

Directorate of Women's Services

Termination of pregnancy - Your questions answered

What will happen at the hospital clinic?

- You will be seen by a nurse practitioner or doctor.
- They will take all your medical details and perform a scan through your abdomen (tummy) to find out how many weeks' pregnant you are. For this you need a full bladder.
- You will be asked to provide a urine sample and vaginal swab to see if you have an infection (Chlamydia) in the cervix (next of the womb).
- You will also be asked to take a swab from your nose; throat and perineum to ensure you do not have an MRSA infection.
- A blood sample will be taken to find out your blood group and to check you are not anaemic.
- You should be in the hospital clinic for no more than an hour. Before you leave you will be given a date for your termination.
- Remember; if your Doctor has given you a letter, please bring this to the clinic.

What happens if I am undecided about the termination?

- The decision to terminate a pregnancy is always difficult. Some women remain undecided if this is the right option for them.
- If you have doubts about whether to go through with the termination, it is important to share these with the nurse practitioner or doctor.
- Some women benefit from further counselling before they decide what to do. The important thing is to make the right decision and not feel rushed into doing something you really don't want to do.

Which is the 'best' method of termination?

- All methods of termination can lead to complications but these are unusual. Complications are more common the further advanced the pregnancy, especially after 14 weeks.
- At present there is insufficient evidence to be certain whether one method of termination is 'better' than another.
- Some women, especially during medical termination, feel sick and have vomiting and diarrhoea.

- Overall, 3-5 out of every 200 women (3-5%) will experience pain and / or bleeding after a termination requiring them to seek medical advice. In about half of these cases, the termination is not complete, and an operation is necessary to empty the womb. This is slightly more common after a medical termination.
- More serious problems (such as severe infection or bleeding and damage to the womb) are much less common (less than 1 in 200 women).
- More research is needed to find out which method of termination is more acceptable to women. At the RVI we want to find out more about women's experiences of termination in order to improve our services. To help us to do this you may be invited to take part in a research study. If so, this will be fully explained and it is up to you to decide whether or not to take part.
- You can choose the method of termination you prefer. It is helpful to keep an open mind until you have had the opportunity to discuss this with the nurse practitioner or doctor.
- Teenagers and young adults can be supported by parents and friends. The Nurse Practitioner will however give you the opportunity to discuss issues alone to maintain confidentiality.
- You have the right not to have any information passed on to anyone outside the service (like family, friends, Doctor's, Social Workers etc) without you knowing about it and agreed to it. The only time this may be different is if you tell us you are in a dangerous situation and by telling someone else this may prevent you being harmed. If a member of our staff felt that they needed to pass on information without your permission they would still have to inform you what they were going to do.
- You may request to be seen by another member of staff if preferred rather than the nurse practitioner.
- If you have experienced difficulty in travelling to your appointment, or anticipate any problems on discharge, please discuss it with the nurse practitioner at your clinic consultation or a member of staff on the ward on admission.

What methods of termination of pregnancy (abortion) are available?

Termination can be performed by an operation (surgical) or by tablets (medical). However, the procedures vary depending on how far pregnant you are.

Surgical

- You are admitted to the ward as a day case on the morning of the operation.
- Before the operation you are given some tablets (Prostaglandin) to insert into the vagina to prepare (soften) the cervix.

The operation can be done in two ways:

- With a general anaesthetic (so you are **asleep**). This involves an injection in the back of the hand. The benefit of being asleep is that you are not aware of what is happening and feel no pain.
- With a local anaesthetic (so you are **awake**). This involves an injection of local anaesthetic into the cervix so you don't feel any pain although you may feel a bit of discomfort. The benefit of being awake is that you avoid any problems with a general anaesthetic (like sickness) and you can go home quicker.
- **After 10 weeks of pregnancy** the operation can only be done with a general anaesthetic.

- The operation itself involves gently opening the cervix and removing the pregnancy. This usually takes less than 5 minutes.
- Sometimes women experience crampy tummy pain just before or after the operation. Pain killers are available if you need them.
- Most women go home later the same day after they have recovered from the anaesthetic.

Medical

The abortion is undertaken in 2 parts:

- The first part involves taking an oral tablet (Mifepristone) which helps prepare the womb by altering the hormone balance needed for the pregnancy to continue. This may be given on the ward after you have been seen in the outpatient clinic. You can go home an hour after taking this tablet.
- The second part involves coming into the ward two days later (at around 8.00am) when different tablets (Prostaglandin) are inserted into the vagina. These stimulate the womb to expel the pregnancy.

Early medical termination of pregnancy at home

This is a procedure offered to women in early pregnancy under 9 week's gestation. The patient takes both medications within the hospital environment but is allowed to abort in the comfort of their home environment

Supported by family/friends (ask the nurse practitioner during your consultation to discuss this with you)

- **Up to 9 weeks of pregnancy** the abortion usually occurs within four hours of the tablets but if not, further Prostaglandin tablets are given. You can go home 1-2 hours after passing the pregnancy providing you feel alright. There is a 1 in 10 chance (10%) that abortion does not occur before going home at 4.30pm. This is not a problem but you may experience heavier bleeding and pain at home and you will be asked to attend for a follow up appointment 3 weeks later on Ward 40 Day Unit to make sure the termination was successful.
- **After 9 weeks of pregnancy** the abortion usually takes longer. The Prostaglandin tablets are repeated every 3-4 hours until the pregnancy is passed. This may mean staying overnight. The likelihood of needing to stay overnight and repeating the tablets the following day increases as the pregnancy gets more advanced.
- There is a 2-3 in 100 chance (2-3%) the tablets don't work in which case you would be offered a surgical termination.
- Prior to passing the pregnancy it is usual to experience vaginal bleeding and crampy tummy pain. Most women only need simple pain killers, but stronger injections are available if needed.

What about future contraception?

It is important to have effective contraception.

- The Nurse Practitioner or Doctor will discuss future contraception with you and there are information leaflets available in the clinic. Whatever contraceptive method you

choose, we will ensure this is prescribed before you go home.

- If you wish to cancel your appointment or you think you may be late, please ring the secretary on 0191 282 5869. We advise you allow plenty of time for your journey and locating the clinic. This is very important as if you are late we may have to reschedule your appointment.

Please remember that we are here to help you. If you have any question, doubts or worries, please feel free to ask.

Contact details

Royal Victoria Infirmary, Queen Victoria Road
Newcastle upon Tyne, NE1 4LP

0191 2825618 Ward 40 (24 hours)

0191 2825640 Ward 40 Day Unit (Monday to Friday, 9.00am – 5.00pm)

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail northoftynepals@nhct.nhs.uk

Useful websites

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at www.nhs.uk. On this website there is an information prescription generator www.nhs.uk/ips which brings together a wealth of approved patient information from the NHS and charity partners which you may find helpful

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