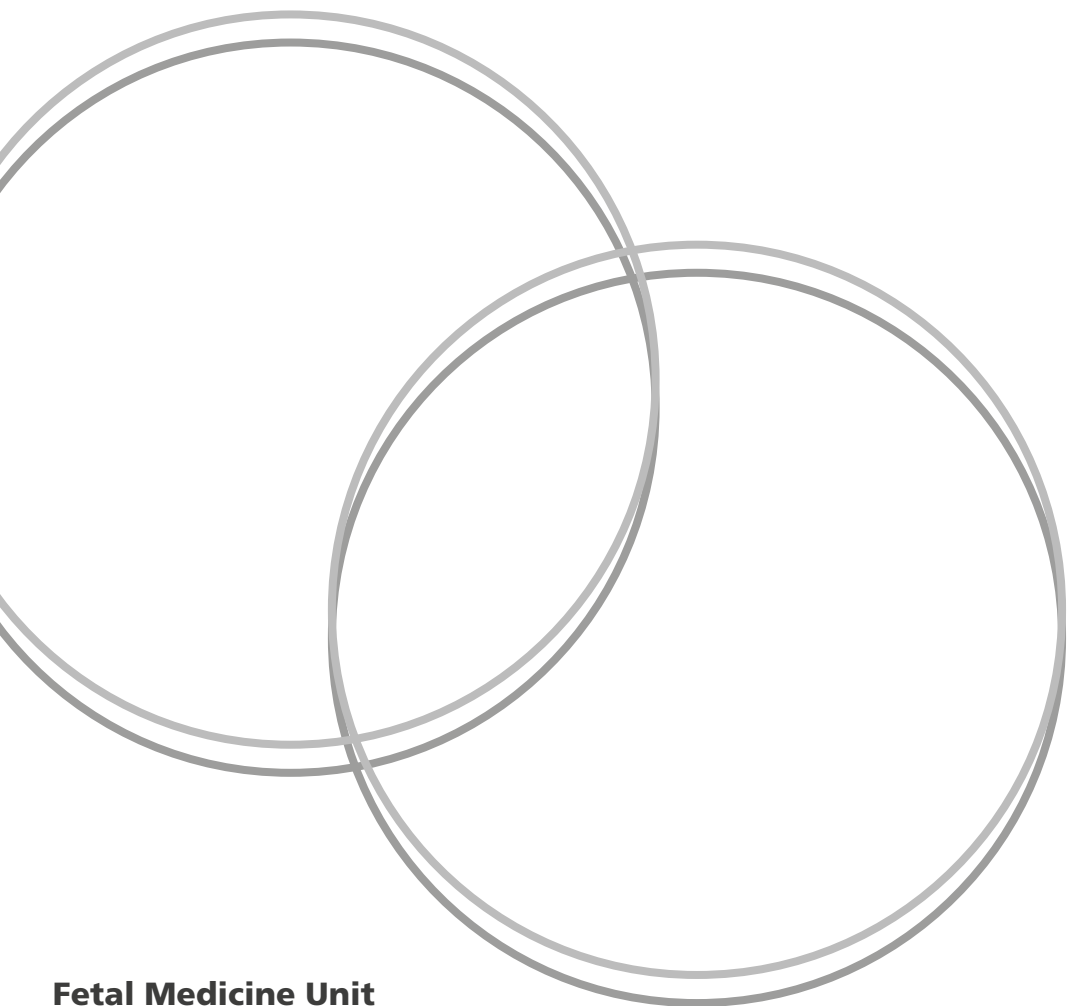


# Termination of pregnancy between 12 and 20 weeks gestation

Information leaflet



This leaflet contains information about termination of pregnancy between 12 and 20 weeks gestation. We appreciate that this information is sensitive and may be very difficult to read, so we suggest you do so when you feel ready and with someone you feel you can trust to support you.

Making the decision to end a pregnancy due to unusual or unexpected conditions in your baby's development, is extremely difficult and painful for most parents. The situation can feel very daunting, and it is normal to experience a wide range of emotions during this time.

Our aim is to provide the best care we can for you and your family. Clear information and individualised support will help you to prepare and think through your care options.

It is important that you do not feel alone during this time. The fetal medicine team are here to support you and will discuss any questions or concerns you have.

## **What does the procedure involve?**

Medical termination of pregnancy after 12 weeks gestation is a two-stage process, that involves giving medication to end a pregnancy and to bring on labour and the vaginal birth of the baby.

The midwife caring for you at the time of the termination will advise you on where to come for this process.

