Medical termination of pregnancy

Information for women

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

This leaflet tells you what to expect during and after a medical termination of pregnancy (abortion) which is available to women up to 18 weeks pregnant.

Our staff understand that this is an extremely difficult and emotional decision to make and they will support you and treat you with respect throughout.

The clinic has a strict code of confidentiality. Any personal information you give will be carefully protected although, if you are under 16 years we would recommend that you inform your parents or another supportive adult. Information will only be shared with the staff involved in your care. The only reason we would consider passing on confidential information without your permission, would be to protect you or someone else from serious harm.

Medical termination of pregnancy (MTOP)

A medical termination of pregnancy has 2 stages, and means 3 visits to the hospital, over 3 - 5 working days.

Second clinic appointment/Stage 1

You will be seen by the doctor who will perform a scan to confirm how many weeks pregnant you are. You will be chaperoned by the nurse throughout this procedure. If you are sure you wish to proceed, your written consent will be obtained and the legal documents completed.

You must be certain before going ahead with a medical termination, as the tablet alone, could result in miscarriage or abnormality of the baby if the pregnancy is continued. If you are at all unsure about having your pregnancy terminated, please let your nurse know. If you need more time, another appointment will be arranged.

You will be given time to make up your mind.

You will be asked to swallow a tablet (Mifepristone) which acts against progesterone, the hormone that supports an early pregnancy. If you are sick within 2 hours of taking this tablet, you will need to contact the clinic, or ward, and return for another tablet that day.

After taking this tablet you can go home and you will be given a time to attend the ward 48 hours later for Stage 2 of the procedure.

The days between visits can be spent in your normal way. You may get some period-like cramp pain and/or some light vaginal bleeding. Taking paracetamol
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according to the manufacturer’s instructions can help. **Do not** take tablets containing aspirin, mfenamic acid (Ponstan) or ibuprofen during the treatment, as they may increase your bleeding.

If you do have some bleeding you should use sanitary pads, **not tampons**, to reduce the risk of infection. Your bleeding may become heavy with clots and some pregnancy tissue may be passed.

If you are over 7 weeks pregnant, you may be able to recognise the pregnancy tissue as the early development of a baby (embryo). If you do pass clots and/or tissue, it would be helpful if you could bring them to the hospital with you (if this is not too distressing). If they contain pregnancy tissue you may not need any further treatment.

You are advised not to drink alcohol and to stop or reduce smoking during your treatment, as this may increase bleeding.

If you have any worries or concerns, you can contact the ward at any time.

You are advised to attend the ward in comfortable clothes and to bring a spare set with you, as well as sanitary pads. You are more than welcome to have your partner, relative or friend stay with you while you are on the ward.

**Stage 2**

**Up to 9 weeks**

You will attend the ward where the PAC nurse will place some tablets called Misoprostol in your vagina. These tablets will make your uterus (womb) start to contract. At the same time you will be offered an antibiotic suppository that is put into the rectum (back passage). This is to reduce the risk of infection.

Each woman's experience is different. A mild to strong period pain may be felt, together with vaginal bleeding, and then the pregnancy tissue is passed. Some women may have vomiting (being sick), diarrhoea, severe pain and heavy vaginal bleeding. We can give you tablets or injections to ease your pain and vomiting if you need them. Any diarrhoea usually stops as soon as your pregnancy tissue is passed.

You will be asked to use bedpans **every** time you go to the toilet, and then tell your nurse who will check what you have passed.

Your nurse will tell you when your pregnancy tissue has been passed. She will then check your vaginal bleeding for about 1 hour. When your bleeding has settled you will be able to go home.
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In most cases the pregnancy tissue is passed within 4 – 6 hours. If nothing has happened after 3 hours, you may be given a further dose of misoprostol to swallow. After approximately 6 hours, if you have had pain and bleeding, but no pregnancy tissue has been seen, we may ask to examine you vaginally. If the tissue is in your vagina it can be gently removed, and when your bleeding settles you will be able to go home.

