Inpatient Medical Abortion Information for patients

STEP 1-Starting the abortion process

Take the first tablet (mifepristone 200mg) by mouth

on ..... at …….....

Only take this tablet if you are sure you want to end the pregnancy.

Taking this first tablet means you need to go ahead with the second part of the abortion 36 to 48 hours later. Complications are more likely with a shorter or longer time gap.

If you are sick within 1 hour of taking the tablet it may not work properly.
Please call the ACCESS nurse Mon-Fri or gynaecology ward Sat-Sun to arrange to take another tablet that day so you can go ahead with the procedure as planned.

Most people do not feel any different after the first tablet and you can plan to carry on with your normal activities that day and the next day.

Some people have light vaginal bleeding after the first tablet. If this happens use pads not tampons.
Some people have abdominal cramps, you can take painkillers such as ibuprofen or paracetamol or a heat pad may help.
If you have light bleeding go into hospital as planned.

If you have very heavy bleeding, such as 2 pads an hour for 2 hours, or you think you have passed the pregnancy please phone the ACCESS nurse weekdays or the gynaecology ward nights/weekends for advice.

STEP 2-Completing the abortion process

Please go to Ward , Zone, Aberdeen Royal Infirmary, AB25 2ZN

on …… at ……. am

- You will have a single room with your own toilet
- You can bring one adult companion with you if you like
- Wear comfortable clothes
- Bring absorbent pads and a change of underwear
- Bring night clothes, slippers and wash bag
- You can bring a mobile phone but do not bring any other valuables to hospital
- You can eat and drink as normal before you come in. We will offer you meals and drinks but you may want to bring in snacks/ drinks
- You don't have to remove make up, nail varnish or jewellery/piercings
- Smoking and vaping is not allowed on NHSG premises

Let us know if you have had heavy bleeding or think you have passed the pregnancy.

Shortly after admission we will offer you painkillers and an antisickness tablet. Then you will be given tablets called misoprostol that make the uterus contract and pass the pregnancy. These are usually given vaginally but can be placed under the tongue if you prefer.
The uterine contractions may start quite soon after you take the tablets or may not begin for 2 or 3 hours.

Everyone experiences the process differently. Most people say it feels like strong period pain or early labour pain. Many people have backache and a strong pelvic pressure sensation.

You can expect to have heavier bleeding than a period with large clots.

Some people have nausea, vomiting and diarrhoea or feel shivery.

Keep well hydrated and eat light meals or snacks.

More painkillers are available if needed

Further doses of misoprostol are given every 3 to 4 hours until the pregnancy has come away.

A pregnancy under 12 weeks usually comes away within 4 to 6 hours. It may take longer if the pregnancy is further on.

You will be aware of the pregnancy coming away.

We ask you to use disposable bedpans and the nurse looking after you will check that the pregnancy seems to have come away completely.

The appearance of the pregnancy depends on how far on you are.
Please ask any questions you may have at any time.

Once the pregnancy comes away cramps and bleeding settle down and most people are able to go home 2 to 3 hours later.

Most people are able to go home the same day, but you may need an overnight stay in hospital. This is more likely if you are more than 12 weeks pregnant.

If you are over 16 weeks pregnant we can prescribe a single tablet called cabergoline to stop any breast milk production. Not everyone will notice milk production but some people find it can be uncomfortable for a few days.

99 out of 100 pregnancies will have ended after the first course of medical treatment.

You may need an internal examination if you have heavy bleeding or not all the tissue comes away.

Sometimes the pregnancy tissue can be removed from the cervix on the ward.

Sometimes an operation is needed to remove the tissue through the cervix using a suction technique. This can be done with local (awake) or general (asleep) anaesthetic depending on the individual circumstances.

An operation to remove pregnancy tissue is needed after medical abortion for:
- 1 in every 100 abortions under 9 weeks
- 4 in every 100 abortions between 9 and 12 weeks
- 8 in every 100 abortions at 12 to 20 weeks.

Around 1 in every 1000 people having an abortion need a blood transfusion because of heavy bleeding.

If you are over 12 weeks pregnant there is a very small chance that the uterus muscle would be damaged by the contractions. This is very rare and happens to less than 1 in 1000 people over 12 weeks. It would need immediate surgical treatment under anaesthetic.

If you have a very early pregnancy it can be difficult to be sure that all the tissue has come away and you may need a follow up ultrasound scan or a special low sensitivity pregnancy test to make sure the pregnancy has ended.

What about my clinic test results?

If you are 12 weeks pregnant or more you will have had a blood test in clinic to check your blood group. If you have a Rhesus negative blood group we will advise that you have an injection of Anti D immunoglobulin while you are in hospital. This prevents serious problems for a baby in a future pregnancy. We will offer you more information about this if you are Rhesus negative.