We appreciate how difficult it is to read about these processes, so we recommend you do so slowly and with support. We aim to be sensitive but clear when sharing information with you during this difficult time.

### **Stage one**

The process begins with a hospital doctor asking you about your medical history to ensure you are medically fit and well for this process to begin.

We ask for your written consent and we will complete legal paperwork with you.

With your permission, a midwife will then give you a tablet to take (by mouth) called Mifepristone. The tablet is designed to ripen (soften) your cervix (neck of the womb) in preparation for stage two of this process.

We recommend you stay for approximately 30 minutes after taking the tablet, to ensure your physical wellbeing.

You will then return home for 48 hours.

## Stage one: Further information

### Mifepristone

Having taken this tablet, you are advised to avoid:

- Taking ibuprofen.
- Drinking alcohol.
- Smoking.
- Drinking grapefruit juice.

When you will leave hospital, you will be provided with a 24-hour telephone number to call in case of any concerns (see the **What is abnormal and who should I call** section on page 5). You will also be given a time to come back into hospital for stage two of the process 48 hours later.

Whilst we cannot say exactly when the pregnancy will end inside you, we know it is likely to be sometime between taking the Mifepristone tablet and during labour.

### What to expect at home after taking Mifepristone

The Mifepristone tablet is not designed to bring on labour or birth immediately.

It is normal to experience nausea and period-like pain and pelvic ache.

To relieve the period-like pain, we would suggest that you take paracetamol (following the instructions on the packet) and using a hot water bottle and/or bath if you find this soothing.

The level 7 bereavement suite team will call you during your time at home, to check that you are physically well, to offer support and to discuss any concerns that you may have.

## **What is abnormal and who should I call?**

Whilst you are at home, please call the Level 7 Bereavement Suite on 01865 221 666 or 01865 221 664 if you have any concerns, or if you experience any of the following:

- Vaginal bleeding.
- Abdominal pain.
- Vomiting.
- Flu-like symptoms.

Your call will be answered 24 hours a day

You can just say the words 'Green Butterfly' if you find it too difficult to explain your concerns to a member of staff that is not familiar with your situation. Your call will be transferred, so that you can speak to a midwife immediately.

## Stage two

After 48 hours, you come back into hospital (at the time previously arranged with you) to attend the Level 7 Bereavement Suite with your chosen adult support person or partner.

You may wish to bring things like books, music, laptops, snacks, a pillow with you during your time in hospital, along with an overnight bag with toiletries for you and your support person or partner.

The rooms on Level 7 have an en-suite bathroom and a fridge is usually available.

**You may be advised you that your care needs to take place on the Delivery Suite depending on your medical need or safety. This will have been explained to you during stage one discussions.**

We do our utmost to keep you in a situation-sensitive place within the hospital. Should you need to be cared for on Delivery Suite during any of your time in hospital, we offer our apologies in advance for any upset being in this birth setting may cause you. It is our priority to ensure you are cared for safely and that your privacy and dignity is respected at all times.

Stage two begins with a midwife or doctor inserting a cannula (a very thin plastic tube) into a vein in the back of your hand or in your arm. A midwife will then discuss your preferences for your care.

Misoprostol is the medication used to induce (bring on) labour. This will be given as a vaginal pessary or as an oral tablet. How you take the Misoprostol will be dependent on your clinical circumstances and will be discussed with you at the time.

If you are being given Misoprostol by vaginal pessary, once you are comfortable, with your permission, the midwife will perform a vaginal examination and insert the pessary near to your cervix (neck of the womb). A vaginal pessary is a small tablet of medicine that dissolves near to/around your cervix). The vaginal pessaries are given to start labour and will be given approximately every 3 hours, until the point at which you a vaginal delivery.

Sometimes an oxytocin-hormone drip is needed to aid contractions. If this is needed, it will be discussed with you at the time.

The stage two process may take up to 24 hours in some cases. This varies from person to person and depends on individual circumstances, but we always keep you updated about your progress and try to provide an indication of how long things are likely to take whenever possible.

Our aim is to keep you as physically comfortable as possible. There is a wide range of pain relief available from oral medication (taken by mouth), to stronger pain relief in the form of opioid injections and epidural (spinal) anaesthesia.

Emotionally, this will be a very challenging time for you and your family. Sometimes the sadness and stress of this situation can make the physical pain of labour more difficult to cope with. Please be reassured that the midwives caring for you are experienced health care professionals who are on hand to support and guide you through this process with compassion and understanding.

