

# Medical Termination of Pregnancy (MTOp)

**This leaflet explains about a medical termination of pregnancy. If you have any further questions, please speak to a doctor or nurse caring for you.**

## What is Medical Termination of Pregnancy?

A medical termination of pregnancy will involve you taking two medications that will end the pregnancy.

The first medication you will receive orally is called mifepristone and this works by blocking the hormone called progesterone; without this hormone the lining of the womb breaks down and the pregnancy cannot continue.

The second medication you will be given is called misoprostol. This can be taken buccally (between your cheek and your gum) or vaginally and causes the uterus to contract causing cramping and bleeding which make the tissue come away.

## Who can have this treatment?

If you are under ten weeks into the pregnancy you may be eligible for this treatment. There are some medical conditions that may not be suitable for this treatment, however the doctor or clinical nurse specialist in the clinic will discuss this with you. These conditions include:-

- If you have taken steroids recently.
- If you are taking anticoagulants.
- Severe anaemia.

## What happens during the treatment?

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, who will administer the first medication (mifepristone) to you along with some antibiotics 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 to continue the treatment at home or to come back into the hospital for another appointment to continue the treatment with us.

### **Taking the misoprostol home:-**

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 to take these 24 to 48 hours after taking the mifepristone tablet in clinic. These tablets can be taken either vaginally or buccally depending on your preferred method of administration. The side effects of these are slightly more if you take them buccally and this will not be advised if you are experiencing severe vomiting in the pregnancy, as this would make these symptoms worse.

If taking the tablets **buccally** you will need to put four of the tablets next to the gum line between your cheek and your gum (two each side) and leave them there for thirty minutes. If there is anything left after this you can swallow whatever is left.

If you decide to administer the medication **vaginally** then try to empty your bladder first as the tablets need to stay in for a minimum of an hour and if you sit on the toilet before that time has elapsed the chances are that the tablets will fall out. You will need to insert four tablets one at a time with your finger as far as you can get them. If you see the tablets, come out and they have not fully dissolved after an hour this is fine as the medication will have been effective.

You will also have been given an additional two misoprostol tablets. These are to be taken three hours after the initial dose of misoprostol if you have not started to have bleeding like a heavy period. These tablets can be taken either buccally or vaginally in the same way as the first set of misoprostol tablets. If you do not require the additional two tablets of misoprostol, these will need to be returned to your local pharmacy for disposal.

**If you choose to take the misoprostol sooner than 24 hours after the mifepristone, you should be aware that you may experience more side effects (nausea, vomiting, diarrhoea, headache and dizziness) and there is a slightly higher chance that the procedure will fail (i.e. you will still be pregnant) or that you will require a further procedure. This is because not all the pregnancy tissue has been expelled.**

You will receive a follow up call from the nursing staff on the day after you agree to take the misoprostol to ensure that your pain and bleeding have settled to be like a normal period and that you have passed some clots. If this has not happened you may be asked to come back to the hospital for further assessment or a scan to ensure all the tissue has come away.

### **Continuing the treatment in hospital:-**

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 20 minutes and she will administer the four misoprostol tablets. These can be taken either buccally (as long as you are not feeling nauseous) or vaginally.

You will also be given an additional two misoprostol tablets to take home. These are to be taken three hours after the initial dose of misoprostol if you have not started to have bleeding like a heavy period. These tablets can be taken either buccally or vaginally in the same way as the first set of misoprostol tablets. If you do not require the additional two tablets of misoprostol, these will need to be returned to your local pharmacy for disposal. You will receive a follow up call from the nursing staff on the day after you take the misoprostol, to ensure that your pain and bleeding has settled to be like a normal period and that you have passed some clots. If this has not happened you may be asked to come back to the hospital for further assessment or a scan to ensure all the tissue has come away.

You will be advised to bring some analgesia (pain killers) and sanitary pads with you to this appointment as you may require these on your way home.

### **What should I take for the pain?**

We advise you to buy co-codamol (8/500mg) before you start taking the misoprostol. This can be obtained over the counter at any pharmacy. You can take two tablets every four to six hours as required for the pain. Co-codamol contains paracetamol and codeine and therefore you should not take any other paracetamol containing medications while taking it.