If no pregnancy tissue is seen or you do not have any pain or bleeding, you can still go home, provided you are not bleeding too heavily, and will be given an appointment to return to the hospital for a scan in 7 days. During this time you may pass your pregnancy tissue at home. It is very important you attend for this scan and bring the result form to the ward to confirm that your termination of pregnancy has been successful.

If the procedure has not worked you will be advised to either repeat it or to have a surgical termination of pregnancy (the tissue removed under a general anaesthetic). A leaflet explaining surgical termination of pregnancy is available.

In some circumstances you may be able to go home straight after receiving the misoprostol, on the understanding that you will miscarry at home. You will need to do a pregnancy test in 3 weeks to confirm you are no longer pregnant and you should inform staff of the result.

Over 9 weeks

The procedure is the same as described above, but you will be given more tablets to swallow at 3 hourly intervals up to a maximum of 5 doses.

If you are 12 or more weeks pregnant or bleeding heavily, you may need to stay in hospital overnight and possibly need to repeat the treatment the following day.

At this stage of pregnancy you will be able to recognise the pregnancy tissue as an early baby. If you do not want to see this please let the staff know and they will do all they can to remove the bedpan discreetly.

All pregnancy tissue is blessed by the hospital chaplain (this is a multi-faith blessing). It is then cremated with dignity and respect at a crematorium. You will be given further information about this at the time and you will be asked for written consent.

Are there any risks and possible complications in having a medical termination of pregnancy?

There are some risks and possible complications you need to consider before you agree to this procedure.
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These include:

- **very heavy bleeding at the time of the procedure.** This is rare, but can happen to 1 woman in every 1000 having a medical termination of pregnancy.\(^1\)

- **post-termination infection.** This can happen to 1 woman in every 10.\(^2\) You will be offered an antibiotic suppository (tablet inserted into the rectum (back passage) allows the antibiotic to be absorbed into your bloodstream) before the procedure to reduce the risk of this happening.

- **incomplete evacuation of the uterus.** This means that some pregnancy tissue may have been left behind and further tests or treatment will be needed. This occurs in 5 women in every 100 undergoing MTOP.\(^1\)

- **failed termination (ongoing pregnancy).** The procedure fails in 1 - 2 women in every 100.\(^1\) If this happens further treatment will be needed.

- **uterine perforation (making a hole in the womb).** This is rare, but can happen to 1 woman in every 1000 having MTOP.\(^2\) If this happens a laparotomy (open operation involving a cut in your tummy) would be required to check for and repair any organs, such as the bowel.

- **rupture of Caesarean section scar.** This happens very rarely but would require an urgent laparotomy (open operation) involving an incision (cut) in the abdomen (tummy) to repair the scar or remove your womb, if the bleeding cannot be controlled.

- **psychological (mental) distress.** This is common before and immediately after a termination. Only a small number of women have long-term distress.\(^2\) If you do feel upset it often helps to talk to someone. Please ring your counsellor or PAC nurse.

**future pregnancies.** There is no evidence that following a medical or surgical termination of pregnancy women suffer from subsequent ectopic pregnancy (pregnancy outside the womb), placenta praevia (low lying placenta) or infertility.\(^1\) However, abortion is associated with a small increase in the risk of subsequent preterm birth, which increases with the number of abortions.\(^3\)

What about contraception (family planning)?

You should not have sex for 2 weeks after your termination or until your bleeding has stopped.

It is vital you start some form of contraception as soon as possible after your termination. **It is possible to get pregnant before your next period.**
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You nurse will discuss all the choices with you and give you information leaflets.

If you decide to use the:

- **Depo-provera (contraceptive injection).** This can be given on the ward before you go home. The injection lasts for 12 weeks after which you will need to have another one.

- **oral contraceptive pill.** The first tablet should be taken that night or the next morning. You will be given a supply before you leave the ward.

