



# Saint Mary's Managed Clinical Service Division of Gynaecology

The Whitworth Clinic

# PATIENT INFORMATION LEAFLET

# IN PATIENT MEDICAL TERMINATION OF PREGNANCY (OVER 10 Weeks)

Please attend:	
1st Stage	
on	at
2nd Stage	
on	at

This leaflet aims to give you information regarding a medical termination of pregnancy over 10 weeks. If there is anything you are unsure of then please ask a member of the Whitworth Clinic team at any time.

Your treatment will be a two-stage procedure, however, please note that you may be required to visit the hospital on more than these two occasions. An overnight stay and follow-up appointment may also be necessary.

# First appointment - 1st stage

The first appointment will be held at the clinic, out-patient department or ward within the Gynaecology department and will last approximately half an hour. You will be given a tablet called Mifepristone. This will block the hormone progesterone, which is necessary for a pregnancy to continue, it prepares the uterus (womb) for the next stage of the procedure.

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After this you will return home for 36 - 48 hours.

# Are there any side effects?

After taking the first tablet, you may experience the following:

Feeling faint or a little nauseous

If you vomit within two hours of taking the Mifepristone it is important that you contact the hospital and speak to a nurse. You may need to return and take another tablet.

- · Headaches and skin rashes may occur.
- Slight dizziness or feeling feverish.
- You may experience cramp-like period pains. If necessary, take paracetamol and/or codeine to help with the pain (you must not take pain relief that contains Aspirin or Ibuprofen).
- Bleeding. In rare cases, miscarriage may occur before the second stage of the treatment.

Even if you have experienced some bleeding, it is important that you attend the hospital for the second stage of the treatment. We cannot be sure you have passed the pregnancy tissue and will need to continue with your treatment.

At home you may carry on with your normal activities. If you are concerned about your physical symptoms, i.e., pain or heavy bleeding, then please contact the clinic or ward.

Contact details will be on your appointment card and at the end of this leaflet.

# Second appointment – 2nd stage

The second appointment is an admission onto Ward 62. You are advised to eat breakfast before your admission.

You will be given a single room with a toilet. You may wish to bring someone with you for support and books/magazines to occupy yourself. Please also wear loose comfortable clothing and bring toiletries and sanitary towels (not tampons).

Misoprostol tablets will be given to you vaginally; this will cause your uterus to contract and empty (the pregnancy will be terminated). These will be repeated every 3hours and given orally for a maximum of 4 doses.

You will be asked to use bedpans each time you use the toilet and the nurse looking after you will show you how to use these. This can be quite upsetting and there is a possibility that you could see the pregnancy tissue or fetus. It is important you do not look into the bedpan after using them. We will do everything possible to help you through this experience and the nurse will discuss what will happen with you.

Women vary in their reaction to the treatment; therefore, it is difficult to predict how much pain and bleeding you can expect, or how long the treatment will take. The nurse will be there to help and support you and provide any pain-relieving medications you may require.

**Pain:** You may experience moderate/intense contraction type pains.

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- ➤ **Bleeding:** it is expected that you will experience moderate/heavy bleeding with clots during the 2<sup>nd</sup> stage. This will be monitored by your nurse. If there are any concerns regarding your bleeding, a vaginal examination by a Nurse/Doctor may be required to identify the cause.
- You may also experience some diarrhoea, sickness, dizziness or hot flushes.

Please mention any symptoms to your nurse who can assist you in managing them.

Once the termination is complete, you will be given an injection to slow down the bleeding. If the termination is not complete, for example the placenta (after-birth) may not come away, you may need to go to theatre, under a short general anaesthetic, to ensure that your uterus is empty.

If the termination is not complete, and all medication has been given, then you will require an overnight stay. Further medication will be given, and you will be observed overnight and reviewed the next day. Occasionally you may be asked to return to the clinic for a follow-up scan.

You can eat and drink normally throughout the treatment unless you need to go to theatre. Your nurse will inform you if you need to stop eating and drinking.

You should plan to stay overnight and arrange for someone to escort you home when you are ready.

