Let as often as you want and

You have chosen to have an early medical termination as an outpatient procedure. The following information will reinforce what you were told in the clinic. If you have any further questions please do not hesitate to contact us or ask when attending the hospital. Please remember all details are confidential.

Can I change my mind?

Yes. Just because you have been seen in clinic and have a date to come in, it does not mean you have to go ahead with the termination. You can change your mind at any time up until taking the first tablet. Should you change your mind after taking this tablet you may proceed to miscarry and we cannot say if it may have an effect on the pregnancy.

If you decide to continue with the pregnancy, please contact your GP surgery to arrange an appointment with the midwife.

If you decide not to proceed with a termination, please telephone 01792 200303 / 200304 as soon as possible to let us know.

It is quite normal to have mixed feelings at this point and you may find it difficult to discuss this with family or close friends. If you would like to talk to someone independent and trained in these matters, please contact 01792 200304.

About medical termination of pregnancy at home

This is like an early, natural miscarriage but with prescribed medication. You will need to attend the hospital twice but may go home straight away, which means you will miscarry in the privacy of your own home. You will also have the option of taking the first part medication while you are at your consultation and then take the second stage medication home to administer yourself. You will have been assessed in clinic to ensure this procedure is suitable for you as we are unable to offer this service to all women. In order to ensure your safety and prevent any unnecessary risks, please inform us if your circumstances change.

A medical termination is not appropriate if you are suffering from any of the following medical conditions.

* Cardiovascular disease for example cerebrovascular disease, ischaemic heart disease or peripheral vascular disease.
* Coagulation (blood clotting) disorders, liver disease or kidney disease
* Severe asthma
* Adrenal failure
* Hereditary porphyria
* Or if you are taking any of the following drugs / medicine: corticosteroids, ketoconazole, uraconazole, erythromycin, rifampicin, phenytoin, phenobarbital, carbamazepine, St John’s Wort.

What happens next?

A medical termination involves taking a tablet called Mifepristone 200 milligrammes, which is taken orally (by mouth). This blocks the hormone that makes the lining of the womb hold onto the pregnancy. After taking this tablet you may go home but if you vomit within one hour of taking this tablet it will need to be repeated. After taking this tablet you may experience:

* Crampy, period-type pains
* Vaginal bleeding
* Nausea or vomiting

If you require painkillers please take paracetamol based products such as paracetamol,

co-codamol or codeine. You should avoid aspirin based products, which interfere with Mifepristone i.e. aspirin, ibuprofen, anadin and mefanamic acid (Ponstan).

Between visits to the hospital you should be able to continue with your normal routine. In 5% of women Mifepristone is sufficient to induce the termination. If you are bleeding heavily or are concerned please contact Ward 16 or the gynaecology wards; the numbers are given on page six. Heavy bleeding is where you soak through two or more pads in an hour for two hours.

If you have taken the first Mifepristone tablet and then decide to proceed with the pregnancy (although we strongly recommend that you complete the treatment), we cannot guarantee you will not go on to miscarry. There is insufficient research to say what effects it may have on the pregnancy.

Advice

Do not drink grapefruit juice while you are being treated with Mifepristone.

You must also stop breast feeding.

You should avoid smoking and alcohol for the period of time you are receiving treatment and for two days afterwards.

Second visit

You will be provided with a drug called Misoprostol which should be given vaginally. Misoprostol causes the lining to break down and womb contractions that cause the foetus and placental tissue to be expelled. Misoprostol is not licensed for use in terminations; it is however recommended by the Royal College of Obstetricians and Gynaecologists and has been shown to be safe and effective.

Side-effects experienced by some women are:

* Nausea /vomiting
* Diarrhoea
* Headaches
* Dizziness
* Fever and chill

Complications associated with medical termination of pregnancy

This is a very safe procedure and has the advantage that a general anaesthetic or operation is not needed and therefore carries less risk for you. All procedures carry a small amount of risk and those associated with medical termination are:

* Haemorrhage – bleeding heavily with a 1 in a 1000 chance of needing a blood transfusion.
* Infection – 1 in 10 chance, risk reduced by taking antibiotics.
* Uterine (womb) rupture – associated with mid-trimester, risk very low less than 1in a 1000.
* Future fertility – there should be no effect on fertility, but you may have a slightly higher risk of miscarriage or early birth.
* Retained products – 1 in a 100.
* Failed abortion - two - 14 in a 1000.
* Emotional upset – how you react will depend on the circumstances of your abortion, the reasons for having it and on how comfortable you feel about your decision. You may feel relieved, sad, or a mixture of both.

At this appointment it is essential that you have an adult to escort you home and that you do not use public transport. You must be accompanied by an adult for 6–8 hours after leaving hospital. You must remain at home during this time. You must also have access to private transport in case you need to come back to the hospital that day. You will need to have access to a telephone in case you need to contact the hospital for advice.

If your blood group is rhesus negative, we recommend you have an Anti D injection before you are discharged from hospital. This is to help prevent problems with any future pregnancies. You will be given more information during your visit.

