Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Termination of Pregnancy

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Termination of Pregnancy

Patient Information

Gynaecology Services

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Introduction

You have recently found out you are pregnant and after taking into consideration all your options, which include adoption, continuing with the pregnancy etc., you have decided that a termination is the right course of action for you to take. You may experience mixed feelings of guilt or relief. This is normal, and there is a counselling service available should you wish to speak to someone before or after treatment. Our staff will be happy to give you the contact telephone numbers.

If you are 12 weeks pregnant or less when you attend the clinic, we will discuss your options and then decide a method of treatment which is suitable for you. All methods will be discussed within this leaflet.

Ward 2 Leigh Infirmary

Our clinics are held on Ward 2 at Leigh infirmary. To book an appointment, please first ring **Marie Stopes International** on 0800 30 80 90. If you would like to discuss anything regarding your appointment or referral, our telephone numbers are: 01942 264830 or 01942 264256 Monday to Friday 8am until 4pm.

Our out of hours telephone number is for Swinley Ward (RAEI) 01942 822568

Medical Termination of Pregnancy

Will a medical termination of pregnancy be suitable for me?

Most women can have the treatment. However, you should not have the procedure if:

- You are not definitely pregnant
- You have an ectopic pregnancy (pregnancy outside of the uterus)
- You are allergic to any of the ingredients in Mifepristone or Misoprostol
- You are taking any Corticosteroid treatments
- You have any illness, or you are taking treatments that may stop your blood clotting
- You have liver or kidney disease
- You have a heart complaint, have an artificial valve fitted to your heart, or you are receiving treatment for high blood pressure
- You suffer from diabetes, asthma, bronchitis, or high cholesterol

Initial consultation

This appointment is a **Telephone Consultation Only**, where patients are triaged over the telephone. This involves taking a medical history and being counselled regarding treatment options.

An appointment will then be offered for you to attend the Unit, where you will have a transvaginal scan to determine the pregnancy gestation, and your consent will be obtained for your chosen treatment.

When attending an appointment for a Medical Termination of pregnancy

You will be seen in the Termination of Pregnancy clinic, where you will meet two nurses who specialise in sexual and reproductive health. A Nurse Sonographer will perform an internal vaginal ultrasound scan to check that the pregnancy is in the uterus, and also confirm your pregnancy gestation. You will then be required to sign a consent form with the nurse. This is to confirm that you wish to proceed with a medical termination of pregnancy. All benefits and risks of the procedure will be discussed, and opportunity given for questions.

If you are under the age of 16 years, then you will need to be assessed and given consent by a doctor. Once you have seen a doctor, you will then be given an appointment to attend the Ward as a day case inpatient for your treatment.

Medical Termination of pregnancy

Mifepristone & Misoprostol up to and including 9 weeks and 6 days gestation to going home

- You will be given a tablet of 200mg Mifepristone to take on the Unit. This is the first stage of the treatment.

- You can then either proceed with the second stage of the treatment, where a nurse will insert 800mcg Misoprostol tablets into your vagina. (Tablets taken together on the same day may increase the risk of an ongoing pregnancy although the evidence is not clear). This option is only for up to 9 weeks gestation.

OR

- You can take 200mg Mifepristone on the Unit, which is the first stage of the treatment. Then you will be given some other medication - 800mcg Misoprostol tablets - to take home for self-administration 24-48hrs later (to be either inserted into the vagina (preferred

option) or taken buccal (dissolved along the gum line). This is the second stage of the treatment.

- A relative or friend must attend your appointment with you if you are having both medications on the same day. If you are self-administering Misoprostol at home, please ensure you have a friend or relative at home for approx. 24hrs on the day you plan to take your second stage of treatment.

It is reassuring to know that this procedure is very safe. However, no procedure is absolutely safe, and it is important that you know what the risks associated with the procedure are:

- **Bleeding** – heavy and clotty bleeding will occur, and this is normal after taking the medication.

- **Blood transfusion** – only required if you bleed heavily, and need to seek medical attention **(rare)**

- **Infection** – this is unlikely. However, if you have symptoms of an infection, such as offensive discharge, or flu/ cold like symptoms, you must contact the Unit or the Out of hours service on Swinley ward **(rare)**

- **Pain** – you will experience some pain and cramping. Over the counter pain relief is recommended.

