

Department of Gynaecology

Late medically induced termination of pregnancy



We understand that you have been speaking with your doctor about the need for you to end your pregnancy. From 12 weeks of pregnancy and onwards this is known as a 'late termination of pregnancy'. This can be a difficult decision to make but we will support you throughout the process. Please feel free to ask us any questions that you might have. We can also arrange for you to speak with our counsellor.

What does the procedure involve?

Termination after 12 weeks is a two stage procedure which causes the womb to contract and bring about a miscarriage. The procedure is usually carried out on Level 7 of the Women's Centre.

Before you come in for the procedure your general health will be assessed by a doctor, to make sure the procedure can be carried out safely. You will also be offered a test for chlamydia.

In some circumstances we may also arrange for you to be seen by an anaesthetist.

Once it has been confirmed that the procedure can go ahead, you will be asked for your written consent for the procedure to take place. If you are under 16 years of age we would prefer that you have a parent or legal guardian with you for support when you sign the consent form for the procedure.

Stage One

You will be seen on Level 7 of the Women's centre by a Midwife, who will review your records and answer any further questions you may have.

You will then be given a tablet called mifepristone. Once the mifepristone has been taken the process of termination has started. 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 mifepristone. This medication makes the uterus (womb) more sensitive to a medication called misoprostol, which is used to induce contractions in Stage 2 of the procedure.

You will be able to go home after a short time (approximately 30 minutes) and will be given an appointment to return to the hospital 2 days later.

The 2 days between your appointments can be spent in the normal way – at home or work. You may experience nausea, start to bleed vaginally or have period-like pains. This is not common, but if you experience any of these symptoms you will need to contact the Midwives on Level 7 for further advice. You may be asked to come in to hospital sooner than planned. (See the end of the leaflet for contact details.)

If you have vaginal bleeding you should use sanitary pads, not tampons, to reduce the risk of infection.

There is a very small chance that the miscarriage will occur during these 2 days (about 1% or 1 in 100). You will be given advice at your first appointment on what to do and where to go if this happens.

Painkillers and other medicines:

Some medicines, and also grapefruit juice, can interfere with the treatment and should not be taken after you have taken the mifepristone tablet. This includes painkillers such as aspirin and ibuprofen. Please tell the hospital doctor about any medicines that you normally take.

Smoking and alcohol:

You should also not drink alcohol and should avoid smoking for at least 4 days after taking the mifepristone tablet. This is because there is a risk that you may need an anaesthetic to remove the placenta.

Stage 2

What happens during your stay in hospital

You will need to bring with you:

- sanitary pads (not tampons)
- toiletries
- dressing gown
- slippers
- other items you might need for an overnight stay
- things to help pass the time, such as books, music (with earphones), puzzle, laptop/tablet, etc.

It is a good idea to also have someone come with you to support you, such as a partner, close friend or relative. They will be able to stay with you overnight if necessary.

You may be able to go home the same day, but it is possible that you will need to stay one or two nights in hospital.

You will be admitted to Level 7 of the Women's hospital for this stage of the procedure. After you have been admitted, you will be checked by a Midwife and sometimes a doctor.

A cannula (a thin tube) will be inserted into a vein in your arm or back of your hand; this may be used to give you fluids or medication during the procedure.

During this stage, you will have a type of prostaglandin tablet called misoprostol placed into your vagina. The prostaglandin works by relaxing the cervix (neck of the womb) and making the uterus contract, so that the pregnancy is expelled. This is similar to what happens during a miscarriage.

This may need to be repeated up to five times to be effective. If a miscarriage has still not occurred after this time you will also need to be given an oxytocin drip. This will be connected to the cannula that was inserted when you were admitted. This will continue to help the uterus contract.

The whole procedure may take up to 24 hours or more. You can have painkillers as you need them – these are usually given by injection into your bottom or thigh and may make you feel drowsy.

The misoprostol may cause a high temperature and you may feel shivery. It can also give you diarrhoea. You may notice some clots of blood coming from your vagina during this part of the procedure and it is possible that you may feel your waters break.

You will usually be given an injection of ergometrine to help deliver the placenta after the miscarriage has occurred.

In some cases, the placenta does not come away completely and you may need a general or spinal anaesthetic to have it removed during a short procedure.

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

The hospital will arrange for the fetus to be buried and you will be asked to sign a form to confirm you are happy for the hospital to do this. You will also be asked what you would like to happen to the placenta. If you have any questions, please speak to a member of the Level 7 staff.