Contraception

Remember it is easy to get pregnant again as your fertility can return as early as one week later. Contraception will have been discussed with you in the clinic. It is important that this is started immediately to ensure reliability.

What happens when I start the second stage?

You may start to experience period-type pain within half an hour of starting your second stage treatment, but some people do not experience pain for a few hours.

Most women start to bleed after 3–4 hours, however, it can start sooner or later than this. The amount of bleeding varies from woman to woman. It is normal for it to be heavier than a normal period and for the blood to include clots.

You should use the toilet as often as you want and flush it as normal.

If you would prefer the hospital to arrange sensitive disposal of the products, please discuss this with the nurse when visiting the hospital.

Your abortion will probably happen within 4–6 hours of you having the Misoprostol but it could take longer or could happen more quickly. We cannot predict how long it will take. The bleeding will then start to slow down and turn a brown colour but you may bleed on and off for the next two weeks. Some women bleed for longer than this.

Please contact the helpline if:

* You have severe bleeding – you are soaking two or more sanitary pads every hour for two hours.
* The pain relief are not controlling your pain after you have taken the recommended dose.
* You are concerned or worried.
* If there is no bleeding within 72 hours of the treatment then contact the helpline as the procedure may not have worked.

**After treatment**

You will need to perform a pregnancy test three weeks after your termination. Very rarely in less than 1% of medical terminations, a pregnancy can continue despite taking the medication correctly. It is important to contact the clinic if the result is positive so that we can arrange for a blood test.

**What are the benefits of this treatment**?

The main advantage is that you will not need to stay in hospital because you can have this treatment at home.

**Advice**

* Do not use internal tampons until your next period; use sanitary pads instead.
* Avoid intercourse for two weeks or until the bleeding stops.
* If concerned or need advice please ring the helpline, number on back page.

**How will I feel after the termination**?

The way you feel following your procedure will depend on a variety of issues, including personal circumstances. Your hormones will be returning to normal, this can lead to feelings of sadness. It is important to remember that everyone is different and there is no right or wrong way to feel. You may experience a number of different emotions.

Some people are surprised how strong these emotions are despite feeling they made the right decision. Depending on past experience, the procedure may bring up old feelings. Some may simply feel relief that it is all over and do not need to suffer a great deal of distress. In other cases the procedure can cause trauma in the mind. This can result in a number of symptoms and emotions including:-

**Anxiety** - you may feel an increase in your general anxiety levels or you may feel anxious around becoming sexual.

**Depression –** feeling numb. Experiencing symptoms of depression are common.

**Flashbacks –** as some of the procedures take place while fully conscious, some people experience flashbacks.

**Guilt –** this can be a common feeling, even when you felt the decision was the right one.

The procedure was a stressful life event that can cause trauma; many of these feelings are similar to these experienced in post- traumatic stress syndrome (PTSD).

It is important to stress that there is no right or wrong way to react or feel in this situation. If you are struggling with your feelings or finding it difficult to cope, you may benefit from counselling.

**Counselling**

Discussing your thoughts and feelings with a counsellor can help you make sense of your emotions. This process can also help you with residual negative feelings.

If the procedure has left you feeling depressed, anxious or you are experiencing flashbacks. You can work through these to uncover the underlying cause and how to cope with trigger thoughts/situations to facilitate change in the future.

Remember, even if time has passed, it is never too late to express your feelings.

If you feel you would benefit from counselling please contact the numbers below to arrange an appointment. If you already have an appointment and need to cancel or re-arrange the same number applies.

**01792 285005 or 01792 285017**

**When should I seek medical advice after a medical termination of pregnancy?**

If you have heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain or you also have a raised temperature (fever) and flu-like symptoms, this may be due to infection of the lining of the uterus (womb). This occurs in two or three women in a 100 (two – three percent).

If you experience heavy bleeding, occasionally there is still pregnancy tissue remaining in the uterus (womb) and you will need to have a surgical intervention.

Burning and stinging when you pass urine or pass urine frequently; this may be caused by a urine infection. This will be treated with antibiotics.

**Getting back to normal**

You should be able to start back to everyday activities the next day.

When you return to work depends on you and how you feel. However, you will not be harmed by returning to work the next day if you feel well enough.

You should not drive for 24 hours if you have taken strong pain relief.

You should avoid swimming for two weeks after treatment.

If you intend to travel soon after you will need to inform your travel insurance in case you experience complications while away. If you intend to take a long-haul flight soon after, discuss this with your GP as there is a slightly increased risk of a deep vein thrombosis (blood clot).

Avoid sexual intercourse for two weeks to reduce the risks of infection.

Your next period can vary from 3 – 6 weeks, depending on the contraception you use. If you do not have a period within six weeks after the procedure, you should do a pregnancy test. If the test is positive contact the clinic.

**Singleton Hospital**

Pregnancy Advisory Service – 🕿01792 200304

Monday – Thursday 8.00 – 15.00,

Friday 8.00 – 12.00

Gynaecology Ward – 🕿01792 285343

Open all the time.

## Putting Our Patients Fir