

Choices for an unplanned pregnancy

Information for patients



You can also get the information in this leaflet from a series of short videos from our website:

www.lothiansexualhealth.scot/pregnancy-planning/termination-of-pregnancy/



Introduction

Unplanned pregnancy is very common. Approximately half of all pregnancies are unplanned. It is estimated that as many as one in three women in the United Kingdom will have an abortion at some time in their lives. The decision to have an abortion is not easy and this can be a very emotional time for women. Your decision to have an abortion and your treatment is a confidential matter between you and the healthcare team.

You will receive a triage phone call to determine if you need a scan as part of your treatment, you will then be allocated a face to face, or telephone appointment. The initial triage call usually lasts 5-15 minutes.

Abortion is not the only option, and if you have any doubts about your decision, then this will be an opportunity to talk things through if you wish to do so.

What will happen during the consultation?

1. **Assessment:** The nurse or doctor will complete your assessment for abortion either over the phone or in person. It is not necessary for all women requesting an abortion to have an ultrasound scan or to be seen face to face before starting their treatment.
 - i. Your assessment may be carried out over the phone and arrangements made to collect your medication.
 - ii. If you do need to attend for an ultrasound scan, your assessment will be carried out at the same appointment.
2. **Consent:** The doctor or nurse will discuss the method of abortion that is best suited to your stage of pregnancy, and they will complete consent for this method during your consultation. The consent form will state that you wish to proceed with the abortion and that you understand what this involves, and the small risks associated with it.

Future contraception discussion: We are able to provide the contraceptive pill for most women and this can be started immediately after your procedure. Other methods (e.g. Implant, Intrauterine Devices and Depo injection) can be organised easily with the clinic and will be discussed during your consultation.

3. **Date for abortion:** We will arrange with you the date that your abortion procedure will be performed. Often (for early medical abortion method only) this may start on the same day as your consultation but in many cases the procedure will be performed at a later date.
4. **Clinical research and clinical teaching:** NHS Lothian is active in undertaking clinical research. It is possible that during your referral or consultation, you may be given information about taking part in a study. You do not have to take part in any research, but you may be offered the opportunity to do so.
5. **Sensitive disposal:** All pregnancy tissue that may be passed on NHS Lothian hospital premises is dealt with sensitively. This tissue will be cremated. If you are to be admitted to a hospital to pass the pregnancy, then you will be asked to sign a consent form, to state that you are agreeable to cremation of any tissue that is passed during your admission. If you prefer however, you can make your own arrangements for sensitive disposal. A member of the clinic staff can speak to you about your options. If you are having an abortion at home and would like to talk about sensitive disposal further, then please discuss this with the nurse or doctor during your consultation.

Methods of abortion

Abortion can be performed medically (using a combination of medicines) or surgically (an operation). Both methods are safe and effective. The method that you are offered will depend on the stage of pregnancy that you are at and also on your general health. **If you are under 12 weeks pregnant then we would strongly recommend the early medical method to you, since this avoids an operation and the small risks associated with this.** If you suffer from certain serious medical conditions (heart disease, porphyria, bleeding disorders) then you may not be able to choose the medical method and the doctor will discuss this with you.

1. Early Medical Abortion at home

This is available up until the end of the 11th week of pregnancy (11 weeks and 6 days from your last period/or based on ultrasound). It does not involve any surgery and avoids an anaesthetic. It therefore avoids the risks of both an operation and anaesthetic. There is also a much lower risk of infection afterwards. In early pregnancy, this is the most effective method. This treatment involves taking two types of medication over 1 to 2 days.

Part 1 -Mifepristone tablet

Part 2- Misoprostol tablets

If you are less than 12 weeks pregnant, over 16 years of age, fit and healthy, with adult support at home **then you may be able to collect the medication from the clinic** and complete both Part 1 and Part 2 at home. If it is not suitable for you to have the procedure at home, we will arrange for this to be done in hospital.

Part 1 Mifepristone: This is a tablet that you swallow. It is taken to ‘speed up’ the treatment. It blocks a hormone called progesterone that is necessary for the pregnancy to continue. You should be able to continue your normal daily activities, although you may need to wear a sanitary pad because of some light vaginal bleeding. It is very unlikely that you would pass the pregnancy before the remainder of the treatment.

