

Department of Gynaecology

Early medically induced termination of pregnancy

Information for patients



Medically induced termination of pregnancy

In this procedure the termination of pregnancy is brought about by using medicines – rather than by having an operation. This leaflet explains what's involved, what will happen in hospital and after you go home.

What's involved?

- Coming to hospital for examination and assessment by a doctor. Counselling is also available if you wish.
- Taking a tablet called Mifegyne (also known as 'the abortion pill', RU486) at the hospital. This is known as the first stage.
- Being given vaginal prostaglandin tablets in hospital 2 days later. This is the second stage. (You will be at the hospital most of the day and should arrange for someone to collect you and stay with you overnight.)
- We will also offer you a swab test for Chlamydia.
- Having a final check-up 1-2 weeks later with your GP or Family Planning Clinic.

How does the treatment work?

You can take Mifegyne up to 63 days or 9 weeks after the start of your last period.

Mifegyne works by blocking the action of the hormone which makes the lining of the uterus (womb) hold onto the fertilized egg. You must not take the tablet unless you are completely sure about having a termination. We cannot guarantee a normal pregnancy if you change your mind after taking the Mifegyne.

The prostaglandin tablets (the second stage of the treatment) work by relaxing the cervix (neck of the womb) and making the uterus contract so that the pregnancy is expelled. This is like a miscarriage.

Risks

- Some women do not miscarry in hospital but do so after they have gone home. If you have not miscarried in hospital, you will be asked to come in 7 – 10 days later. You may have a scan to check whether the pregnancy has ended. You may need to have a D&C (see below).
- About 5 in 100 women need to have a minor operation called a dilation and curettage (D&C or “scrape”) under general anaesthetic to stop continuing bleeding due to some pieces of tissue being left behind in the womb.
- Infection – symptoms are a discoloured or smelly discharge, lasting pain or a temperature. You should contact your GP if you have any signs of infection. Up to one in ten women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk. If you are not treated, it can lead to a more severe infection (known as pelvic inflammatory disease or PID).
- Very rarely there may be damage to your future fertility. Almost all women who have had a termination will be able to become pregnant again if they want to. But it is not possible to guarantee this. Very rarely a woman does not have a successful pregnancy and this may be due to a complication of the termination.
- Research evidence shows that having an abortion does not increase your risk of developing breast cancer.

What is the risk of the abortion failing?

There is a small risk in all methods of early abortion that the pregnancy may not be ended. Before the 7th week of pregnancy medical abortion is more successful than surgical abortion.

With medical abortion (including those carried out after the 7th week), different studies have come up with different rates of failure. Some have found that only one or two out of every 1,000 medical abortions failed to end the pregnancy, while others have reported that up to 14 out of every 1,000 fail.

What to bring with you

You will need to bring sanitary towels (not tampons) and toiletries.

You should wear comfortable clothes and bring something to keep you occupied – such as books, music (with earphones), puzzle, laptop etc.

You can eat and drink as normal and we will provide tea, coffee and sandwiches. There is also a League of Friends coffee bar near the ward.

The treatment

1st stage

The Mifegyne tablet is taken in hospital. You can go home 20-30 minutes afterwards and we will give you an appointment to return to hospital 2 days after taking the tablet.

The 2 days between your visits to hospital can be spent in the normal way – at home or work. During this time you may experience increased nausea, start to bleed vaginally or have period-like pains. You may take paracetamol or codeine to ease the pain but do not take aspirin or Ibuprofen. There is a small chance that the miscarriage will occur. You should use sanitary towels and not tampons to reduce the risk of infection.

Painkillers and other medicines: Some medicines can interfere with the treatment and should not be taken after you have taken the Mifegyne tablets. This includes painkillers such as aspirin and ibuprofen. Please tell the hospital doctor about any medicines that you take.

Smoking and alcohol: You should not drink alcohol or smoke for at least 4 days after taking the Mifegyne tablets.

