

Pregnancy advisory clinic

This leaflet explains more about the pregnancy advisory clinic. If you have any further questions, please speak to a doctor or nurse caring for you.

What is the pregnancy advisory clinic?

In the pregnancy advisory clinic you can discuss your options regarding your pregnancy, including abortion (also known as termination of pregnancy).

Please arrive promptly for this appointment, but we recommend that you do not arrive too early as you may experience a long wait to be seen.

We try to make your visit as short as possible but you should expect to be in clinic for at least three hours as you will be seen by a number of professionals.

On arrival please report to the main reception desk for registration. You will need to complete some legal documents, please be patient while our staff prepares your paperwork.

Please note that the first visit is for consultation only, but you will be given a date for your procedure if you choose to have one.

Who can attend the service?

For us to be able to see you at our clinic, first you need to:

- Contact the British Pregnancy Advisory Service (BPAS) who will book you an appointment in our clinic and send us a referral letter for you. The number for BPAS is 0345 730 4030
- or
- See your GP who will then need to fax your referral to us on 020 8725 2030
 - You can also be referred to us from a different hospital if you go there first, however a referral letter will need to be sent.

Where do I need to go?

The pregnancy advisory clinic runs on Monday afternoon and Friday morning.

This is in Clinic A, Ground Floor, Lanesborough Wing, St George's Hospital, SW17 0QT.

Does it cost anything?

No, your appointment and any treatment will be covered by the NHS.

What do I need to bring with me?

If your GP has given you a referral letter or any other documents please bring these with you. It is also helpful to bring a list of any regular medications you are taking, along with details of any significant medical problems.

Who will help me decide what to do?

The **sonographer** will perform an ultrasound scan to see how many weeks pregnant you are. This will be done through your vagina. The type of termination you can have depends on how many weeks pregnant you are. You will not be shown the scan unless you ask to see it.

The **counsellor** will see you to make certain that you are sure of your decision and support you with this. You can also book a longer appointment with her at any time before or after the

termination if you would like. You can contact the counsellor on 020 8725 3670.

The **family planning nurse** is a specialist nurse who can advise on all methods of contraception and give you contraception to start after the termination is completed.

The **doctor** will ask you about your reasons for wanting a termination and to confirm that you are sure about your decision. They will also ask about your medical history and discuss the options for your termination, including the risks and benefits of the option you choose. You will be asked to sign a consent form to show you understand what has been discussed.

The **nurse** in the clinic will see you to answer any questions you may have. If you have chosen to have a general anaesthetic she will take some medical details for the anaesthetist (specialist doctor).

If you have chosen a medical termination the nurse will arrange a date with you to come in and confirm your understanding of the treatment.

Everyone is given antibiotics by the nurse to help prevent any infection following termination

The **phlebotomist** will take some blood to check your blood group. It is important we know this as, if you have a negative blood group, then you will require an additional injection called anti-D at the time of your termination to prevent complications in any future pregnancy. The blood test will also show if you are anaemic (low in iron). We need to know that you they are within normal parameters before the procedure is commenced, as you will lose some blood during this procedure. If you are indeed anaemic then this is easily treated with supplements.

What are the different methods of termination of pregnancy?

The type of termination we can offer depends on how many weeks pregnant you are on the day of the procedure.

If you are **under nine weeks pregnant** you can choose:

- a medical termination of pregnancy (MTOPI)
- a surgical termination of pregnancy (STOP)
- a manual vacuum aspiration (MVA).

If you are **between nine and 15 weeks pregnant** the only method available is a surgical method using suction.

If you are **between 15 and 23 weeks pregnant** you will need to have a late medical or surgical termination of pregnancy and will be referred back to the British Pregnancy Advisory Service (BPAS) for specialist termination care.

What is a medical termination of pregnancy?

A medical termination involves taking medication to end the pregnancy. It doesn't require surgery or an anaesthetic and can be used up until nine weeks of pregnancy.

You will have three visits to the hospital.

On **visit one** you will be given a tablet of Mifepristone to swallow, which blocks the hormones needed for pregnancy to continue. You will need to stay at the hospital for 15 minutes after taking the tablet. We will make an appointment for you to return one or two days later.

In the time between visits you can carry on as normal, including going to work. You may have bleeding and pain similar to period-pain or you may have no symptoms at all.

On **visit two** you will be checked to see if you have had any pain or bleeding since the Mifepristone was taken.

You should bring pain relief medication with you which can be bought over the counter at any chemist. This is because you will experience cramping abdominal pains. We recommend either paracetamol or co-codamol (paracetamol and codeine) tablets.

You will then be given four tablets of Misoprostol in your vagina, which you will insert yourself. This causes the womb to tighten up (contract) so that the pregnancy is forced out (expelled). This process is similar to a miscarriage.

We cannot tell you how soon this will happen but it is usually from two to eight hours after you have been given the Misoprostol tablets. It is advisable to stay at home during this period, however the more active you are within your home environment this will help speed up the process.

If you are over seven weeks pregnant you will be given another two Misoprostol tablets to take home. You should take these by mouth (orally) if the products of conception have not come out after four hours. You will be given advice and any questions you have will be answered. Contact information for the nurse specialist and other departments will be given to you if you are worried about anything or have any more questions.

Visit three happens about two weeks later. You will have a scan to check that all the pregnancy tissue has gone and we will answer any more questions you may have.

Medical termination is most suitable for you if:

- You are in the first few weeks of pregnancy and would need to wait for surgery.
- You don't want a general anaesthetic or are at greater risk than normal from a general anaesthetic because you have medical problems or are very overweight.
- You wish to avoid the risk of surgery.