## **Stage two: Further information**

The hospital doctor will discuss the chance of complications with you:

1. For the vast majority women, this process will not adversely affect their fertility (ability to get pregnant), or their ability to hold a pregnancy and have a normal childbirth experience in the future.
2. 1 in 10 women will experience an infection after this process.
3. About 5 in 100 women need to have an operation called an ERPC to remove the any remaining placenta or other tissue from the womb and to reduce bleeding.

## **Delivery**

At the point of delivery, it becomes very personal for parents and families, so this leaflet aims to outline options that we ask you consider rather than telling you what will happen.

Some parents may wish to:

- Not see the baby.
- Have time together as a couple.
- Leave hospital as soon as possible.

Other parents may wish to:

- See the baby.
- Hold the baby.
- Have time together as a family.
- Have (religious or non-religious) blessings from the chaplaincy team.
- Have mementos of the pregnancy including prints and photos.
- Bring in clothing or mementos for the baby.

## **After the delivery**

After the delivery of the baby, we recommend you have an injection to help the placenta (afterbirth) come away. This injection also helps to reduce the chance of heavy bleeding. In some cases, the placenta stays in the womb. If this happens, the midwife will discuss the possibility of transferring to Delivery Suite Theatres to have the placenta removed, with help from the obstetric and anaesthetic teams.

## **Other considerations following delivery**

Parents will be supported to discuss the following with a midwife:

- Further examinations on the baby (known as a post-mortem).
- Further examinations on the placenta.
- Ceremonies according to preference or religious belief; private or hospital-arranged.



## Returning home

Once you are medically fit and well, and emotionally ready to leave hospital, you will be discharged home.

### What to expect when at home

1. Vaginal bleeding will continue for between 2 to 6 weeks after delivery.

Whilst the bleeding will reduce during this time, everyone is different, so it may stop more quickly for some than others. Bleeding can also be affected by stress, lack of sleep, natural cycles, the delivery, or if you have had retained products (as explained in the **stage two further information section**).

2. If you experience any abdominal (tummy) pain, offensive smelling vaginal loss, high temperature or if you generally feel unwell, please call your GP or call 111 for advice urgently.
3. Emotionally this is likely to be a very difficult/challenging time for you.
  - You may struggle with different aspects of everyday life.
  - You may feel guilty about feeling quite well and stable.
  - You may want to consider whether work is a supportive environment.
  - You may want to consider whether counselling services could, in time, offer you a way of being able to discuss your stresses, pain and emotions in a safe and sensitive space.

**If you experience any of the following symptoms within the 7 days following delivery, please call Maternity Assessment Unit immediately;**

- **difficulty in breathing**
- **large amounts of blood loss**
- **severe abdominal (tummy) pain.**

**Your call will be answered 24 hours a day.**

## Follow up care

### **1. If you are a Fetal Medicine patient:**

The Fetal Medicine Midwives will call you 3 to 4 weeks after your delivery to check on your wellbeing and to discuss your follow up care with you.

### **2. If you are not a Fetal Medicine patient:**

The bereavement midwives will call you 3 to 4 weeks after your delivery, to check on your wellbeing and to discuss follow up care with you.

Your GP will have been previously notified about your pregnancy loss. We recommend that you speak with or visit your GP at around 6 weeks after your delivery to discuss any ongoing concerns. You can also discuss contraception (methods to stop you getting pregnant) or future pregnancy care during this visit if you feel ready to.

## **In the future**

Our bereavement midwives are available to offer further support and continuity of care in your new pregnancy, should this be an option you feel you would like or need.

## **Additional contacts**

### **Remember My Baby**

Website: <https://remembermybaby.org.uk>

### **SANDS**

Website: [www.sands.org.uk/about-sands/our-work/supporting-parents](http://www.sands.org.uk/about-sands/our-work/supporting-parents)

### **ARC**

Website: [www.arc-uk.org](http://www.arc-uk.org)

### **Petals**

Website: <https://petalscharity.org>

### **NHS Mental Health Charities**

Website: [www.nhs.uk/mental-health/nhs-voluntary-charity-services](http://www.nhs.uk/mental-health/nhs-voluntary-charity-services)

### **Fetal Medicine Unit (FMU) Midwives**

Telephone: 01865 221 716

(Monday to Friday, 8.30am to 5.30pm)

Email: [oxfordfetalmedicine@ouh.nhs.uk](mailto:oxfordfetalmedicine@ouh.nhs.uk)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

*We would like to thank the Oxford Maternity Voices Partnership for their contribution in the development of this leaflet.*

Author: Lead Fetal Medicine Midwife

Contributor: Patient Information Lead Midwife

August 2024

Review: August 2027

Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

