



Northumbria Healthcare
NHS Foundation Trust

Medical Termination of Pregnancy in Hospital

Issued by Obstetrics and Gynaecology

This leaflet is to give you information about Medical Termination of Pregnancy (TOP) in hospital.

The following appointment dates and times will be completed by your healthcare professional.

Appointment 1 or telephone consultation

Date..... Time.....

Appointment 2 (Face to Face)

Date..... Time.....

Hospital Admission

Date..... Time.....

Pregnancy Test

Date.....

Contact number _____

Medical termination of pregnancy in hospital

This leaflet aims to give you information about undergoing a medical termination of pregnancy in hospital.

We understand this can be very emotional time for you and we hope this information will offer you guidance and some peace of mind.

What is a termination of pregnancy?

- A termination of pregnancy (or abortion) is a non-reversible method of ending a pregnancy, which can be medical or surgical.
- A surgical termination of pregnancy has been discussed with you. This can only be performed up to 12 weeks of pregnancy. You have decided upon a medical termination of pregnancy.
- A medical termination is a method that involves taking medications.
- This can be performed up to 18 weeks of pregnancy.
- If you are over 10 weeks pregnant, the procedure can only be performed in hospital.
- It is a safe and common procedure for which major complications are uncommon. The earlier in your pregnancy you have the procedure, the safer it is.
- You have a right to confidentiality when you seek a termination of pregnancy.

What does the process involve?

It consists of 3 stages and includes 2-3 visits to the hospital, as outlined below. You are advised to take at least one day off work and have a supportive person with you throughout the process.

Stage 1

Date..... Time.....

You will be seen in the outpatient department by a specialist nurse or sonographer. They will ask you some general questions about your health and will explain what the process entails. Additionally:

- An ultrasound scan will be performed to determine the stage of your pregnancy.
- A sample of your blood will be taken to check your blood group.
- You will be offered a urine screening test for Chlamydia and Gonorrhoea. If this is positive, you will be contacted with the results and antibiotics will be provided.
- Options for ongoing contraception will be discussed with you.

If you still wish to proceed, paperwork including written consent will be completed and a date for your next appointment will be decided.

Stage 2

Date..... Time.....

Stage 2 may happen during your initial clinic appointment, or you may be asked to return at a later date.

Two different medications are needed for the procedure. Stage 2 involves taking the first medication, called Mifepristone:

- Mifepristone acts against progesterone, the hormone that supports an early pregnancy.
- Before taking this tablet, you must be certain that you wish to end your pregnancy, as the termination process begins once you have taken this.
- You can go home after you have taken the tablet.
- You will be given a time to return to the hospital up to 48 hours later for Stage 3 of the procedure.

What will happen at home?

During the two days between visits you can maintain regular activity if you feel able to do so. If you are sick within an hour of taking the tablet you will need to inform the clinic, or ward, and return for a repeat dose of the tablet.

You may start to experience some period-like cramping pain for which you can take regular paracetamol according to the manufacturer's instructions.

You may also start having some vaginal bleeding at this stage. If you do, you should wear sanitary pads instead of tampons, as tampons can increase your risk of infection. Your bleeding may become heavy with clots, and some pregnancy tissue may be passed. If you do pass clots 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 require any further treatment.

It is important **NOT** to take tablets containing aspirin, or mefenamic acid at any point during the treatment or up to 10 days afterwards as they may increase your bleeding.

If you have any concerns or questions, contact the hospital on the numbers provided below.

Stage 3

Date..... Time.....

You will return to the ward for Stage 3 and your partner, relative or friend may stay with you throughout the procedure. You may wish to remain in your own clothes but it is advisable to have a change of clothes with you. This stage involves the administration of a medication called Misoprostol:

- Misoprostol softens your cervix (neck of the womb) and causes your womb to contract.
- With your permission, a nurse will gently insert four of these tablets (Misoprostol) into your vagina.
- This will be done between a minimum of 1 hour and up to a maximum of 48 hours following you taking the mifepristone tablet, however using the shorter interval between the medications, the longer it may take for the procedure to work. Ideally it should be taken 36-48 hours after the Mifepristone.
- You will likely start to bleed not long after the Misoprostol tablets have been inserted. You will then be required to use a bedpan every time you go to the toilet and inform nursing staff so that they can remove the bedpans and observe what has been passed. You will be informed when any pregnancy tissue has been identified.
- Anti-sickness and pain relief are available to you throughout the process.
- Treatment after the initial dose of Misoprostol varies, depending on the stage of pregnancy you are at (see below).

If you are less than 10 weeks pregnant:

- If you have not passed the pregnancy tissue after 4 hours, a further dose of Misoprostol will be given to you in tablet form.
- If you have not passed the pregnancy tissue after 6- 8 hours, a nurse or doctor will perform a speculum examination to check to see whether any pregnancy tissue can be seen within the vagina. If so, they will gently remove it.
- If you have passed the pregnancy tissue or if it has been removed your bleeding will be monitored for an hour. If it is acceptable, you can go home, but you must arrange for a responsible adult to escort you and stay with you overnight.
- If you have not passed the pregnancy tissue and no pregnancy tissue was visible to be removed on speculum examination, you can go home, as long as your bleeding isn't too heavy. An ultrasound scan will be arranged for 10 days following the treatment, but you should return sooner if you have any problems before that point. It is important that you attend this scan appointment, as it will check that your womb is empty and therefore whether the termination has been successful.