Medical termination is not suitable for you if:

- You have any problems with your blood clotting.
- You are over nine weeks pregnant.
- You have taken steroids recently.
- You are breastfeeding.
- You are taking anti-coagulants.

What are the risks of a medical termination?

Medical termination is generally very safe and effective

Studies have shown that medical termination has a success rate of 97-99%.

Medical termination is safer than surgical termination because there is no need for a general anaesthetic and no instruments are put into your womb.

The most common complication is an infection of your womb. This happens to between two and five women out of every 100 who have a medical termination. The infection can be treated effectively with antibiotics

Complications of a medical termination are rare but may include:

- Excessive vaginal bleeding.
- Incomplete termination which happens if not all the pregnancy tissue is expelled. An operation under general anaesthetic might then be necessary.
- On-going pregnancy - the risk of the pregnancy continuing after a medical termination is less than 1%.

What is a surgical termination of pregnancy?

A surgical termination is carried out in the operating theatre in the day surgery unit. It does not

involve any cutting. Two tablets will be inserted into the vagina to relax and soften the neck of the womb (cervix). This will start the termination process.

You will have a general anaesthetic, so you will be asleep during the procedure.

As soon as you are asleep, the cervix is gently stretched to allow a thin tube to be eased into the womb (uterus). The contents of the womb are then carefully removed by suction. While you are asleep, you will be given a painkiller that will work when you wake up. The whole procedure takes only a few minutes.

After the operation you may feel a little sleepy at first. You should be able to go home after three to four hours but for a few people you may need to stay overnight for medical reasons.

You will be told how to prepare for your operation when you come to the clinic and you must remember that you cannot eat for six hours before your surgery.

You must also arrange for a responsible adult to collect you in a car or taxi and stay with you at home, overnight after leaving the day surgery unit.

A surgical termination is most suitable for you if:

- You are more than nine weeks pregnant.
- You find it difficult to make three visits to hospital.
- You would rather not be awake during the termination.

A surgical termination is not suitable for you if:

- You do not want a general anaesthetic.
- You cannot arrange for an adult to take you home.
- You cannot have a general anaesthetic for medical reasons.

What risks are associated with a surgical termination?

The most common complication is an infection of your womb. This happens to between two and five women out of every 100 who have a surgical termination. The infection can be treated effectively with antibiotics.

It is also possible that the operation is unsuccessful and the pregnancy continues. This happens in about one in 1,000 surgical terminations and means it may be necessary to have a medical termination or a repeat surgical procedure.

Occasionally, not all the contents of the uterus are removed which can cause heavy bleeding. This happens in about one in 100 women who have a surgical termination and may mean you need to have another similar operation.

Very rarely, a small hole is made in the uterus which may mean you need to have another operation to repair it.

As with any minor operation, there is a slight risk of complications from the general anaesthetic.

What happens after a medical or surgical termination?

Most women bleed for up to a week after a surgical termination and up to three weeks following a medical termination.

Because the cervix is more open it is best not to use tampons or have sexual intercourse for at least two weeks, or until after the bleeding has stopped.

You can go back to work the next day if you wish, but if you have a general anaesthetic you should not drive or operate machinery for 48 hours. Some women prefer to take a few days off to rest and recover.

We cannot say how you will feel emotionally after the termination, some women feel very sad but

a common emotion is relief.

There is no evidence that termination of pregnancy affects your future fertility. In fact you can get pregnant again straight away, so it is important to use contraception as soon as you resume sexual intercourse. One thing that can affect fertility is a major infection, so it is important to complete the course of antibiotics you have been given and to go to your GP if you show any signs of infection.

What is manual vacuum aspiration (MVA)?

MVA can be performed until nine weeks of pregnancy.

It is a simple method which takes about 5-10 minutes in the clinic and involves a small tube being inserted into the vagina, to remove the pregnancy by suction.

To reduce any discomfort or pain during the procedure, the doctor will inject a local anaesthetic into the cervix. Sometimes this injection can be painful. You will usually go home on the same day a few hours after the termination has been carried out. Sometimes this may be earlier.

MVA is most suitable for you if:

- You are less than nine weeks pregnant.
- You would prefer a short stay in hospital.
- You would prefer to have a local anaesthetic and have a procedure in a clinic setting rather than an operating theatre.
- You don't have an escort home.

MVA is not suitable if:

- You would rather be asleep during the termination.
- You are more than nine weeks pregnant.

What happens to the pregnancy tissue that is removed?

You will be asked prior to the procedure to give your consent as to how the tissue that is removed during the procedure is disposed of. The options you have to choose from are:

- Communal cremation
- Individual cremation
- Burial

For communal cremation the hospital will make all the necessary arrangements. For individual cremation you will be given the option to collect the ashes, however you would need to make contact with the hospital chaplains to liaise with them about how you wish to proceed. Burial will be at a cost of £150 and you would again need to liaise with the chaplains to arrange this.

You should know that your confidentiality is very important to us, but if you choose to have a cremation, we have to disclose your identity to the crematorium.

If you have any questions about this, we can discuss it with you at your consultation.

Useful sources of information

British Pregnancy Advisory Service (BPAS) tel. 03457 30 40 30

You might find it useful to contact NHS Direct for more information:

www.nhsdirect.nhs.uk

111 or 0845 46 47 (24 hour nurse advice and helpline)

Contact us

If you have any questions or concerns about termination of pregnancy, please contact the pregnancy advisory nurse on 020 8725 0602 or the secretary to the pregnancy advisory service on 020 8725 0155 (Monday to Friday, 9am to 5pm). Out of hours, please contact Keate ward on 020 8725 3227 or 020 8725 3226.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111



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