

## Your Appointment and Information

### Early Medical Abortion

Please read this leaflet carefully. It gives the date, time and place of your appointment for medical abortion and follow-up. It also describes what happens on the day you take your treatment, and arrangements to check that the procedure has been successful.

All appointments are at: Hope House, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN. The telephone number for the Pregnancy Advisory Service at Hope House is:  
**0300 421 6532**

#### **First part of treatment is on:**

Monday / Tuesday / Wednesday / Thursday / Friday  
..... /..... /..... at .....

#### **If you need to re-attend the clinic it will be on:**

Monday / Tuesday / Wednesday / Thursday / Friday  
..... /..... /..... at .....

## Overview

- An early medical abortion can be performed up to nine weeks and six days of pregnancy
- It usually involves two treatments that are given 24-48 hours apart
- The first treatment involves swallowing a tablet called Mifepristone in clinic. Mifepristone is an anti-progesterone (or anti-pregnancy) tablet which starts the abortion procedure by causing the separation of the pregnancy from the lining of the womb
- Once it is taken you should not change your mind. It may cause the pregnancy to end but, if it continues, there may be a risk of fetal abnormality
- The second treatment involves tablets called misoprostol. These are self administered at home and can be taken by mouth or vaginally. Although misoprostol is extensively used for abortion, it is not licensed for this purpose. It is a safe, effective treatment recommended for abortion care by the Royal College of Obstetricians and Gynaecologists
- Misoprostol causes the muscles of the uterus (womb) to contract which results in passing of the pregnancy to complete the abortion process
- The procedure is like having a natural miscarriage
- An anaesthetic is not needed, instruments are not used and women do not routinely stay in Hope House or need to spend the night in hospital

## What are the risks involved?

Abortion is a safe procedure for which major complications are uncommon at any stage of pregnancy. The earlier in your pregnancy you have an abortion, the safer it is. Abortion is safer than carrying a pregnancy and having a baby, but all procedures have risks. These are described below.

### **Risks at the time of the abortion**

Excessive vaginal bleeding, such that you may need a blood transfusion, happens in around 1 in every 1000 abortions.

### **Risks after the abortion**

You are more likely to get problems in the two weeks after the abortion than at the time of the procedure itself.

### **Infection**

1-2 women in 100 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, which can affect future fertility.

### **Retained products of conception**

The uterus may not be completely emptied of its content and further treatment may be needed. This happens in 1-5 in 100 women having a medical abortion. An operation may be needed to remove the pregnancy tissue within the uterus or a short course of tablets may be used to help the womb empty.

### **Risk of the abortion failing**

All methods of early abortion carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This occurs in fewer than 1 in 100 women, possibly very slightly higher in women who have depo provera contraception at the same time as the mifepristone tablet.

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

If there are no problems with your abortion it will not.

### **Will abortion cause complications in future pregnancies?**

Abortion does not increase your risk of a miscarriage, ectopic pregnancy or a low placenta if you do have another pregnancy. However, you may have a slightly higher risk of a premature birth.

### **Does abortion cause breast cancer?**

An abortion does not increase your risk of breast cancer.

## Testing in clinic

- All women are offered a check up at the time of attending the clinic. This includes testing for chlamydia and gonorrhoea by a self-taken swab, and a blood test for HIV and syphilis. We will ask you your preferences on how we should contact you if any of the results need treatment.
- Your blood rhesus status is checked to identify women who have a rhesus negative blood type. Women who have a rhesus negative blood type are recommended to have a single injection of Anti-D following an abortion, within 72 hours of the procedure. This treatment is to minimise the risk of a future pregnancy developing antibodies that could harm the pregnancy.
- We will let you know if you have a rhesus negative blood type and make an arrangement for you to get the treatment needed.
- We will ask you some questions about your health to decide whether you might be at risk of anaemia. If we are concerned about this, we will defer starting your procedure until we have the result of a haemoglobin test. In rare circumstances we will advise that it is safer to have a different type of procedure.

## Contraception

We discuss contraception with every patient attending our clinic. Your fertility returns immediately after your abortion procedure, and so effective contraception is required straight away.

Information about contraceptive choices can be found at: [www.hopehouse.nhs.uk](http://www.hopehouse.nhs.uk) or [sexwise.fpa.org.uk](http://sexwise.fpa.org.uk)

All methods of contraception are suitable after abortion. If you wish to have an implant or a depo injection or pills, these can be given in clinic at the time of the first medication.

