

Medical abortion



Information for patients

Gynaecology



If you have been offered a medical abortion (also called a medical termination of pregnancy) you should have been told about the treatment and what to expect during your admission.

This is a copy of that information for you to keep. Please read it carefully.

We will be happy to answer any questions you have.

What is a medical abortion?

It is a medical treatment that involves taking oral (Mifepristone) and vaginal (Misoprostol) medication to cause an abortion in a pregnancy that is less than 18 weeks.

You will be given both stages of the medication in hospital.

Misoprostol has been extensively studied and is very commonly used for the treatment of abortion but the use of misoprostol for this indication is off-license (the drug company did not originally produce it for this purpose). It has proved to have a very good safety record.

An abortion can also be managed in the following different ways:

- Surgical abortion via a local or general anaesthetic
- Early medical abortion (EMA): Home administration of Misoprostol
- Early medical abortion (EMA): Hospital administration of Misoprostol

The nursing staff will discuss which treatments are available to you. This will depend on how far pregnant you are, if you have any medical problems, and the availability of the treatment.

Are there any risks with this type of treatment?

Problems (risks) at the time of the abortion are not very common. The main risks are:

- **Excessive bleeding** (less than 1 in 1,000 risk in early abortions). This may require a blood transfusion.
- **Failure of the abortion** and continuing pregnancy (less than 1 in 100 risk in early abortions). This may require further treatment.
- **Uterine (womb) rupture** can occur (less than 1 in 1,000 risk) with medical abortions between 12 and 24 weeks of pregnancy. This occurs when the uterine wall becomes so thin that it tears or splits open. This is more likely to happen if you have had a previous Caesarean section.

Are there any risks after the abortion?

You are more likely to get problems after an abortion. Again these problems are not common. The main risks are:

- **Retained tissue** (approximately 3 to 6 in 100 risk, dependent upon gestation). This may require further treatment.
- **Infection of the uterus** (up to 1 in 10 risk). This is usually due to a pre-existing infection. Taking antibiotics at the time of the abortion helps reduce this risk. You will also be offered screening before the treatment. If an infection is not detected or remains untreated it may become severe, causing Pelvic Inflammatory Disease (PID).
- **Emotional distress.** Some women may experience short term emotional distress after an abortion. There is a slight increased risk to mental health disorders after an abortion compared with childbirth, but no evidence that these problems are actually caused by the abortion. They are often a continuation of problems experienced before the abortion.

- There is no proven evidence that having an abortion will cause a future ectopic pregnancy or infertility.
- Should complications occur, more treatment, including surgery may be required.

Abortion methods using Mifepristone and Misoprostol may not be suitable for you if you have any of the conditions below:

- High blood pressure not managed by medication
- High cholesterol
- On long term cortico-steroid treatment
- On long term anti-coagulant treatment

Please inform the nurse or doctor caring for you and they will discuss this further with medical colleagues at the hospital.

Will I get any side effects from the drugs?

You may get some of the following side effects. Once the treatment has worked these side effects usually stop:

- Nausea: 40 in 100 women
- Vomiting: 20 in 100 women
- Diarrhoea: 15 in 100 women
- Headache: 16 in 100 women
- Dizziness: 25 in 100 women
- Flashes / sweats: 25 in 100 women

How many times will I need to attend the hospital?

Usually two times, once for the initial tablet and then a second time for the vaginal pessaries 24 to 48 hours later. Your partner or another family member or friend can accompany you during your treatment. It is advisable to be accompanied home by car or taxi, by an adult who is aware of your treatment and will be available to assist you following your second appointment.

Please ensure you have a supply of pain relief at home. A hot water bottle is also useful for the relief of period type pains.

What happens at my first treatment appointment?

At the first appointment a nurse will check your details and you will be given 1 oral Mifepristone 200mg tablet to swallow with some water. This tablet blocks the action of the hormone (progesterone) that supports the pregnancy. This tablet is very slow acting and prepares the body for the second stage of the treatment.

After you have taken the tablet you can leave the hospital. If you are sick within 1 hour you will need to contact Ward G1, as the tablet may not have been absorbed and you may require another tablet.

You can carry on with your normal work and home life.

You may experience some vaginal bleeding and have period type pains. You can take simple pain relief such as paracetamol and ibuprofen.

It is unlikely that the abortion will happen after the first tablet. However, some women will bleed heavily and actually pass the pregnancy. If you are worried you should contact Ward G1.

Following your first appointment you will be given a time to return to the ward, 24 to 48 hours later. It is very important that you keep this appointment, even if you do not think that you are pregnant anymore, so that we can confirm if the abortion is complete.

What happens at my second treatment appointment?

The nurse will ask you about any vaginal bleeding or pain that you may have had since taking the Mifepristone. If you have had any other symptoms, please mention these to the nurse. If all is well we will continue your treatment.

Do not worry if you have not had any vaginal bleeding or pain as this is normal.

The second part of your treatment will vary depending upon how many weeks pregnant you are.