Most medical treatments have possible side effects and risks. With this treatment, the main risks are excessive vaginal bleeding and an incomplete procedure.

Respectful disposal of your pregnancy remains will be undertaken by cremation (Communal or individual) as per local protocols. Please ask staff if you require further information regarding this or wish to discuss this matter.

# After your termination

### Bleeding

You may have some bleeding for up to 3 weeks. You should see a significant improvement in your bleeding in the first 7-10 days after completing your treatment.

Please use sanitary towels and not tampons during this time.

Your next period can be expected 3–8 weeks later. It may be heavier or lighter than expected.

Please refrain from sexual intercourse until the bleeding has stopped and you feel ready in yourself. You should have a daily bath or shower whilst you are bleeding, both of which will help to prevent infection. Please also refrain from water sports/swimming whilst you are still bleeding.

It is important to contact the clinic, the Emergency Gynaecology Unit or your GP if you have continuous bleeding, heavy bleeding, are passing clots, have pain or smelly discharge.

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It is important to ensure the procedure is complete and these symptoms are not signs of an infection developing or that some of the pregnancy tissue has been retained. Options to resolve either of these complications will be discussed with you as necessary.

Finally, if you have been asked to come back for a follow-up scan it is important that you attend to ensure the treatment is complete.

### Pain

You may have some mild/moderate period-like pains for the first 7-10 days. Please make sure you have some pain relief medication at home to take and do not exceed the stated dose advised by the manufacturer. If you have any prolonged or severe pain please contact the clinic, the Emergency Gynaecology Unit or your GP for advice.

### Breast Tenderness

Please wear a well-fitting and supportive bra to assist with any discomfort from your breasts.

### Rest

You may feel tired for a couple of days following your treatment. Rest as necessary and resume normal activities as you feel able. We advise that you take at least 1-2 days off work and return when you feel both psychically and emotionally able to do so.

### Sex

You may resume sex when the bleeding has stopped (to help prevent infection) and you feel ready in yourself and have adequate and reliable contraception.

# Contraception

You can get pregnant straight away after a termination of pregnancy.

Please make sure you have a reliable method of contraception before you resume a sexual relationship. If you haven't already decided, we can help you choose the method that is best for you.

You may also go to your GP or attend your local contraception service for advice

# **Feelings**

It is normal to feel a range of emotions after a termination. For example, you (or your partner) may feel relieved, sad, numb, confused, or angry. It is common to feel 'up and down'. Some people feel a sense of loss after a termination, even if they were sure about their decision. This does not necessarily mean that the decision was wrong, just a difficult decision to make. However, some people can feel relieved and unburdened.

If you need to talk to someone or have any questions or worries, please contact us at the Whitworth Clinic.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

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# **CONTACT DETAILS**

If you have any worries, concerns or symptoms you wish to report, please contact:

### The Whitworth Clinic



(0161) 276 6283 (Monday - Friday)

If there is no one available to take your call, please leave a message and your call will be returned as soon as possible or if urgent contact the Emergency Gynaecology Unit.

# **Emergency Gynaecology Unit (EGU)**



(0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage (assessment) service you must call and speak with a specially trained nurse before attending to plan your care.

# **Gynaecology Ward 62**



Saint Mary's Hospital (0161) 276 6105 (0161) 701 8548 (24 hours)

There are no emergency Gynaecology or early pregnancy services at Saint Mary's Hospital, Oxford Road

# Useful addresses and contact numbers:

## NHS

Information and advice about sexual health, including contraception and sexually transmitted infections (STIs)

www.nhs.uk/live-well/sexual-health/

### **Brook**

Sex and contraception advice Online advice

www.brook.org.uk

Face to face clinics available for young people, please check the website for more details of your local clinic and age restrictions

### The Northern

Contraception. Sexual Health and HIV Service (0161) 701 1555

www.thenorthernsexualhealth.co.uk

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# **NHS 111**

For urgent medical concerns dial 111 (24 hours)

# **National Sexual Health Helpline**

Talk to someone about a sexual health issue in strict confidence. 0300 123 7123 (Monday - Friday 9.00 am – 8.00 pm)

https://www.nhs.uk/worthtalkingabout

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