If you wish to have a coil fitted (IUD or IUS), this needs to be arranged after the abortion has been completed and we will provide you with contraception until this happens.

## First part of treatment

- The first treatment with Mifepristone is given at your assessment appointment, if you are eligible for this type of procedure. Most people experience no side effects from this tablet. Occasional side effects include faintness, headache, feeling or being sick and skin rashes
- If you are already suffering from nausea and vomiting because of the pregnancy, you will be offered some anti-sickness treatment before taking this tablet
- If vomiting occurs within one hour of taking the tablet, you must contact Hope House immediately and the staff will arrange for you to return for a further dose
- Occasionally, some women experience cramps and bleeding after taking Mifepristone, and around three per cent of women lose the pregnancy before the second treatment
- If cramping or bleeding happens, even if the bleeding is heavy, it is still important to continue with the second part of the treatment at the appropriate time interval
- If you have any concerns after starting the abortion process please call the Hope House clinic before 4pm, Monday to Friday. Call the helpline outside of these hours (see the 24 hour support section) or go to Gloucestershire Royal Hospital's Emergency Department in an emergency

## Second part of treatment

The second part of treatment should be done at a time that is convenient to you, within 24-48 hours of taking the first tablet in clinic.

We recommend that you have a trusted adult with you to give support at home while the abortion completes.

Eat and drink as normal, do not drink alcohol. Please ensure that you have access to making a phone call in case of complications, and ensure you have a supply of sanitary pads ready at home.

## Using the misoprostol

You should initially use four of the six tablets provided. The other two tablets are only used if the abortion has not happened after three hours of using the first four tablets.

The tablets are most effective if absorbed either through the vagina or the surface of the mouth and gums. You can choose which way to use the tablets - either (1) or (2):

(1) Place the four tablets under your tongue or in your cheek beside your gums to dissolve (two at the top and two at the bottom). If any of them are left after 30 minutes, you can swallow them with a drink of water.

(2) Insert the tablets into the vagina using your finger, pushing them as high up as possible. You may prefer to do this with one tablet at a time. This may be best if you have been feeling nauseous or vomiting.

You will start to experience the abortion 1-2 hours after using the misoprostol, though it may be quicker than this.

You should expect to experience

- strong period like pain, *and*
- vaginal bleeding, which may include some clots of blood, tissue and fragments of tablets if they have been used vaginally.

You do not need to collect any blood clots/pregnancy that you pass at home. You will notice an easing of the pain and bleeding after a while. This is usually a sign that the pregnancy has been expelled, and usually happens within 2-12 hours of taking the misoprostol tablets.

If the abortion has not occurred within 3 hours of taking the misoprostol, two further misoprostol tablets can be administered to help ensure that the abortion is successful.

Misoprostol side effects include constipation, diarrhoea, dizziness, abdominal pain, headache, nausea, vomiting, fever and rash.

Unused medication should be disposed of at a pharmacy or returned to a sexual health clinic.

## Pain control during your abortion

### **Paracetamol**

We recommend that you obtain your own supply of paracetamol. This is a pain medication that can be used in conjunction with the medication that we will provide. For best effect, paracetamol should be used at a dose of 1g (two 500mg tablets) 4-6 hourly, with a maximum of 8 tablets in 24 hours.

You will be provided with 2 different pain killers:

### **Diclofenac 100mg suppository (1 supplied)**

This is a pain medication that is particularly good at helping with strong crampy period pains. It is not suitable for women who are allergic or cannot take ibuprofen.

It should be inserted into the rectum just before using the misoprostol tablets, in order to give good pain relief as soon as the pain starts. The pain relief from this tablet lasts for 12 hours, and you should not use ibuprofen during this time (or other ibuprofen-like medication).

To insert the tablet easily, wet the suppository with water. This will make it very slippery. It can then be inserted by gently pressing it into the rectum with your finger.

### **Dihydrocodeine 30mg tablets (8 tablets supplied)**

This is a different sort of pain medication (opiate), and can be used alongside paracetamol and diclofenac if needed. 1-2 tablet(s) can be taken orally every 4-6 hours, as needed, with a maximum of 8 tablets in 24 hours. Alternatively, you can take one tablet every three hours.

