

Early Medical Abortion at Home (EMAH)

Information for patients



Quick reference for at home:

Before the procedure buy supplies of:

- Paracetamol
- Ibuprofen (if you are not asthmatic)
- Sanitary towels
- Hot water bottle.

Day 1 (Mifepristone- x1 tablet)

- Take anti-sickness tablet 1 hour before mifepristone
- Take Mifepristone single tablet.

Day 2 (Misoprostol)

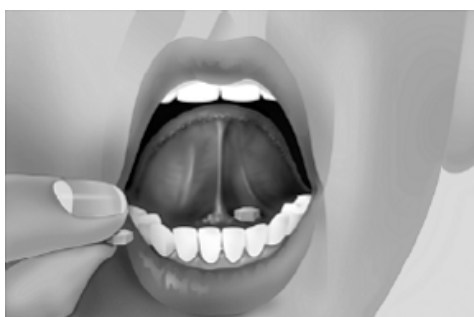
- Ensure you have an adult to support you at home throughout the procedure
- Make sure you eat and drink as normal if you can. Try to have breakfast
- **Pain relief:** Take regular paracetamol (every 4 to 6 hours) and ibuprofen (every 4 to 6 hours), first dose **at least one hour** before you take the misoprostol
- You can take dihydrocodeine (one tablet of 30mg) if needed for pain (every 4 hours) in addition to paracetamol and ibuprofen
- **Anti sickness:** Take an anti-sickness tablet **1 hour before you take the misoprostol**
- **Misoprostol-** insert 4 tablets of misoprostol under your tongue or high into your vagina
- If no bleeding after 4 hours take the 2 extra misoprostol tablets under your tongue
- If you are between 10-11+6 weeks (week 10 until the end of week 11 of your pregnancy) you will be given a 3rd dose of misoprostol to take (2 further tablets) 3-4 hours after the 2nd dose if you still have no bleeding. Take 2 of these tablets under your tongue as before.
- Either call the Choices mobile if you need any advice (**07765 395 887**), St John's Hospital Gynae ward (**01506 524 112**), or Royal Infirmary Gynae ward (**0131 242 2101**)
- Remember to start your contraception on the day/day after treatment (if not already started).

Advice on what to expect at home

Part 1 Mifepristone: You swallow this single tablet either in clinic or at home. This tablet 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 so even if you have any bleeding please take the misoprostol as planned.

Part 2 Misoprostol: You will be given a box of tablets of misoprostol to take at home, 24-72 hours later.

- **4 tablets of misoprostol should be placed either under your tongue (2 tablets under each side of your tongue) – as shown in the diagram below (this may cause more sudden onset of pain and nausea)**

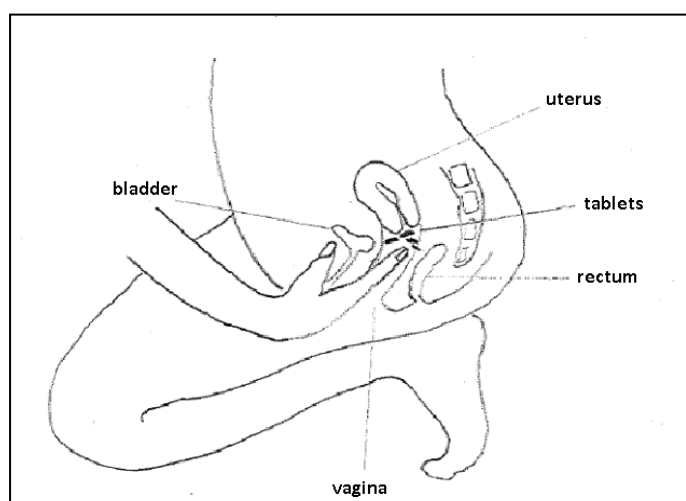


Start off with rinsing your mouth out with clean water. Make sure that you are in a comfortable upright position and place the tablets under your tongue (2 tablets each side of tongue = 4 tablets) Please make sure that the tablets they are **completely covered by the tongue**.

Wait for at **least 30 minutes** with the tablets of misoprostol under the tongue to allow them to work. We advise that you sit still and do not talk, move or stand during this time. After 30 minutes any remaining fragments of the misoprostol tablets should be swallowed.

You can expect that the tablets of misoprostol may cause a chalky taste in the mouth. Misoprostol tablets can also cause headache, diarrhoea and cramping pain. It is not uncommon to experience chills/fevers and rigors (shivering/shaking) in the hours following Misoprostol. This will settle spontaneously.

- **Or into the vagina (tablets should be placed high in the vagina as in the picture below)**



*****Important:** If you are already bleeding then do not place misoprostol in the vagina as they may not work. Place the tablets under your tongue instead.

After about an hour of taking the misoprostol tablets you should start to bleed. You will have bleeding that will be heavier than your normal period.

*****Important:** If you have not started bleeding within 4 hours of taking the misoprostol tablets, then you should **take the extra two tablets**. These extra tablets should be taken under the tongue. If you are between 10-11+6 weeks you will be given a 3rd dose of misoprostol to take 3-4 hours after the 2nd dose if you still have no bleeding. Take 2 of these tablets under your tongue.

What will the pain be like?

The pain that you experience will be cramping-type pain which is because the womb is trying to expel the pregnancy. The severity of pain varies for each woman. Usually the pain is at its worst just before passing the pregnancy. This pain eases after the pregnancy is passed.

You should take paracetamol 1 gram and ibuprofen 400mg **before** the pain starts. In most cases, this should be enough to control the discomfort. However you have also been given some dihydrocodeine tablets (30mg) to take home and can take one tablet of dihydrocodeine every 4 hours if needed.