If you are over 10 weeks pregnant:

- If you have not passed the pregnancy tissue after 3 hours, a further dose of Misoprostol will be given to you in tablet form. This will be repeated up to a maximum of four further doses.
- If you have not passed the pregnancy tissue after 3 hours following the fourth dose, a nurse or doctor may perform a speculum examination to check to see whether any pregnancy tissue can be seen within the vagina. If so, they will gently remove it.
- If you have passed the pregnancy tissue or if it has been removed your bleeding will be monitored for an hour. If it is acceptable, you can go home, but you must arrange for a responsible adult to escort you and stay with you overnight.
- If you do not pass any pregnancy tissue, you will be offered to repeat the process of taking the Misoprostol the following day.
- If you still do not pass any pregnancy tissue you will be reviewed by medical staff.

Are there any side effects?

You should expect cramping pains and bleeding. Other side effects that you may experience include nausea, diarrhoea, vomiting, dizziness and hot and cold flushes. These symptoms should stop as soon as you have passed all the pregnancy tissue.

What are the possible risks involved with the procedure?

- **Heavy bleeding.** This is rare but can happen up to 1 in every 100 undergoing a termination of pregnancy less than 13 weeks in size.
- **Unsuccessful termination** (pregnancy tissue remaining in the womb). This happens in approximately 1-26 women in every 1000 women. If this is the case, further medical treatment or an operation may be required.
- **Infection** following the procedure can happen in up to 1 woman in every 10.
- **Psychological distress.** For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. Feeling distressed is common before and immediately following a termination however a few women experience longer term distress and benefit from additional psychological support. See below for details.

What are the symptoms I should look out for after I am discharged?

Bleeding may continue for approximately two weeks although, some women continue to experience a light blood loss until their next period which can be lighter or heavier than usual.

If you experience any cramp-like pain you should take paracetamol. You should avoid sexual intercourse and should not use tampons for at least four weeks. This is to minimise the risk of infection.

You should seek medical attention, if you experience any of the following:

- A high temperature
- Persistent or heavy bleeding which soaks through 2 or more sanitary pads an hour for 2 or more hours in a row

- A general feeling of being unwell
- Severe or persistent pain which is not relieved by pain killers
- Offensive vaginal discharge

Frequently asked questions

What happens if I choose not to take misoprostol after already taking the mifepristone?

The process of abortion starts after taking the mifepristone, so there is a significant risk that taking this tablet alone will result in miscarriage. There is also little known about the effect of mifepristone on the developing baby if the pregnancy is to be continued. That is why it is essential that you are positive this is the right decision for you, before you start the process. We would offer you an ultrasound scan 7-10 days afterwards to confirm viability in this circumstance.

When should I start to use contraception again?

You should not have sex for at least four weeks following a termination or until bleeding has stopped, however you should start using contraception as soon as possible following the termination. Contraceptive options will be discussed at your initial consultation.

What if my blood group is Rhesus negative?

If the blood test we take at the initial consultation shows you have a rhesus negative blood group and you are over 10 weeks pregnant, you will be offered an Anti- D injection when you are in hospital to prevent anti-bodies forming which may affect future pregnancies. If you are under 10 weeks pregnant, you will not require any Anti-D medication.

Will abortion affect my chances of having a baby in the future?

There is no evidence to suggest that women suffer from infertility or premature delivery following a termination of pregnancy.

Emotional Support

You may feel depressed for a short time following a termination of pregnancy, but as your body returns to its normal pre-pregnancy state these feelings should begin to settle.

Make sure that you take care of yourself and give yourself enough time to recover.

You may feel you require some support at this time; this could be sought from family and friends. Your GP can also offer you help and support or your nurse can refer you to see a counsellor in the Women's Health Psychology and Counselling Service which is located in the hospital, you can also self-refer to this service.

For some women it is a comfort to know that the pregnancy tissue is dealt with in a sensitive and respectful manner. The hospital arranges a communal cremation once a month. If you wish to access this service and have had a home termination then the pregnancy loss will need to be returned to hospital. Should anyone wish to attend the cremation or the memorial service held at the hospital or if you wish to make your own arrangements, then please ask the nurse who will be able to provide you with information or put you in touch with bereavement advisors.

Useful contact numbers

Wansbeck General Hospital

Gynaecology outpatients 01670 564 140

North Tyneside General Hospital

Gynaecology outpatients 0191 293 4374

Ward 6 0191 293 2568

Hexham General Hospital

Woman's Health Unit 01434 655 353

The Northumbria

Emergency Gynae Clinic 0191 6072908

Other sources of information

The Women's Health Psychology and Counselling Service:

Wansbeck and Hexham General Hospitals

Telephone: 01670 564150

North Tyneside General Hospital

Telephone: 0191 293 4193

Royal College of Obstetricians and Gynaecologists

Telephone: 0207 772 6309

www.rcog.org.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

www.northumbria.nhs.uk



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