What happens afterwards?

Before you are discharged from hospital, we will assess your blood loss and advise you about this and what to expect over the next 2 to 3 weeks.

Antibiotics: You will be given a 7 day course of antibiotics to help prevent you developing a pelvic infection. Your Midwife will tell you when to start taking them.

The antibiotics make you sensitive to sunlight, so you will need to stay out of the sun (even if it is cloudy) to avoid being sunburnt. They also reduce the effectiveness of the oral contraceptive pill (see the following page for information about sex and contraception).

Bleeding: You may bleed for up to 2 to 3 weeks after the procedure. 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. You may have a slight blood loss until your next period starts, which would usually be after about 4 weeks. This is quite normal.

You should use sanitary towels instead of tampons until your next regular period, to reduce the risk of infection. If you have a lot of bleeding you must see your GP as soon as possible, as you may need to have a small procedure called 'evacuation of the womb' to remove any retained pieces of placental tissue.

You must contact your GP if your bleeding is very heavy or you are passing clots.

If your bleeding suddenly gets a lot heavier you may need to call an ambulance.

Breasts:

You may experience breast tenderness for a few days after the termination. This should settle after about 48 hours. You may find it helpful to take simple painkillers, such as paracetamol or ibuprofen.

Sex and contraception:

It is advisable not have sexual intercourse until the bleeding has stopped. You are also advised to use an effective form of contraception before you resume sexual relations. Please ask the Midwife looking after you if you would like contraceptive advice or a prescription for oral contraception. You can also speak to your GP or make an appointment at your local Family Planning Clinic.

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.

We advise you to see your GP or family Planning Clinic after 1-2 weeks to check that you have recovered from the procedure and to give you the opportunity to discuss any worries you might have.

Emotional recovery:

You may feel low for a short time after the termination. 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. We will give you a list of available counsellors at the time of your first appointment. Doctors and nurses at your GP's surgery or Family Planning Clinic, and the hospital counsellor, are there to help you if you need them.

Risks

- About 5 in 100 women need to have a minor operation called an evacuation of retained products of conception (ERPC). This is carried out under either general anaesthetic (where you are asleep) or spinal anaesthetic (where you are numb from the waist down). It is carried out to stop continuing bleeding due to some pieces of tissue being left behind in the womb.
- Infection – symptoms of infection are a discoloured or smelly discharge, continuing pain or a temperature. You should contact your GP if you have any signs of infection. Up to 1 in 10 women will get an infection after a termination of pregnancy. Taking antibiotics at the time of the procedure helps to reduce this risk. If an infection is not treated, it can lead to a more severe infection (known as pelvic inflammatory disease or PID).
- There is a very small risk that 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. Very rarely, a woman does not have a successful future pregnancy and this may be due to a complication of the termination.
- There is a small risk that you may not respond to the treatment and will not miscarry. If this happens, you will have to have an ERPC.

Contact your GP or out of hours service urgently if you have any of the following symptoms:

- your bleeding is heavy or you are still passing clots from your vagina
- you feel faint, dizzy, have chest pain, palpitations or shortness of breath
- you have fever (high temperature), constant abdominal pain or you are shivery
- you have offensive smelling vaginal discharge
- you have a severe or persistent headache
- you have pain in the calf muscle of either leg or an area in either leg that is hot and swollen.

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, please contact us:

Level 7

Tel: 01865 221 663
(24 hours)

To talk to our Counsellor

Tel: 01865 221 235

For contraception advice

Oxfordshire Sexual Health Service
Drop-in clinic
Churchill Hospital
Old Road
Oxford
Oxfordshire
OX3 7LJ

Tel: 01865 231 231

Website: www.sexualhealthoxfordshire.nhs.uk/

To find a clinic closer to where you live, visit the Family Planning Association website:

www.fpa.org.uk/

Alternatively, you can contact your GP.

Arrangements have been made for you to be given the mifepristone tablet on Level 7 of the Women's Centre on:

Day

Date

Time

A second appointment for the misoprostol (prostaglandin) treatment has been made on the:

Day

Date

Time

Further information

NHS Choices

Website: <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 a member of the team for a patient feedback form.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

Written by Nursing, Midwifery and Medical staff, Women's Centre
January 2017
Review: January 2020
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www.ouh.nhs.uk/information