- **Failure to completely empty the uterus (retained products), or failure to terminate the pregnancy (Rare 1-100)** – if after 5-7 days of having the medication you have not had pain and heavy bleeding, please contact the Unit and you will be given an appointment to have a re-scan. If there is any retained tissue or clots, further treatment in the form of more medication or surgery may be required, although this is not always the case. In the rare event there is still a pregnancy, a nurse will discuss further treatment options, based on the gestation of the pregnancy.

Treatment expectations and side effects

First stage of the treatment

- After taking the Mifepristone tablets, you may experience some period type cramping, nausea and light vaginal bleeding, but not all women experience this. In rare cases, some women may experience a heavier vaginal bleeding with blood clots, which can lead to miscarrying before having the second stage of treatment. Please inform the nurse if you feel this has happened.

- We advise that if you experience pain, you take some pain relief like Paracetamol or Codeine based tablets only. DO NOT TAKE ASPIRIN, NUROFEN, IBUPROFEN, VOLTAROL or NAPROXEN, as these can stop the first stage of the treatment from working properly.

- Other possible side effects could be diarrhoea, vomiting, dizziness and hot flushes, which shouldn’t last too long

Second stage of the treatment

- After the administration of Misoprostol either vaginally or buccal (terms explained above), at some point you will start to experience heavy vaginal bleeding; this will be much heavier than a normal period. You will also pass blood clots, which can sometimes be as

large as the palm of your hand (this is normal). You will also experience abdominal pain, and we advise you to take pain relief as explained above. These are normal expectations of the treatment and no reason to panic

- You must stay at home and be near to a bathroom for at least 6- 8 hours after taking Misoprostol.

Discharge advice

- You MUST have someone who can support you throughout your treatment. They MUST be available to drive you home or go in a taxi with you and then care for you at home for approx. 24hrs. **YOU CANNOT GO HOME ON PUBLIC TRANSPORT.**

- **NO TREATMENT WILL BE GIVEN IF YOU HAVE NO ONE AVAILABLE TO CARE FOR YOU FOLLOWING YOUR TREATMENT.**

- You are advised NOT to smoke or drink alcohol during your treatment until the pregnancy has been passed.

- Use sanitary pads ONLY throughout your treatment. DO NOT use tampons until your next period. (Reduces the risk of infection)

- It is very important to drink plenty of fluid throughout your treatment and follow a healthy diet.

- You will experience some vaginal bleeding for several weeks following the treatment. You are advised NOT to have sexual intercourse for two weeks or longer, if you are still experiencing vaginal bleeding or a brown discharge. (Use of a condom will reduce the risk of infection and pregnancy)

- You are advised to have a shower instead of a bath. You are also advised NOT to go into a swimming pool or hot tub for at least two weeks or longer, if you are still experiencing vaginal bleeding or a brown discharge. (To reduce the risk of infection).

- You will be given a pregnancy test to do at home three weeks following your treatment, and you will be asked to telephone the Unit with your result. This is to ensure that the treatment has been successful.

- Advice will be given with regards to your choice of contraception.

- You may resume normal activities the following day, but if you have a physically demanding job, you may decide to take a few more days off.

- Contact numbers are Ward 2 Monday to Friday 8am to 4pm 01942 264830 or 01942 264256. Our out of hours contact service is Swinley Ward (RAEI) 01942 822568.

Surgical Termination of pregnancy

Initial consultation

This appointment is a **Telephone Consultation Only**, where patients are triaged over the telephone. This involves taking a medical history and being counselled regarding treatment options.

An appointment will then be offered for you to attend the Unit, where you will have a transvaginal scan to determine the pregnancy gestation, and your consent will be obtained for your chosen treatment.

When attending an appointment for a surgical termination of pregnancy.

You will be seen in the Termination of Pregnancy clinic, where you will meet two nurses who specialise in sexual and reproductive health. A Nurse Sonographer will perform an internal vaginal ultrasound scan to check that the pregnancy is in the uterus and also confirm your

pregnancy gestation. You will be required to sign two consent forms with the nurse. One of the consent forms is to confirm that you wish to proceed with the surgical termination of pregnancy, and the other consent form is optional, to sign if you wish foetal tissue to go for cremation after the procedure. (This is discussed below and complies with the Trust policy). We will take a sample of blood from you, to establish your haemoglobin level and blood group prior to procedure.

You will then be given an appointment for the next available treatment slot.

There are 2 options available for this treatment:

Option 1

A Surgical Termination of pregnancy using Manual Vacuum Aspiration (MVA) under a local anaesthetic, up to and including 11 weeks and 6 days gestation.