You may want to stay in bed or lie down, but many women feel comfortable walking around, watching television or reading. It's up to you and how you feel. You may use the toilet as often as you want and flush it as normal. You may feel sick. You may vomit or have diarrhoea.

How long will I bleed for?

The amount of bleeding varies and will depend on the numbers of weeks of pregnancy. Most women describe it as 'much heavier than my period' and it may include some large clots. After 9 weeks of pregnancy, you may see some pregnancy tissue.

Bleeding should gradually get lighter each day. We advise against the use of tampons as there is a small risk of introducing infection. Please use sanitary towels until the bleeding stops.

You can expect to bleed for around two weeks although this could continue for one month or longer. **If you experience continuous and heavy bleeding (soaking three or more pads in an hour while resting) contact the clinic or go to A&E urgently. If you have not started bleeding within 24 hours of your treatment, contact the clinic as this can be a sign that you might need more treatment. Also if you bleed for less than 4 days in total then you should contact the clinic, as this may also be a sign that treatment has not worked and that you may still be pregnant.** If you develop a smelly discharge or fever or tender tummy, then this may indicate an infection and you should contact your GP.

When should I start contraception?

The majority of women are fertile immediately after this treatment and so you should start contraceptive pills, patches, ring, injection or implant the same day as the procedure. We should be able to supply you with these but for some reason if we are unable to do so, then we will tell you where you are able to get these. We can also arrange for you to have an intrauterine method (copper coil or Mirena coil) inserted at a later date at a specialist clinic.

How do I know if the treatment has worked?

Although this treatment is very effective, there is a small chance that it may not work and that you may still be pregnant (in around 1 in 100 patients, treatment fails to end pregnancy).

Signs that treatment may not have worked and that you may still be pregnant:

- **If you do not bleed within 24 hours of receiving misoprostol tablets**
- **If you have less than 4 days of bleeding**
- **If you still 'feel' pregnant at the end of one week or have symptoms of pregnancy such as sore breasts, sickness, tummy growing, etc.**
- **If at 2 weeks after treatment, the urine pregnancy test (that we provide you with) is positive or invalid**
- **If your next period does not come by one month after the treatment.**

Under such circumstances you should contact the clinic immediately as you may still be pregnant, and you may need more treatment.

To ensure that the treatment has been successful, we also need you to perform a urine pregnancy test (yourself) of your urine at home. This urine pregnancy test usually should be performed at two weeks after treatment. We will provide you with the pregnancy testing kit. This pregnancy test detects the pregnancy hormone (HCG) in urine and will give a positive result if high levels of the hormone are present in your urine, which might indicate an ongoing pregnancy (failed treatment).

How do I perform a urine pregnancy test?

The urine pregnancy test should be performed, preferably on a **first morning urine sample**, 14 days after treatment. The nurse in the clinic will explain how and when to perform this. It is essential that you perform the test according to the instructions, as failure to do so may mean that an ongoing pregnancy is not detected. You should perform the urine test on your first morning urine when you wake up on the agreed date.

Self-assessment

We will leave it up to you to contact us if the pregnancy test is positive, invalid, or if you are worried that you may still be pregnant. We will assume that unless we hear from you that the treatment has been successful and that you are no longer pregnant.

Your self-assessment and urine pregnancy test is scheduled for 14 days after you have taken misoprostol (Part 2)

When should I expect my period to arrive after treatment?

Most women with regular periods should expect to have their next period at one month after treatment. If you have started the combined contraceptive pill then you should expect to get your period during your pill-free week. If however you have started a progestogen only method such as the progestogen only pill, injection, or implant, then there is a good chance that this may delay your next period or remove your periods altogether. If your next period has not arrived by one month after treatment or if you are using a progestogen only method and are concerned that you may still be pregnant, then please contact us (see below).

For women who are between 10 and 12 weeks only

You will be given an additional dose of Misoprostol tablets to take if needed and this will be discussed with you at the time of your telephone consultation.

Ultrasound scan

Women do not routinely need an ultrasound scan before their termination of pregnancy. However you can have an ultrasound if you wish. Some women may be advised to have one because of pain or bleeding or uncertainty about the stage of the pregnancy. If the stage of the pregnancy has been based upon the date of your last menstrual period and this state is wrong, then there is a chance that the pregnancy may be more advanced than you think. In such circumstances the treatment is less likely to work. There may also be more pain and bleeding with passing a larger pregnancy.

The overall risk of an ectopic (a pregnancy outside the womb- usually in the tube) is extremely low and you will have been assessed for any signs, symptoms, or risk factors for ectopic at the time of your phone consultation. If you have not had an ultrasound scan and experience any pain in your abdomen (out with your treatment day) then please phone the Choices Mobile to get advice from a nurse. If this pain is severe (which may indicate an ectopic pregnancy) then you must attend your local emergency department.

Summary for you:

Planned date of mifepristone (Day 1)

Planned date of misoprostol (Day 2)

Planned date of pregnancy test

Contact details

If you are worried that you may still be pregnant, or have any other concerns then please contact us immediately on either:

Chalmers Centre:

Senior Nurse Mobile (Mon-Fri 8.30am-4pm): **07765 395 887**

(Out with these hours please contact Royal Infirmary)

Royal Infirmary of Edinburgh:

Ward 210 RIE (Gynaecology Ward) Mon–Sun all hours, phone: **0131 242 2101**

St John's Hospital:

Ward 12 (Gynaecology Ward) Mon–Sun all hours, phone: **01506 524 112**

Mobile: **07811 025 935**