The health village team will contact you if your tests showed anaemia or infection. This will be a phone call or text from a withheld number.

Please pick up the call / call back as you may need antibiotic treatment. Untreated infection may lead to pelvic inflammatory disease which may cause long term pain and fertility problems.

We can advise about tests and treatment for your partner if necessary.

Contraception

You could become pregnant again as soon as 5 days after the procedure.

If you choose a pill, patch or ring for contraception we can give supplies or a prescription and recommend that you start this **the day after** your procedure.

If you choose the implant we can sometimes fit this in before you go home or arrange an appointment.

If you choose the injection you could have this before you go home will.

If you choose to have an IUD (coil) we will arrange an appointment for fitting or further discussion. The IUD can be fitted from 2 weeks after the procedure. We will offer you contraceptive pills to use until it is fitted.

What should I expect afterwards?

Many people have period type cramps for a few days after the procedure. A heat pad or painkillers such as paracetamol or ibuprofen may be useful.

You can expect to have bleeding like a heavy period for up to 2 weeks and may pass some clots. The bleeding may take another week or two to stop completely. We advise you to use pads not tampons.

Pregnancy sickness usually gets better within 2-3 days.

We advise that you wait until the bleeding has stopped before having sex.

Most people have their next period 4-6 weeks after treatment.
If you start the combined contraceptive pill or patch you can expect some irregular bleeding in the first 2-3 months and a withdrawal bleed during your week off.

If you start a progestogen only method such as the progestogen only pill, injection or implant you may have irregular bleeding for 3-4 months or your periods may stop completely.

When Should I Get Medical Advice?

There is a small chance of heavy bleeding or infection after any abortion.
Less than 4 in every 100 people need further treatment because not all the pregnancy tissue has come away.
Around 1 in every 1000 people having an abortion need a blood transfusion. Less than 1 in 10 have an infection needing antibiotic.

Get medical advice as soon as possible if you have:

- Heavy bleeding -for example soaking 2 pads an hour for 2 hours
- a high fever or chills
- pelvic pain that gets worse after the abortion day
- bad smelling discharge

This may be the ACCESS nurse, the gynaecology ward, NHS 24 or even a 999 emergency ambulance depending on the time of day and what is happening.

Getting back to normal

Most people recover quickly after the procedure. Some people want to get back to work / study as soon as possible; others prefer to have several days off.

You may feel able to go to work the next day if you had an uncomplicated medical abortion. You may want more time off if you have a physically demanding job.

You will need a day off work if you had any surgical procedure with general anaesthetic.

If you change your mind

Please phone and let us know if you do not go ahead with the abortion. It is not legal to keep the medication for future use by you or anyone else and we would discuss how to return it. We would also need to update your clinic and GP records.

Other support available

It may take time to come to terms with your feelings. A lot will depend on your reasons for having the abortion. Some people feel sad; some feel relieved. Many will feel a mixture of both.

Talking to friends and family may help but sometimes they may seem too close.

Please phone the ACCESS nurses if you or your partner would like to talk things over.

You can also contact Abortion Talk www.abortiontalk.com

☎ 03330 909 266 7-10pm Mon,Tue, Wed, Thur

Useful telephone numbers

ACCESS nurses - Aberdeen Community Health & Care Village
☎ **01224 655679**
Mon-Thurs 0830-16:30 Fri 0830-16:00

Call here first The nurse may not be able to answer immediately if they are with another patient but leave a message and they will call you back as soon as possible.

Gynaecology Ward - Aberdeen Royal Infirmary – if you live in Aberdeen City or Shire
☎ **01224 550542**
24 hours, 7 days a week- **call evenings or weekends** when the ACCESS service is closed

Ward 3 Dr Grays Hospital – if you live in Moray
☎ **01343 567220**
24 hours, 7 days a week- **call evenings or weekends** when the ACCESS service is closed

ACCESS clinic coordinator
☎ **01224 655535**
Monday to Friday, 9am to 2pm.

NHS 24 - ☎ **111**

Data protection and privacy assurance

Information about your clinic visit and clinic/hospital treatment is recorded on the secure NHS Grampian Clinical system (Trakcare) and the Scottish Sexual Health system (NASH). It is recorded in your hospital paper records if you attend hospital.

We will have asked if we can contact your GP directly about the abortion.

Some information about abortion procedures must be recorded to meet the requirements of the Abortion Act 1967 and the Abortion (Scotland) Regulations 1991. This is sent in confidence to the Information Services Division of NHS National Services Scotland (ISD). This is used to monitor and plan service delivery.

The NHS Grampian abortion database collects information for research and to plan and monitor service development.

All personal data is processed and stored securely in accordance with the General Data Protection Regulation (GDPR) 2018.