This is a small handheld device which is used to remove pregnancy tissue from the womb. A local anaesthetic is used for this treatment in the form of an injection into the cervix (neck of the womb).

This treatment is offered as an additional choice to women who want a surgical termination of pregnancy, but who want to avoid having a general anaesthetic.

Day of admission

On the day of your admission, you will book in at Admissions, then go up to the ward area. A nurse will show you to your allocated bed and carry out some basic tests to ensure your

fitness for the procedure i.e. your temperature, pulse and blood pressure.

You will have already been advised to have a light diet prior to attending for your treatment.

You will have a drug called Misoprostol prescribed for you. This will be inserted into your vagina by a nurse. Its aim is to soften the cervix. Misoprostol has not yet been licensed for this treatment, though we do widely use it for this procedure to reduce the likelihood of causing any damage to the cervix. You will also have been given some pain relief called Naproxen.

The doctor will meet you and go through any questions that you may have. You will be asked to sign a consent form if you haven't already done so. A nurse and a health care assistant will stay with you throughout the procedure. They will assist the doctor and provide reassurance and support. A local anaesthetic is injected into the cervix and a cold local anaesthetic gel is also inserted. The cervix is then dilated (stretched) gradually. A narrow suction tube is then inserted into the uterus to remove the pregnancy tissue. At this stage, you will experience a period like pain. The whole procedure will take about 10 – 15 minutes.

After the procedure

After the procedure, you can rest in a recovery area with refreshments until you feel able to go home. Usually, you are fine to leave within an hour. You may experience some period-like pains after the procedure. Pain killers are available if you need them. You may experience some light vaginal bleeding afterwards, which can last for a few weeks. If it becomes heavy, you need to contact us via telephone 01942 264830 or 01942 264256. Our out-of-hours contact service is Swinley Ward (RAEI) 01942 822568 if you need to see a doctor. You will be given a pregnancy test to do at home three weeks following your

treatment and asked to telephone the Unit with the result. This is to ensure the treatment has been successful.

Are there any risks?

These are mostly the same as for a surgical termination under general anaesthetic (see option 2). There is a very small risk of having a reaction to the local anaesthetic.

What are the benefits?

MVA has been shown:

- To be 99.5% effective
- To be associated with less blood loss
- To avoid the risks associated with general anaesthetics
- To require a shorter length of stay in hospital than general anaesthetic.

What are the disadvantages?

Some women prefer not to be fully aware during the procedure. You may worry about coping with pain or anxiety.

Option 2

A Surgical Termination of pregnancy under a general anaesthetic up to and including 11 weeks and 6 days gestation.

Day of admission

On the day of your admission, you will book in at Admissions then go up to the ward area. A nurse will show you to your allocated bed and carry out some basic tests to ensure your fitness for the operation i.e. your temperature, pulse and blood pressure. You will have been already advised to fast for 6 hours prior to your procedure.

If you are suffering from symptoms of a cold or sore throat on the day of your admission, please ensure that you inform the nurse and the anaesthetist.

You will have a drug called Misoprostol prescribed for you. This will be inserted by a nurse into the vagina. Its aim is to soften the cervix. Misoprostol has not yet been licensed for this treatment, though we do widely use it for this procedure to reduce the likelihood of causing any damage to the cervix.

You will be asked to change into a theatre gown, your dressing gown and slippers in preparation for your transfer to theatre. The Doctor and the anaesthetist will come up to the Ward to speak to you before your treatment and check your consent.

A member of staff will take you down to theatre, where you will meet the theatre team in the reception area. You will then be taken into the anaesthetic room, where a needle will be inserted into the back of your hand by the anaesthetist, who will have already discussed this with you on the ward.

The operation will be carried out with a general anaesthetic and lasts around 10 minutes. The contents of the womb will be removed by suction. You will be nursed in the recovery area for up to one hour before returning onto the Ward. If you experience any pain following the operation, the nurse in recovery will give you pain relief by either injection or tablet. You may feel slightly drowsy and sick, but this should wear off after a few hours.

On returning to the ward, you may experience bleeding from the vagina after the procedure. You may also experience some lower back or abdominal pain, which again is quite normal, but please ask the nurse for pain relief if it is unbearable.

A light diet will be provided prior to discharge. After two hours, a member of the nursing team will contact your named relative to come and collect you to take you home. If, however, it is thought that you are not recovering well, then you will be advised to stay in hospital overnight, and this will mean a transfer by ambulance to Wigan RAEI site.