Part 2 Misoprostol: 1 to 3 days later (you will have decided on a suitable time with the clinic staff) you will give yourself the remainder of the treatment, following the written instructions from the clinic. This involves you inserting 4 tiny tablets of ‘misoprostol’ under your tongue or into the vagina. Very occasionally a second smaller dose of these tablets is required 4 hours later.

It is recommended that you have an adult at home with you throughout the procedure, and if you have children at home then someone should be available to look after them on the day.

Misoprostol is very similar to the hormones that the womb releases during a natural period (known as prostaglandins). Misoprostol combined with the first part of the treatment, causes the lining of the womb to break down and the pregnancy is passed with bleeding. The degree of pain and bleeding depends on how advanced the pregnancy is. Women usually describe the pain as 'cramping' although it can be severe. In many cases it can be managed effectively with simple painkillers (paracetamol and ibuprofen) only; you will however be given some stronger painkillers to take home in case you need them. Misoprostol, although used for this purpose worldwide is not currently licensed for this. It is however safe and effective and has been used by millions of women all over the world.

During your consultation you will be given clear written information and instructions, advice on what to expect and 24-hour contact numbers to use if you have any concerns.

A few women will need to attend the clinic in the days following their abortion - it is very important that we have contact details for you and that you are available and able to attend if necessary.

All women need to perform a pregnancy test at home, two weeks after treatment. We will provide you with a pregnancy test which detects the pregnancy hormone (HCG) in urine. The particular test we give you will give a positive result if high levels of the pregnancy hormone are present which might indicate an ongoing pregnancy (failed treatment). We will also give you detailed written information about what signs and symptoms you should look out for that might indicate that treatment has not worked, or that would mean that you need to seek medical advice.

If you are not suitable for early medical abortion at home, or choose to be in a hospital for treatment, then we will arrange for you to be admitted to a dedicated ward area of the Royal Infirmary of Edinburgh or St John's Hospital for up to 6 hours after the misoprostol tablets have been put in the vagina. Once you have passed the pregnancy, you will go home, if all is well. If you have not passed the pregnancy within 6 hours, you will still be allowed home with advice on what to expect and 24-hour contact numbers to use if you have any concerns. You will then have a follow-up pregnancy test to ensure the abortion has been successful and that you are no longer pregnant.

2. Surgical Abortion (up to 12 weeks pregnancy)

This is usually available up to 12 weeks of pregnancy; very occasionally it can be done up to 13 weeks. It is an operation usually carried out as a day case, which means that you are given a date to have it performed and go home on the same day.

If you are scheduled for a surgical method of abortion, then this will be performed under general anaesthesia (you will be put to sleep). This will involve the following:

- You will be given a date to come into either the Day Surgery Unit at the Royal Infirmary of Edinburgh or St John's Hospital for your operation. You will be given written instructions about how to prepare for the anaesthetic and operation. If your operation is planned for the morning, you will be admitted at 07.00am, but if your operation is planned for the afternoon, you will be admitted at 11.00am.
- Once you are admitted, the nurse will give you 2 tablets of misoprostol (same tablet as used in medical abortion) to place beneath your tongue 1 hour before your operation. These tablets help the cervix (neck of the womb) open up and this makes the operation much easier. When you are asleep, the cervix is gently stretched and opened until it is wide enough for the contents of the womb to be removed with a plastic suction tube. You will need to stay for at least 2 hours

following your operation and you should plan to be in the hospital for 4-8 hours. You will need to have an adult to take you home.

3. Mid- trimester medical abortion in hospital (12 to 20 weeks)

If you are more than 12 weeks pregnant then the 'mid-trimester' medical method is offered. For this you will be admitted to a dedicated ward area for treatment, and you will stay in hospital until you have passed the pregnancy. You will be given the same drugs as you would take for an early medical abortion, but at this stage of pregnancy the abortion takes longer, and you will probably need to have more than one dose of misoprostol tablets. Women tend to find that at this later stage of pregnancy there is more pain and bleeding during the procedure and some women might find this upsetting. In most cases the treatment is over in 1 day but sometimes the treatment can take longer, and you may need to stay in hospital overnight.