- **intrauterine device (coil)/intrauterine system (Mirena coil).** We can arrange an appointment for this to be fitted in Women’s Outpatients at University Hospital of Hartlepool or you can be referred to the Contraception and Sexual Health (CASH) clinic or go to your GP. **You must** use another type of contraceptive until your coil is fitted.

- **Nexplanon (a contraceptive implant).** This should be inserted within 5 days of your termination. We can arrange for it to be fitted in the PAC clinic or you will need to attend a CASH clinic or your GP. **You must** use another form of contraception until the implant is inserted.

- **Evra contraceptive patch.** This may be applied on the day of your termination and will last for 7 days before a new patch should be applied. After 3 weeks of patches you will need to wait 7 days before applying the patches again.

A supply of condoms will be given to you before you leave the ward if you need them.

**You must** contact the ward if:

- the pain becomes severe
- your bleeding is very heavy, for example, soaking sanitary pads
- your vaginal loss starts to smell
- you have a temperature over 37.5°C (99.5°F).

If you have any worries or concerns within the first 6 weeks do not hesitate to contact us (see contact numbers at the end of this leaflet).

You will be asked to confirm your contact telephone number in case we need to contact you.
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Contact numbers

University Hospital of North Tees

Unit Counsellor
telephone: 01642 624236
Monday - Friday, 9.00am - 5.00pm

Non-urgent messages can be left on the answering machine.

Pregnancy Advisory Clinic
telephone for advice: 01642 624320
Appointment line only: 01642 624233

Women's Health Unit
telephone: 01642 624597
24 hours a day, 7 days a week

University Hospital of Hartlepool

Unit Counsellor
telephone: 01642 624236
Monday - Friday, 9.00am - 5.00pm

Non-urgent messages can be left on the answering machine.

Pregnancy Advisory Clinic
Appointments and advice: 01429 522751

Women's Health Unit
telephone: 01642 624597
24 hours a day, 7 days a week

Further information is available from:

Royal College of Obstetricians & Gynaecologists

27 Sussex Place
Regents Park
London.
NW1 4RG
Telephone: 0207 772 6309
or at www.rcog.org.uk
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NHS Choices
telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones.
or via the website at www.nhs.uk

Specialist Stop Smoking Service
(incorporating Middlesbrough, Redcar and Cleveland, Stockton and Hartlepool)
telephone: 01642 383819
Monday - Friday, 9.00am - 5.00pm

Useful addresses

Sexual Health Teesside
Central telephone number: 0300 330 1122

North Ormesby Health Village
11A Trinity Mews
North Ormesby
Middlesborough
TS3 6AL

Redcar Primary Care Hospital
West Dyke Rd
Redcar
TS10 4NW

Hartlepool One Life
Park Rd
Hartlepool
TS24 7PW

Lawson Street Health Centre
Lawson Street Health Centre
Lawson St
Stockton-on-Tees
TS18 1HU

C-Card scheme (free condoms for under 24 year olds)
Most local pharmacies in Teesside area

Sexual Assault Referral Centre (SARC) Teesside
Helen Britton House
telephone: 01642 516888
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HIV Support Services
Terence Higgins Trust
Telephone: 0808 802 1221

Domestic Violence Services
Harbour
telephone: 03000 20 25 25
www.facebook.com/harboursupportservices

My Sister’s Place
123 Borough Road
Middlesbrough
TS1 3AN
telephone: 01642 241864
hello@mysistersplace.co.uk

References
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This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

    telephone: 01642 624719
    Monday – Friday, 9.00 am – 4.00 pm
    Messages can be left on the answering machine and will be picked up throughout the day.

    freephone: 0800 092 0084
    Mobile: (can use text): 0779 506 1883
    Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

    telephone: 01642 617617
    24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

    telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH

    Telephone: 01642 617617    Fax: 01642 624089