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Sexual & Reproductive Healthcare Services

City Health Care Partnership CIC

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EDM

Early discharge medical
termination of pregnancy

This leaflet has been produced to give you information about early discharge medical termination of pregnancy. It is not meant to replace discussion between you and your doctor or nurse, but can act as a starting point for discussion.

The termination service is a confidential service and any information disclosed during your visit will not be shared unnecessarily (please see the back page of this leaflet for further information).

NHS

What happens?

After pre-assessment, the medical termination of pregnancy takes place over two treatment visits to the service (24 to 48 hours apart) which may be on different sites.

With this procedure you leave the clinic after the second set of tablets.

At the first treatment visit, you will be given a Mifepristone tablet. You will then return to a clinic for a second visit to have 4 Misoprostol tablets. These will be placed between your cheek and gums and will be allowed to dissolve.

You will then be able to go home once the tablets are dissolved. If you feel sick or are likely to feel sick, the tablets can be placed vaginally.

How does it work?

The Mifepristone tablet works by blocking the action of progesterone, a hormone needed in pregnancy. It is used with Misoprostol tablets that are administered orally/vaginally to expel the pregnancy.

Is it safe?

**MANY WOMEN WORLDWIDE
HAVE USED THIS TREATMENT
AND IT HAS PROVEN TO HAVE A
VERY GOOD SAFETY RECORD.**

With this treatment the main risks, though small are:

- Excessive vaginal bleeding (this occurs in less than 1 out of every 1000 terminations)
- Ongoing pregnancy (around 1 in 300 cases),
- Retained tissue (3%)
- Infection (up to 10%), but the risk is reduced if you have a sexual health screen and are given antibiotics both routinely and as necessary.

These complications are usually easily treated and do not carry the small risks (anesthesia and surgical injury) associated with surgical abortion.

Short-term emotional distress is common, but only a small number of women experience any long-term psychological problems specifically due to the termination.

Any individual has to balance this with the risks of the psychological problems that may occur if the pregnancy continues. You can access an independent counsellor leading up to and following your termination if you feel you require emotional support or help in decision making.

The risk of developing **breast cancer** has not been proven. **Fertility problems** (difficulty in getting pregnant again) following a termination of pregnancy are related to infection. However a small number of research studies have identified a slightly higher risk of **miscarriage** or **early birth** (source of information relating to risks is taken from the Royal College of Obstetricians and Gynaecologists, Guideline 7, 2011.)

A useful document describing how clinicians discuss risk is www.rcog.org.uk/understanding-how-risk-is-discussed-healthcare

An untreated infection can cause fertility problems and so it is essential that you take all antibiotics prescribed and follow the post procedure care and advice as given to you by your nurse/doctor, which includes contacting your GP if you have any problems following your treatment.

**EVERY FORM OF
MEDICAL TREATMENT
HAS SOME RISKS OR
SIDE EFFECTS.**

EDM is not suitable if any of the following apply to you:

HIGH BLOOD PRESSURE

DIABETES

HIGH CHOLESTEROL

SOME STEROID TREATMENTS

ANTI-COAGULANT TREATMENT

IF YOU SMOKE MORE THAN 20 CIGARETTES PER DAY AND ARE OVER 35 YEARS OLD.

IF YOU ARE 9 OR MORE WEEKS PREGNANT

IF YOU ARE BREASTFEEDING

IF YOU HAVE EITHER SEVERE LIVER, KIDNEY OR CHEST DISEASE.

IF YOU HAVE AN IUS OR IUD ('COIL') IN PLACE.

IF YOU WILL NOT BE AVAILABLE FOR FOLLOW UP

IF YOU HAVE NO ADULT TO LOOK AFTER YOU AT HOME

IF YOU LIVE MORE THAN 40 MINUTES FROM THE CLINIC

These will be discussed with you at the clinic. **If you have any of these conditions or circumstances please inform the doctor or nurse.**

You have to be prepared to go through with the full termination procedure once Mifepristone and/or Misoprostol are swallowed. This is because of the effect the drug may have on the developing fetus, causing abnormalities if the pregnancy continues.

Information and Consent

You will be asked to sign a consent form. You should be satisfied that you have received enough information and that you fully understand before going ahead and signing it.

Consent to Treatment

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you.

You should always ask them more questions if you don't understand or if you want more information.

For early medical discharge termination of pregnancy you will be given both verbal and written information and after having time to ask questions, you will be asked to sign a consent form to show you have received enough information and you understand it. The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid.