If you are less than 12 weeks pregnant

4 Misoprostol 200mcg tablets will be inserted into your vagina (usually by a member of the nursing staff). These tablets will help your body expel the pregnancy.

You will be asked to use a receiver in the toilet or commode (portable toilet) every time you use the toilet, so that the nurses can check to see if you have aborted the pregnancy.

Once you start to bleed (usually a couple of hours after having the Misoprostol tablets), you may see large blood clots or pregnancy tissue.

If you are under 8 weeks pregnant, you are likely to see the pregnancy sac which is where the early pregnancy develops.

If you are closer to 10 weeks pregnant, the foetus is about 3cm long (the size of a large grape) and you may recognise its shape.

If you are closer to 12 weeks pregnant, the foetus is about 5cm long.

If you are worried about what you may see when the abortion happens, please discuss this with the nursing staff.

Most women abort the pregnancy within 4 to 5 hours after taking the Misoprostol tablets. For others it can be quicker or take longer. Some women will need the vaginal tablets repeating 4 to 6 hours later.

Once you have aborted the pregnancy the vaginal bleeding should start to slow down and the pain should start to go away.

You may need to stay on the ward approximately 6 to 10 hours following the insertion of the first dose of vaginal tablets. By this time the abortion should be complete.

Before discharge you may need to be examined vaginally (like a smear test) to assess whether the abortion is complete.

If the abortion is not complete, you may need to stay in overnight. Alternatively, you may be allowed home and asked to return to the ward for a review in the next few days.

When you are reviewed, you may need more medical treatment or we may need to perform a small operation. This may be at a later date. The nursing staff will discuss this with you and make any necessary follow up appointments.

You will be given a one-off dose of antibiotics to prevent the risk of infection. This is an antibiotic called Metronidazole which you can take orally (2 tablets) or rectally (1 suppository).

If the swabs taken at your clinic appointment also show that you have a vaginal infection, then you will be given additional antibiotics to take before you go home.

If you are between 12 and 18 weeks pregnant

4 Misoprostol 200mcgs tablets will be inserted into your vagina (usually by a member of the nursing staff). These tablets will help your body expel the pregnancy.

A further 2 Misoprostol 200mcg tablets will be inserted vaginally 3 hours later. This second dose may need to be repeated at 3 hourly intervals.

You will be asked to use a receiver in the toilet or commode (portable toilet) every time you use the toilet, so that the nurses can check to see if you have aborted the pregnancy.

During your treatment it is likely that you will feel the water that surrounds your pregnancy leaking from your vagina. This is normal and the fluid may continue to leak from your vagina for some time. This can happen while you are laid in bed or on the commode.

It is possible that you may abort the pregnancy when you use the commode, as you change position from lying down to a sitting position.

Once you start to bleed (usually a couple of hours after having the Misoprostol tablets), you may see large blood clots or pregnancy tissue.

There is a chance that you could see the foetus and you may recognise its shape. If you are worried about what you may see when the abortion happens, please discuss this with the nursing staff. The nursing staff will try to make sure that you see very little but sometimes this is not possible as you may pass the pregnancy very quickly.

Once you have aborted the pregnancy, you will be given an injection to help slow down any vaginal bleeding. At this stage we will ask you not to have anything else to eat or drink in case you need to have a small operation.

You will be examined vaginally approximately 2 hours later. The nurse will inform you at this stage if the abortion appears to be complete.

If the abortion does not appear to be complete or you do not pass the placenta spontaneously, then you may need to have a small operation to ensure that your uterus is empty. This is usually done under a short general anaesthetic (you will be asleep).

If you need to go to theatre there is a small risk that there could be damage to your cervix (neck of the womb) or perforation to your uterus (a small hole is punctured). Such complications are extremely rare. This will be discussed with you and you will need to sign another consent form for the surgical procedure to take place.

Depending on how long this treatment takes, you may have to stay overnight on the second visit. Please be prepared for this and make any necessary arrangements, including childcare as required.

You will be given a one-off dose of antibiotics to prevent the risk of infection. This is an antibiotic called Metronidazole which you can take orally (2 tablets) or rectally (1 suppository).

If the swabs taken at your clinic appointment also show that you have a vaginal infection, then you will be given additional antibiotics to take before you go home.

Practical information regarding your hospital admission

For your first appointment (to take a tablet) you will not require your overnight bag. Please try to eat something before attending hospital.

You should plan to be at the hospital for on average 1 hour for this first visit. You may go to work after this visit if you feel well enough to do so. You are able to drive and/or use public transport or a taxi after this appointment.

If you have been told you require a medical or anaesthetic assessment, your visit may last 2 to 4 hours.

For the second appointment, you should plan to be at the hospital most of the day.

Please ensure that you have arranged your own transport home and can be accompanied home by a responsible adult who is aware of your treatment. It is unusual that you will have to stay overnight but please bring an overnight bag with you just in case.

