

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 do 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 the clinic for at least three hours as you will be seen by a number of healthcare 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.

Who can attend / receive the service?

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

- Contact MSI Reproductive Choices who will book you an appointment in our clinic and send us a referral letter for you. The number for MSI is 0345 872 5503
- or 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 via email to stgh-tr-stgeorgespas@nhs.net

Where do I need to go?

The pregnancy advisory clinic runs on a Monday afternoon and a Friday morning. This is in Clinic A, Ground Floor, Lanesborough Wing, St Georges 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 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 **psychotherapist** will see you to make certain that you are sure of your decision and will 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 contraceptive **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 options 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 details for the anaesthetist (specialist doctor).

If you have chosen a medical termination the nurse will discuss what is involved in this process and administer the first medication to you. She will then explain what you need to do with the medication at home and what you will expect from this. She will also discuss what to do in relation to follow up and give you details of who to contact if you require additional information.

If you have chosen a manual vacuum aspiration the nurse will go through a checklist with you to ensure all the details we have are correct and advise you when to come back to have medication to prepare you for this procedure.

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

You will also require some blood to be taken 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) so we know that you are within normal parameters before the procedure is commenced, as you will lose some blood during this procedure. If you are anaemic 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 ten weeks pregnant** you can choose:

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

If you are between ten and twenty three weeks pregnant the only method available is a surgical termination.

What is a medical termination of pregnancy?

A medical termination involves taking medication to end the pregnancy. It doesn't require surgery or an anesthetic and can be used up until 10 weeks of pregnancy.

You will be seen in the Pregnancy Advisory clinic and consent will be taken by the doctor or nurse. Blood tests will also be taken to check your haemoglobin and blood group. You will then see the nurse and she will administer the first medication (mifepristone) to you along with some antibiotics (azithromycin) that are used to prevent any infections and an anti-sickness medication if this is required.

You will then be given the choice to either take the misoprostol home with you and continue the treatment at home or to come back into the hospital for another appointment and continue the treatment with us.

If you decide to take the medication home with you and continue the treatment there, you will be given a box of six tablets. You will be advised by the nursing staff during the visit in clinic how and when to continue taking these.

If you decide you wish to continue the treatment in the hospital you will be given an appointment to return and see the nurse. This will take about twenty minutes and she will administer you the four misoprostol tablets. These can be taken either buccally (as long as you are not feeling nauseous) which the nurse will explain or vaginally.

All patients are followed up two weeks following the treatment to ensure that there is no tissue left.

This can be done using a low sensitivity pregnancy test that will be given to you at your clinic appointment or you can come back to the hospital for a follow up scan. This appointment will be given to you before you leave the hospital. You will be asked what you would prefer to do.

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 ten weeks pregnant.
- You have taken steroids recently.
- You are taking anti-coagulants.
- You have severe anaemia.

What are the risks of a medical termination?

Medical termination is generally very safe and effective.

Studies have shown that a 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.
- Continuing 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) unless you are fifteen weeks or over, then you will require an additional visit to the hospital for insertion of a mechanical dilator called Dilapan the day before your surgery takes place. This stretches the opening of the cervix to make the procedure easier and once it has been inserted you will be able to go home and come in the following day as planned. 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. If you are more than 15 weeks pregnant, narrow forceps are used to remove the pregnancy. 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 ten weeks pregnant.
- 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 1000 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 advisable 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 go to your GP if you show any signs of infection.

What is manual vacuum aspiration (MVA)?

An MVA can be performed until ten 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 womb (uterus), 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 shortly after the termination has been performed.

MVA is most suitable for you if:

- You are less than ten 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?

The pregnancy tissues will be disposed of by communal cremation according to Trust policy. This will be discussed with you prior to the procedure and your consent will be obtained as to what happens with these tissues.

You also have the option of making your own arrangements if you wish, but you will need to liaise with the hospital chaplain to arrange this following the procedure.

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

Useful sources of information

MSI Reproductive Choices 0345 872 5503

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

www.nhsdirect.nhs.uk Tel. 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 our nurses on 07827 834710.

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 wings (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

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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