If you are unable to take codeine or are breastfeeding then alternatives include:

- Ibuprofen – two 200mg tablets taken every eight hours, maximum of six tablets within a 24-hour period
- Paracetamol - two 500mg tablets taken every 4-6 hours, maximum of eight tablets within a 24-hour period.

Paracetamol and ibuprofen can be taken together.

You should start taking your chosen pain relief one hour before the first dose of misoprostol and continue taking it regularly throughout the process until the pain has settled.

### **How long will the process take?**

The process can take between two to eight hours. You need to remain as mobile as possible at home following taking the misoprostol, as this helps the tissue to come away. If you sit down for long periods of time or go to bed you will continue to have the cramping pain from the misoprostol but gravity helps the tissue to come away and speeds up this process.

Also women say the position of sitting on the toilet helps if the pain is quite intense. If you have taken the misoprostol vaginally, please do not sit on the toilet for an hour after administering this medication. If you see the misoprostol in the toilet and it has not fully dissolved after an hour this will have still been effective.

## What will I expect to see?

You may see large blood clots or tissue at the time of the termination. The tissue will be larger and more recognisable at higher gestations. If you are under eight weeks pregnant then you are likely to see a sac which the early pregnancy is developing.

This can last for up to eight hours and, once the tissue has passed, the pain and bleeding should settle similar to a normal period. You may still see a few small clots for a few days afterwards. If you are worried about what you may see you can discuss this with the nursing staff in the clinic.

## What happens following the termination?

The pain and bleeding usually settle once the tissue has come away however the bleeding can continue for up to three weeks following the termination. This should be like a period and is normal following this procedure.

If you have been given the oral contraceptive pill in the clinic this can be started the following day after taking the misoprostol. The contraceptive nurse in the clinic will have advised you of this.

It is important to use pads only (not tampons) until the bleeding has settled and to avoid sexual intercourse, as this will increase the risk of infection following the termination. 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 you will be given to you at your clinic appointment to take home 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.

If you choose to have a follow up at home with a low sensitivity pregnancy test it is important that you contact the Pregnancy Advisory Service as soon as possible on 020 8725 0602 if:

- The result of the low sensitivity pregnancy test is positive or 'invalid'
- You experience less than four days of bleeding after taking the misoprostol
- You continue to have symptoms of pregnancy such as sore breasts, sickness, abdomen growing, **even if the low sensitivity pregnancy test is negative**
- Your next period does not come as expected after your treatment
- You remain concerned for any reason that you are still pregnant.

## Potential complications

If the bleeding does not settle after eight hours and you are continuing to soak through sanitary pads every hour, it is advisable to attend your local Accident & Emergency

department for additional assessment. Please take the discharge summary that the nurses have given you as this will have all the information which the hospital staff will need to treat you.

If you notice any vaginal discharge after the termination of pregnancy which is offensive or smelly and / or you experience worsening abdominal pain, you may have an infection. You will need to see either your GP or attend Accident & Emergency as you may require additional antibiotics.

If you have not had any bleeding within 24 hours of taking the initial dose of misoprostol, it is important that you contact us, as the treatment may not have been successful. We will need to arrange to see you in the hospital again to determine what is happening. The overall chance of a continuing pregnancy after the procedure is less than 1% (increased to 2% if you take the misoprostol less than 24 hours after the mifepristone).

Some women do not pass all the pregnancy tissue following the procedure. This may be picked up if you continue to bleed for longer than expected after the procedure, your pregnancy test remains positive or your follow up scan shows pregnancy tissue remaining inside the womb. If this happens, we will discuss the options of waiting for the tissue to pass on its own or performing a short procedure under local or general anaesthetic using suction to remove the remaining tissue from your uterus (womb). Around 3% of women may require this and if you choose to take the misoprostol less than 24 hours after the mifepristone the chance may be up to 6%.

## Contact us

If you have any questions or concerns about your treatment, please contact the nursing staff on 020 8725 0602 or the clinical nurse specialist can be contacted on 020 8672 1255 by asking for bleep 7334 (Monday to Friday, 8am to 6pm). Alternatively in office hours a message can be left with the secretary on 020 8727 0188 . Out of hours, please contact the nursing staff on 07827 834 710.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

<b>Date mifepristone taken:-</b>	
<b>Date misoprostol to be taken:-</b>	
<b>Date of LSUPT to be taken :-</b>	

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS UK

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

**Web:** [www.nhs.uk](http://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 our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://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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