Please bring with you:

- An overnight bag, including a wash bag and towel.
- Comfortable clothing of your choice, for example pyjamas, shorts or jogging bottoms, t-shirt.
- Loose clothing is recommended for wearing when you are discharged home.
- Please have appropriate and spare underwear for wearing a sanitary towel.
- Sanitary pads (not panty liners), as you will have some vaginal bleeding during the treatment that may be heavier than your normal period. It is recommended that you do not use tampons at this time, as they make it more difficult to monitor your vaginal bleeding and can increase the risk of infection.
- Any medication you take or may need (such as asthma inhalers).

Please do not bring into hospital:

- Unnecessary valuables, for example jewellery, money, credit cards, electrical equipment. If you do bring valuables into hospital you are responsible for them. The hospital cannot be held responsible if any of your valuables go missing.
- Electrical equipment that requires charging, as phone, iPad, tablet and laptop chargers are not allowed. Please ensure any electrical equipment that you bring with you is fully charged as you will not be able to charge it at the hospital.
- Mobile phones can be used at the discretion of the ward staff.

Will I have any pain?

You will be offered a pain relieving suppository (placed in your rectum) at the time of your first vaginal tablets. Should you need any further pain relief, please ask a member of staff.

Most women have some period type pains during and immediately following the treatment. In some instances this can be intense. Usually this intense pain does not last long.

In a few women the period type pain may last for approximately 5 days after the abortion. The pain should be relieved by taking simple pain relief tablets such as paracetamol or ibuprofen.

How long will I bleed for after the treatment?

You may bleed for 2 to 3 weeks following the treatment. However, some women bleed less than this, while others may bleed up until their next period.

It is better to use sanitary towels as this makes it easier to monitor your vaginal bleeding. If you use tampons, please change them regularly to reduce the risk of infection.

How will I feel afterwards?

Women experience a wide range of emotions following an abortion. These should settle quite soon afterwards. Please see the leaflet 'Emotional care following an abortion' for further information.

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

If there are no problems with your abortion, it will not affect your future chances of becoming pregnant.

Will having an abortion cause complications in future pregnancies?

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

When can I resume sexual intercourse?

We advise you that you should not resume sexual intercourse until you have stopped bleeding.

It is possible to become pregnant again shortly after the procedure and for that reason it is important to use contraception immediately.

The nursing staff will discuss future contraception with you before you go home.

I have been told I am Rhesus negative. What does this mean?

If your blood group is Rhesus negative we recommend that you have an anti-D immunoglobulin injection following your abortion.

As well as the main blood groups (A, B, AB or O) there is a second factor called Rhesus.

People who are Rhesus-positive have a substance called D-antigen on their red blood cells.

Whether someone is Rhesus-positive or negative is inherited from both parents.

If the father of the pregnancy is Rhesus-positive, then there is a chance that the foetus will also be Rhesus-positive even if you are Rhesus-negative.

If at any stage there is a mixing of your Rhesus-negative blood with that of the foetus that may be Rhesus-positive, your body's defence mechanism, called the immune system, may form antibodies against the D-antigen.

These 'anti-D' antibodies attack red blood cells with the D-antigen on them.

This mixing of blood can happen at various stages of pregnancy, including abortion and this can be potentially harmful to any babies you have in the future that are Rhesus-positive because the antibodies stay in your system. By having an anti-D injection you can help prevent this from happening.

If you are less than 10 weeks pregnant you should not need Anti-D.

What happens to the aborted pregnancy tissue?

Any pregnancy tissue removed during the treatment is cremated in a sensitive and respectful manner at one of the Sheffield Crematoria.

If you have agreed for the pregnancy tissue to be used for research purposes, it will still be disposed of at the Crematorium.

Is there anything I should look out for when I go home?

You should contact the Gynaecology Ward (in the first instance) or your GP if any of the following apply:

- You have severe pain which is not relieved with simple pain relief tablets
- You feel feverish, have a raised temperature, flu-like symptoms
- You have excessive or persistent vaginal bleeding
- You have an offensive vaginal discharge
- Your period is later than expected and you still feel pregnant

Will I need a follow up appointment?

You do not need any routine follow up.

However, if you have arranged with your GP or Sexual Health Sheffield to discuss your contraception needs, it is important that you attend that appointment.

This is particularly important if you want to have an intrauterine device (IUD or copper coil) or Intrauterine System (IUS or Mirena) inserted.

What happens to my personal information?

By law the service has to notify the Department of Health (DoH) of all women that have abortions. This includes some patient identifiable information and demographic information (such as date of birth, postcode, marital status, number of previous pregnancies).

This information is sent electronically to the DoH to help inform the Chief Medical Officer (CMO) for England & Wales about the number and types of abortion that are taking place.

All information is published anonymously and does not include any identifiable information. These statistics help the DoH and the CMO inform policy and practice.

Who can I contact if I have any questions?

If you have any concerns or need further information, please do not hesitate to contact:

Gynaecology Ward G1

- **0114 226 8225**



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