That means:

- You must be able to give your consent
- You must be given enough information to enable you to make a decision
- You must be acting under your own free will and not under the influence of another person

How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing healthcare will force information on you, for example, about the risks of treatment if you don't want to know. But remember, the person in the best position to know what matters most is you.

Most of your questions should have been answered by this leaflet/booklet, **but REMEMBER THAT THIS IS ONLY A STARTING POINT FOR DISCUSSION WITH YOUR DOCTOR OR NURSE**

What happens at your visits?

Treatment Visit 1

The nurse will confirm with you that your personal details are correct. She will then check your blood pressure and will discuss your treatment with you and answer any questions you may have. **It is important that you let the nurse know if you are at all unsure about the care you will receive during the procedure or at all unsure about proceeding with treatment.**

The nurse will also check that your health status has remained unchanged since your last consultation. The nurse will check your consent form to confirm you wish to proceed.

You will be given a Mifepristone tablet to swallow with some water – **this is the point beyond which you cannot change your mind.**

Sometimes the Mifepristone tablet can make you feel sick, and so we ask you to stay in the clinic for half an hour after taking the tablet. **If you are sick within two hours of leaving the clinic, please phone the nurse for advice (mobile number 07964686936)**

Please do not use tampons if you should bleed.

You will be told when to come back to the clinic for your second visit.

If you are sick within two hours of leaving the clinic, please phone the nurse for advice (mobile number 07964686936)

You can take pain killers; non-steroidal anti-inflammatory drugs like ibuprofen (brufen) or naprosyn are more effective or take whatever you would use if you had period cramps. You must also avoid alcohol and smoking until treatment is complete.

You may start to bleed and have a period type pain prior to attending the clinic for the second part of the procedure. There is a small chance that you could expel the pregnancy at this stage, although this is not very likely. This will be like a heavy period. You do not have to keep any tissue passed to return to the clinic.

If you are worried please telephone the support line or nurse, let them know you have had an early medical termination procedure and the date of your first treatment visit. The Support Line **(01482) 336338** or nurse: **07964686936**



Treatment Visit 2

The second treatment visit. You will be given a painkiller diclofenac 100mg provided you can take this family of medicines (NSAID). If not, you will be provided with paracetamol. In most cases, this should be enough to control the discomfort. However you will also be given **5 tablets of the painkiller codeine to take home and you can take up to 1 to 2 tablets every 4 -6 hours if required. You will be given 8 tablets..**

To encourage the womb to contract and expel the pregnancy, you will be asked to keep 4 tablets (Misoprostol) in your mouth, between your cheek and gums, for at least 20 minutes before swallowing what is left. Soon after this, you may begin to experience a period type pain and some vaginal bleeding.

You will be allowed to go home once the tablets have dissolved and you are happy to leave the department.

Uncommonly, you may experience diarrhoea, sickness, headache, dizziness and hot flushes/chills due to the Misoprostol. They are recognised side effects. If you are concerned please call us.

What happens after your second treatment visit?

You will have bleeding that is likely to be heavier than your normal period and also cramping-type pain which is the womb trying to expel the pregnancy. This can start very quickly or may not start for an hour so, please be aware of this if you are planning to take public transport. The pain may settle and then return. Usually this pain eases after the pregnancy is passed.

You may want to stay in bed or lie down, but many women feel more comfortable being active and walking around, watching television or reading. A hot water bottle on your tummy is comforting. It's up to you and how you feel. You can eat and drink a light diet. You may use the toilet as often as you want and flush it as normal. You may feel sick. You may vomit or have diarrhoea. The specialist nurse will ring you on a prearranged number later in the day to check how you are.

How long will I continue to bleed for?

1 The amount of bleeding varies but most women describe it as 'much heavier than my period' and it may include some large clots to begin with.

3 Please use sanitary towels until the bleeding stops. You can expect to bleed for around two weeks although this could continue for one month or longer. The bleeding should decrease with time. If you experience continuous and heavy bleeding (SOAKING three or more pads in an hour while resting) contact The Support Line (**01482**) **336338** or nurse: **07964686936**.

2 We advise against the use of tampons as there is a small risk of introducing infection.

4 If you have not started bleeding within 72 hours of your treatment, contact the clinic as the procedure may not have been effective and you may still be pregnant. If you develop a smelly discharge or fever or have a tender tummy or you just feel generally unwell for no obvious reason, then this may indicate an infection and you should contact your GP urgently.

When should I start contraception?