### **Anti-sickness medication**

Anti-sickness medication may be provided if you have been experiencing nausea and vomiting in your pregnancy. These should be used as directed on the packet. If you experience vomiting within 1 hour of taking the first medication (mifepristone), please ensure you contact the clinic, as you will need a further dose.

### **Breast feeding**

Breast feeding is safe after both mifepristone and misoprostol, and the pain relief provided by the clinic. If you are breast feeding, you are recommended to use dihydrocodeine at the lowest effective dose for the shortest time.

## After the procedure

It is normal to bleed for up to two weeks following the treatment. It should become progressively lighter with time. You may also experience some crampy period like pains for a day or two.

These should be controlled by simple pain killers, such as paracetamol or ibuprofen. Please use sanitary towels, not tampons, and avoid sex until the bleeding has stopped, to reduce the risk of infection.

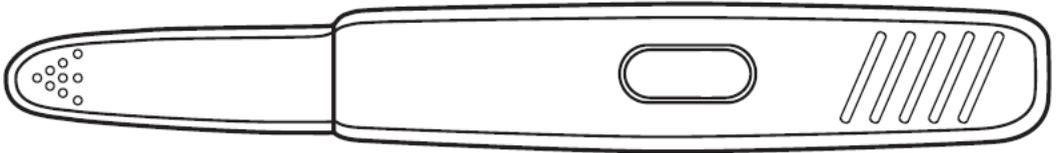
You will be given a special pregnancy test to do after 14 days. This test should be done with first morning urine on:

.....(not before)

**It is very important to check that you are not still pregnant. You will not be reminded by the clinic.**

## Pregnancy test instructions

- Remove packaging and cap. As you urinate, hold the absorbant tip of the test in the urine stream.
- Alternatively, collect some urine in a clean pot and dip the tip into the urine for five to 10 seconds.
- Remember to use first morning urine.
- Wait five to 10 minutes for the result.
- Please consult your kit for full instructions.

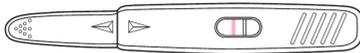


### Read your test with the tip to the left as shown



**POSITIVE**

Two pink lines  
*or*



**INCONCLUSIVE**

No pink lines on the test or one pink line on the left

Procedure may not have been successful. Contact Hope House straight away for advice.



**NEGATIVE**

Pink line right  
Procedure successful

## Potential complications

### Heavy Bleeding

If you soak two or more pads in an hour for **more than** two hours, you should seek **URGENT** advice and help. Please go to Gloucestershire Royal Hospital Emergency Department and show them your discharge letter.

### Infection

If you develop abdominal pain, smelly vaginal discharge or persistent bleeding with feeling generally unwell and / or a temperature, you may have developed an infection. Seek medical help through your GP, out of hours services or Hope House (0300 421 6532).

### Be aware of the following signs

If you have any of the following, the treatment may not have worked:

- No bleeding within 24 hours of receiving Misoprostol
- Less than four days of bleeding
- Still feeling pregnant at the end of the first week
- Continuing to have symptoms of pregnancy, including:
  - Sore breasts
  - Sickness
  - Tummy growing

Please contact Hope House to arrange a follow up assessment.

## 24 Hour support

During working hours (8am and 4pm, Monday to Friday) please contact Hope House by calling **0300 421 6532**.

In an emergency, please attend the Emergency Department at Gloucestershire Royal Hospital.

## Emotional support

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.

You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and abortion procedure.

The majority of women who have abortions do not have long-term emotional problems. Long-term feelings of sadness, guilt, and regret appear to linger in only a minority of women. Please talk to your GP if you have concerns.

An abortion will not cause you to suffer emotional or mental health problems in itself but if you have had mental health problems, you may experience more after an unplanned pregnancy. These are likely to be a continuation, and to happen whether you choose to have an abortion or to continue with the pregnancy.

If you think it would be helpful to talk through your feelings, we have a dedicated counsellor who is trained to support you emotionally. Call **0300 421 6532**.

## Your experience

Your views are important to us. If you need advice or have feedback on a community hospital in Gloucestershire, or on one of our community health services, you can contact one of the advisers from our service experience team. All enquiries are completely confidential. You can contact us between 9am and 5pm, Monday to Friday.

This leaflet can be supplied in braille, audio format, PDF, large print, Easyread and other languages on request.

### Call

0300 421 8313 (answerphone available out of office hours)

### Email

[yourexperience@glos-care.nhs.uk](mailto:yourexperience@glos-care.nhs.uk)

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