  
Direct Dial: Pregnancy Advisory Service, Laurel Ward on 03033 304390  
Or contact your GP.

**Advice After Going Home**

If your treatment is not complete before leaving the clinic, you may experience the termination (which is physically similar to a miscarriage) at home. As the pregnancy terminates you may pass large clots, a sac-like structure, placenta and sometimes the fetus which may look like a tiny baby. This often happens when you are sat on the toilet. Most women prefer to flush the toilet at this time which is OK. However, if you wish to retrieve the pregnancy tissue that has been passed and bring it to the clinic, we can arrange for sensitive disposal of the pregnancy tissue by cremation.

You may bleed vaginally for 2 to 3 weeks after the treatment. The vaginal loss will be bright red and may be heavy with clots for the first 4-5 days. It is normal to have contraction type / period type pains while the loss is heavy. The bleeding will gradually become less and darker in colour but may continue for a total of 2 to 3 weeks. It is not unusual to pass small bits of tissue as well as blood clots. If the bleeding becomes heavy or offensive smelling you must seek medical attention from your GP. **We recommend a repeat urine pregnancy test 3 weeks after your treatment to ensure the termination is complete. If this is still positive you should seek medical advice from your GP as you may still be pregnant.**

It is advisable to continue to use sanitary pads, not tampons, after the treatment to help prevent any infection. If you have vaginal loss that becomes smelly and / or offensive this may be a sign of infection and you will need to see your GP.

It is advisable to rest for the first day following your treatment and then gradually get yourself back into a normal routine

You may experience some abdominal discomfort for 2-3 days after the treatment. This should be settled by taking painkillers that you can buy over the counter.

Sexual intercourse should be avoided until the bleeding has stopped and contraception has been commenced or put in place. If you do have sexual intercourse before your normal contraception is working, you should remember to use condoms to prevent a sexually transmitted infection and to avoid a further pregnancy. Remember that most sexually transmitted infections have no signs or symptoms.
Your menstrual cycle (periods) should return to normal after a termination. If you do not have a normal period after 5 to 6 weeks, contact your GP. It is not unusual to feel weepy and emotional following a termination. This can be due to the hormonal changes during pregnancy, and should settle as your menstrual cycle returns to normal.

In the first few weeks following your termination, if you have:

- Heavy vaginal bleeding with clots
- Severe lower abdominal pain
- Fever or a raised temperature
- Vaginal loss that smells offensive
- Positive pregnancy test 3 weeks later

Or if you are worried or anxious in any way, please contact your GP.

**Follow-Up After Treatment**

All women undergoing a termination of pregnancy are advised to perform a **urine pregnancy test 3 weeks after treatment**. If it still positive this may be a sign that your treatment is incomplete or the treatment has completely failed and you may still be pregnant. If your test is positive after 3 weeks and you have not attended for a follow-up appointment, please seek medical advice as soon as possible.

**Scunthorpe General Hospital**

You must make an appointment to see your GP for a check-up 10 to 14 days after your treatment to ensure that the termination is complete, the bleeding has settled and you are well.

**Diana Princess of Wales**

You will be offered an appointment 2 to 3 weeks after your treatment.

**Goole & District Hospital**

You must make an appointment to see your GP for a check-up 10 to 14 days after your termination is complete, the bleeding has settled and you are well.

**What else should I know?**

**What if I am a negative blood group?**

You will have had a routine blood test when you first arrived for treatment. If it is found that you are a negative blood group, you will require an ‘Anti-D’ injection. The nurse will explain this to you and give you a leaflet to read.

**What about contraception?**

It is possible for you to become pregnant again immediately after a termination, so it is important to decide your method of contraception as soon as possible. This will have been discussed with you during your clinic visit. If you are still undecided what method to use you can discuss this.
Information for patients and visitors

with your own GP and s/he can prescribe medication for you or arrange for a coil or implant to be fitted.

Alternatively, expert contraceptive advice can be found via Virgin Health Care:

**Scunthorpe & Goole**

Please call Virgin Sexual Health on **0300 330 1122** or check on-line on:  
http://www.virgincare.co.uk/vc-providers/sexual-health-north-lincs-ironstone-centre/

**Grimsby**

Please call Virgin Sexual Health on **0300 330 1122** or check on-line on:  
http://www.virgincare.co.uk/vc-providers/sexual-health-north-east-lincolnshire-grimsby-stirling-medical-centre/

**What about drinking alcohol?**

You must not drink alcohol after you have taken Mifegyne, and for at least 2 days after being given the Misoprostol.

**Psychological Care Following A Termination of Pregnancy**

Nobody knows how you will be feeling following your termination. This experience is personal to you.

Many women experience a feeling of loss at some time after a termination, even if they were very certain about their decision. This may not mean that the decision was wrong, but just that it has been difficult to make.

Some women may feel isolated following a termination. This is usually because having a termination is such a private experience it may be hard to talk about to other people.

Some women, on the other hand, may feel relieved and unburdened. It is therefore not surprising that many women will wonder if what they feel is normal.

The nurses are skilled and experienced. If you wish to discuss your feelings following your termination, please contact:

**Scunthorpe and Goole & District Hospitals**

Direct Dial: Pregnancy Advisory Service Office, Gynaecology Ward 19 anytime via Switchboard on: **03033 302015**

**Diana Princess of Wales Hospital, Grimsby**

Direct Dial: Pregnancy Advisory Service, Laurel Ward via Switchboard on: **03033 304390**

**Chaplain**

The hospital chaplain is also available for help, comfort and support at the time of your termination of pregnancy, regardless of your religious beliefs. Please ask the nursing staff to contact the chaplain if you wish to speak to them or telephone: **03033 302489**

For more information about our Trust and the services we provide please visit our website: www.nlg.nhs.uk
Information for patients and visitors

What happens to the fetus after it has been removed?
All fetal remains are dealt with sensitively and with respect. They are sent to the crematorium for cremation.

Scunthorpe General Hospital and Goole Hospital
A service of committal for fetal remains is held each week at the Crematorium on Brumby Wood Lane, Scunthorpe. Please ask staff if you would like any more information.

Diana Princess of Wales Hospital
A service of committal for fetal remains is held in a chapel in the hospital before the remains are taken to the Crematorium. Please ask staff for more details.

Do you need any further information on contraception or Sexual Health?
Scunthorpe & Goole
Please call Virgin Sexual Health on 0300 330 1122 or check on-line on:
http://www.virgincare.co.uk/vc-providers/sexual-health-north-lincs-ironstone-centre/

Grimsby
Please call Virgin Sexual Health on 0300 330 1122 or check on-line on:
http://www.virgincare.co.uk/vc-providers/sexual-health-north-east-lincolnshire-grimsby-stirling-medical-centre/

Further information leaflets on unplanned pregnancy can also be obtained from:
Further information can also be obtained by accessing NHS Direct Online
http://www.nhsdirect.nhs.uk

The ‘Conditions & treatments’ database contains leaflets, books, web resources and patient support groups for a variety of conditions and procedures, including unplanned pregnancy and termination.

Online information is also available from the Family Planning Association website:
http://www.fpa.org.uk/

Reference Sources Used in the Compilation of This Leaflet
Royal College of Obstetricians & Gynaecologists [RCOG]. 2011 The care of women requesting induced Abortion. Available at:
Accessed 22/9/17.

Patient Advice and Liaison Service (PALS)
The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518
Email: nlg-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.

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Scartho Road
Grimsby
DN33 2BA

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

Goole & District Hospital
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