**WE WILL SUPPLY
YOU WITH ALL
METHODS OF
CONTRACEPTION**

- You will return to your normal fertility immediately after this treatment so you should start contraception immediately.
- We will supply you with all the methods, which can be started straight away (the contraceptive pills, ring, patch, injection, implant) and will also supply condoms for contraception and to reduce the risk of infection.
- If you wish to have the hormone IUS (Mirena) or copper IUD ('coil') fitted, or want to be sterilised, then we can arrange this and supply you with whatever form of contraception you prefer until these procedures can be provided.
- **Vaginal intercourse** should however, be avoided until your bleeding has completely stopped to avoid the risk of infection.

How do I know if treatment has worked?

Although this treatment is very effective, there is a small chance that it may not work and that you may still be pregnant (in 1 in 300 cases treatment fails to end pregnancy). To ensure that the treatment has been successful, you need to have a follow-up appointment. This usually takes place within 2 weeks of treatment.

- You will have a follow up appointment after 2 weeks which can be in person or possibly over the phone. If by phone, you will be asked to perform a self test of your urine at home.
- We will provide you with a 'self-test', which is very sensitive and detects the pregnancy hormone (HCG) and will advise you on the date to do the test. This will give a positive result if the hormone is present which might indicate an ongoing pregnancy (failed treatment). However, it could just be that the test has picked up very low levels of remaining hormone, which will be a false positive, and you are not still pregnant.
- One of the nursing staff from the clinic will call you on an agreed day and phone number to check that the test result was negative and that you are well and that you had the expected amount of bleeding with the procedure and that you no longer feel pregnant.
- If your pregnancy test is still positive we will ask you to do a further test and we will arrange another follow up. If you have any health problems a nurse will arrange a review.

If at any time you are worried about your bleeding or pain or are concerned that you may still be pregnant **please contact the support line (01482) 336338 and say you have had a medical termination procedure.**

A responsible adult you can rely on should know what procedure you are having should you need someone for help and support.

Other information

1 **Your blood will have been tested** before your termination. If you belong to the rhesus negative blood group, you will be given an injection at the 2nd (Misoprostol) visit to prevent the formation of antibodies that might otherwise cause problems in future pregnancies.

3 **Telephone Calls:** To ensure confidentiality, we will not discuss your case with anyone **who says they are ringing on your behalf in case that isn't so.**

5 **Counsellors:** You can contact the counsellor on the number you have been given. If at any time you need someone to speak to someone urgently for support, you can contact **(01482) 617 560.**

6 **Fetal Remains:** If you wish us to arrange sensitive disposal of fetal remains we can arrange a shared cremation with your consent, which is carried out at the crematorium in a sensitive and respectful manner.

2 **You will be given 2 routine antibiotics** unless you are allergic in which case we will provide an alternative.

4 **Sexual Health:** You may be at risk of getting a sexually transmitted infection if you do not practice safe sex and use condoms. Your nurse will provide you with a supply of condoms upon discharge home. **They are free from many places including Sexual Health and Family Planning clinics (see the Conifer app or website).**

Download the Conifer app for free look for conifer sex health.



FREE
App

Finally if you wish to discuss any aspect of your care, or if you have any worries or change you mind about having the termination, you can contact the service on

**The Support Line (01482) 336338
or nurse: 07964686936.**

Contact numbers and useful information

These websites publish a lot of information for women.

Conifer Sexual and Reproductive
Health Service

www.conifersexhealth.co.uk

Family Planning Association

www.fpa.org.uk

British Pregnancy Advisory Service

Tel: **03457 30 40 30**

www.bpas.org/bpaswoman

Marie Stopes Organisation

Tel: **0333 331 5489**

www.mariestopes.org.uk

Royal College of Obstetricians and
Gynaecologists

www.rcog.org.uk

Leaflets available here: 'Abortion care; information for you' and 'Abortion and mental health – the O&G perspective'

Information about you

As part of your care, when you come to our services, information about you is shared between members of a health care team, some of whom you may not meet. It may be used to help train any staff involved in your care. Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally.

All information is treated as strictly confidential, and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998), CHCP CIC is responsible for maintaining the confidentiality of any information we hold on you.

This leaflet has been produced by the Gynaecology Team at the Conifer Sexual and Reproductive Health Service.

References

Clinical information in this booklet is taken from:

The Royal College of Obstetricians and
Gynaecologists Evidence-based Guideline No 7.

**The Care of Women Requesting Induced
Abortion.** February 2011.

Download the FREE Conifer app. Look for 'conifer sex health'.



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