2nd stage

At your second visit to hospital the prostaglandin tablets are placed into your vagina. You can either do this yourself, or it can be done by the nurse. This causes contractions which are usually felt as strong period-like pains. We will give you a suppository for pain relief to begin with. Later you can have more tablet painkillers if you need them, or a painkilling injection.

Bleeding will usually start after about 1 hour. You may feel sick and have diarrhoea during this time. Most women miscarry within 4-6 hours. You will notice largish clots of blood and tissue coming from the vagina, like a very heavy period.

The tissue will be disposed of by incineration, in accordance with hospital policy. If you have any questions about this, please ask one of the nurses.

It is not necessary to go to bed or lie down – you may feel more comfortable walking about. You are very welcome to bring someone to stay with you.

Once the clots of blood and tissue have been passed, you will need to stay in hospital for approximately 1 hour more to make sure that you are not bleeding too heavily. If all is well you can go home if someone can collect you and there is someone to stay with you overnight. Very rarely (less than 1 woman in 100) you will need to stay in hospital overnight.

If your blood group is Rhesus negative we will offer you an injection called Anti-D to prevent antibodies forming against a future pregnancy.

Antibiotics: You will be given a 7 day course of antibiotics, which you will need to start taking the morning after you have had the prostaglandin vaginal tablets, to help prevent you developing a pelvic infection. These tablets are routinely given to all women. The antibiotics make you sensitive to sunlight so you will need to stay out of the sunlight to avoid being sun burnt. They also reduce the effectiveness of the oral contraceptive pill – see Sex and Contraception on the next page.

What happens afterwards?

You may bleed for up to two weeks. The pattern of bleeding should be the same as if you were having a period, i.e. fresh bleeding turning to a brown colour and lessening in volume. Some women will have a slight blood loss until their next period starts. This is quite normal.

You should use sanitary towels instead of tampons until your next regular period to avoid the risk of infection. If you have a lot of bleeding you must see a doctor as soon as possible as you may need to have a D&C (see section on Risks).

Sex and contraception

Do not have sexual intercourse until the bleeding has stopped. Do remember to use an effective form of contraception before you resume sexual relations. **Even if you have started the oral contraceptive pill you will need to use condoms if you have sexual intercourse whilst taking the antibiotics, and for 7 days after the antibiotics have finished.** This is because the antibiotics reduce the effectiveness of the contraceptive pill. Talk to your GP about this or make an appointment at your Family Planning Clinic.

We advise you to see your GP or Family Planning Clinic after 1-2 weeks to check that everything is back to normal.

Emotional recovery

You may feel low for a short time after the termination, but as your body returns to normal this should settle. Look after yourself and give yourself time to recover. If you do feel upset it often helps to talk to someone about it. The hospital nurses, your GP or the hospital counsellor are there to help you if you need them.

How to contact us

If you have any concerns immediately after your termination (the same evening or overnight), if you are worried about the amount you are bleeding, or if you don't feel well, you can contact us as follows:

Gynaecology Ward: Tel (01865) 222001

Gynaecology Day Unit: Tel (01865) 222014

After 8am the next morning you should contact your GP if you have any concerns.

To talk to our Counsellor

Tel: (01865) 221235

For contraception advice

Alec Turnbull Family Planning Centre

Tel: (01865) 456666

or contact your GP.

Arrangements have been made for you to be given the Mifegyne tablet in the:

Gynaecology Outpatients Department / Gynaecology Ward *
Women's Centre, John Radcliffe Hospital

Day Date

Time

and for the Prostaglandin treatment on the:

Gynaecology Ward / Day Services Unit *

Day Date

Time

* delete as necessary

Further information

<http://www.nhs.uk/conditions/abortion/Pages/Introduction.aspx>

Let us know your views

We welcome your views on the care you have received in our hospital. Please ask your nurse for a patient feedback form.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call

01865 221473 or email **PALSJR@orh.nhs.uk**

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