4. Abortion after 20 weeks

If you are between 20 and 23 weeks and 6 days pregnant then you will need to be referred to a specialist clinic in England for this if you wish to proceed with the abortion. The doctor or nurse will discuss this with you and should be able to help with making arrangements for you.

What should I expect after an abortion?

- If you have had a general anaesthetic, you will feel tired for a couple of days. Please rest as much as possible until this improves.
- You will probably continue to have some period-type pain for the rest of that day. You are advised to take your usual painkillers as instructed on the label.
- Whichever method you have, you can expect to have some bleeding for up to 2 weeks. To reduce the risk of infection you are advised to use sanitary towels (not tampons) during this time, and it is advisable to avoid sex until your bleeding/discharge has stopped.
- If following the procedure you feel generally unwell, feverish, or have offensive-smelling vaginal discharge or still feel pregnant then it is important that you contact your doctor or the hospital unit immediately. These may be signs of infection or that the procedure has not worked and that you are still pregnant.
- Emotionally a woman can experience many feelings after an abortion. You may feel sad or have mixed feelings. These are natural reactions. A lot depends on the circumstances and reasons for having the abortion and how comfortable you are with the decision. It is always important to seek help and support if you are feeling distressed about having had an abortion.

Common abortion concerns

Although many women are certain of their decision to have a termination, they often have concerns about the procedure such as:

Is abortion safe?

Yes - for most women abortion is a very safe procedure. Like any procedure, it is not entirely risk free, but problems are less likely to occur when the abortion is performed in early pregnancy. Also, the early medical method is particularly safe, since it avoids any small risks of an operation or general anaesthetic.

What are the risks at the time of abortion?

The risks are small but include:

- The womb is not completely emptied (retained products). This happens in approximately 1 in every 100 abortions. Further treatment to empty the womb may be needed.
- Damage to the womb. This happens in approximately 4 in every 1000 surgical abortions. If the surgeon suspected damage, then they would need to perform another operation at the same time to repair any damage. With late medical abortions (after 13 weeks), damage to the womb occurs in less than 1 in 1000 abortions.
- Excessive bleeding (haemorrhage). This happens in around 1 in every 1000 abortions.
- Failure to end the pregnancy. This happens in between 1 to 14 in every 1000 medical abortions and 2 in every 1000 surgical abortions.
- Infection. This is less common after a medical abortion. It occurs after approximately 1 in every 100 medical abortions and 8 in every 100 surgical abortions.

Will abortion affect my future fertility?

No - as long as there are no complications with the abortion, then it will not affect your chances of becoming pregnant. There is no good evidence that having an abortion affects any other part of your health.

When can I start contraception?

Most women are fertile immediately after an abortion and so we recommend that women start an effective method of contraception on the same day as the procedure. The most effective methods of contraception are the intrauterine devices (coils) which are the hormonal IUD and the copper IUD and the implant (Nexplanon®). We will try to provide them for you as soon as possible after the procedure.



Most women feel relieved after having an abortion. However, a small minority of women have some emotional difficulties. If you do experience this, talking to someone can often be helpful. Support is available at:

Chalmers Centre
2a Chalmers Street
Edinburgh
EH3 9ES

Telephone: **0131 536 2105**

Ask for an appointment in the “Support after TOP” clinic (TOP- Termination of Pregnancy).

For advice and support after you have started to receive care from the abortion service, contact: Chalmers Choices mobile (Monday-Friday 8.30am- 4pm): **07765 395 887**.

Outside of these hours please contact the gynaecology ward at the Royal Infirmary of Edinburgh or St John’s Hospital).

Royal Infirmary of Edinburgh Gynaecology Ward 210: **0131 242 2101**.

St John’s Hospital Mobile: **07811 025 935**.

If you have any problems contacting this mobile, please contact St John’s Hospital Gynaecology Ward Telephone: **01506 524 112**.

You can also get the information in this leaflet and more detailed information on tests and contraception from our website:

www.lothiansexualhealth.scot