Risks

It is reassuring to know that this operation is very safe. However, no procedure is absolutely safe, so it is important that you know what the risks are:

- **Bleeding** – the procedure itself will result in vaginal bleeding. There is a small chance of tearing the cervix. This may also cause vaginal bleeding, though it would usually be noticed at the time, and repaired.

- **Blood transfusion** – only required if you bleed heavily (rare)

- **Infection** – this is unlikely, but you will be discharged with an antibiotic called Doxycycline. Take one tablet twice daily for three days. If after discharge you may notice

an increase in vaginal bleeding, lower abdominal pain, a raised temperature or a smelly discharge, then either contact Ward 2 Leigh Infirmary 01942 264380 or 01942 264256 (Monday to Friday 8am to 4pm) or our out-of-hours service on Swinley Ward at RAEI 01942 822568 for an appointment to see one of the doctors.

- **Thrombosis (blood clots in lung/leg)** – this is unusual in early terminations of pregnancy.

- **Failure to completely empty uterus (retained products), or failure to terminate the pregnancy (rare)** – this is more likely before seven weeks of pregnancy, which is why the operation is not normally performed before this time. However, it can happen at later dates, though rarely, so it is important to contact Ward 2 Leigh Infirmary 01942 264830 or 01942 264256 (Monday to Friday 8am to 4pm) or, out of hours Swinley ward RAEI 01942 822568 to arrange an appointment if you notice a smelly discharge, or you continue to feel pregnant.

- **Perforation of the uterus, damage to the cervix or damage to internal organs (rare).**

Other procedures in the event of complications occurring:

- Laparoscopy – camera examination of the abdomen

- Laparotomy – open abdominal operation

Discharge advice

- You MUST have someone who can support you throughout your treatment. They MUST be available to drive you home or go in a taxi with you and then care for you at home for approx. 24 hrs. **YOU CANNOT GO HOME ON PUBLIC TRANSPORT.**

- **NO TREATMENT WILL BE GIVEN IF YOU HAVE NO ONE AVAILABLE TO CARE FOR YOU FOLLOWING YOUR TREATMENT.**

- Use of sanitary pads ONLY throughout your treatment. DO NOT use tampons until your next period. (Reduces the risk of infection)

- You may experience some vaginal bleeding for several weeks following the treatment. You are advised NOT to have sexual intercourse for two weeks or longer if you are still experiencing vaginal bleeding or a brown discharge. (Use of a condom will reduce the risk of infection and pregnancy)

- You are advised to have a shower instead of a bath. You are also advised NOT to go into a swimming pool or hot tub for at least two weeks or longer, if you are still experiencing vaginal bleeding or a brown discharge. (Reduces the risk of infection)

- Advice will be given with regards of your choice of contraception

- Contact numbers are Ward 2 Monday to Friday 8am to 4pm 01942 264830 or 01942 264256. Our out-of-hours contact service is Swinley Ward (RAEI) 01942 822568.

- You will be advised not to work, drive or sign any legal documentation for 48 hours after discharge, because the effects of the anaesthetic in your body.

Other valuable information

Breast feeding

If you are currently breast feeding, please discuss this with the nurse during your telephone consultation.

Contraception

Please remember it is possible to get pregnant before your next period, so it is important to use some form of contraception. During your telephone consultation, the nurse will discuss contraceptive options with you and give advice, as the nurse is Family Planning trained. You will be discharged home with a supply of condoms. You will be advised to use the condoms alongside your other contraceptive choice. This will reduce the risk of infection developing. It will also ensure your chosen contraceptive's effectiveness, as you may have been prescribed some antibiotics.

Anti-D

If your blood group is Rhesus Negative and you opt for surgical treatment, you may require an injection of Anti-D before discharge. This is only applicable to patients having a surgical termination of pregnancy, or if you have a failed medical termination of pregnancy. The nurse will discuss this with you on your admission.

Disposal of foetal remains

Foetal tissue from a termination of pregnancy that is passed in the hospital is treated respectfully and cremated. You may be asked to sign a form stating that you agree to this on your scan or treatment visit. This complies with the Trust policy guidelines.

Confidentiality

All health care professionals have a duty of care not to disclose any information unless requested by you or if it is in the interest of your safety.

Counselling

Please speak to any member of staff regarding accessing Counselling services or Mental Health services.



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