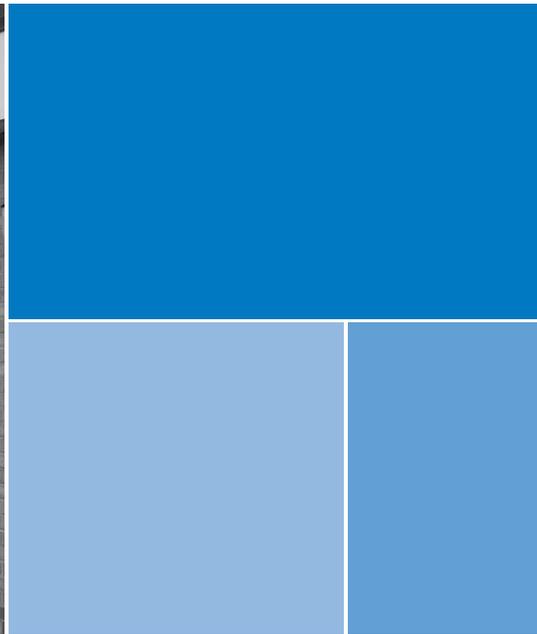




**James Paget
University Hospitals**
NHS Foundation Trust

Termination of Pregnancy



Gynaecology Department Patient Information

Please bring this information when attending your hospital appointments.

Some information about your procedure

These notes give a guide to your stay in hospital. They also give an idea of how you may feel after the procedure. They do not cover everything - if you want to know more please ask your surgeon or any member of your healthcare team. Other contact numbers are listed on the last page.

Medical, nursing and physiotherapy students all work in this hospital. You may be asked if they can observe or take part in some aspects of your care. Your consent must be obtained before they do so and you are able to say no.

Will anyone else be told about my termination?

The decision to have a termination is a matter between you and your healthcare team. All information and treatment is confidential. This means that information about you cannot be shared with anyone else without your agreement. Your GP will be given information that you have had a termination so that they can provide appropriate care afterwards.

You do not need your partner's agreement, although many women want to discuss the pregnancy with their partner and come to a joint decision.

What if I am under 16?

Any young person, regardless of age, can give valid consent to medical treatment providing she is considered to be legally competent – that is, able to understand a health professional's advice and the risks and benefits of what is being offered.

All very young women are strongly encouraged to involve their parents or another supportive adult. If you choose not to do this, doctors can offer you a termination if they are confident that you can give valid consent and that it is in your best interests.

You have a right to confidentiality like everyone else. However, if staff in NHS hospitals suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve Social Services.

I am worried I will get pregnant again after my termination

Many women are worried that if their method of contraception has let them down once then it might happen again. Others decide they want to review their options and might change their method of contraception. The staff in the clinic can help you to start thinking about this and give you information leaflets, if you wish. It may be possible to provide you with contraception at the hospital.

How will I feel emotionally after a termination?

How you react will depend on the circumstances of the termination, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad or a mixture of both.

There is no evidence that problems are actually caused by the termination; they are often a continuation of problems a women has experienced before.

If you find that you continue to feel distressed and talking to those close to you does not help, then there are other people that may be able to help:-

- Your GP
- Family Planning Clinic
- TimeNorfolk The pregnancy loss charity.

- please see contact details on page 14.

What will happen at my clinic appointment?

Ultrasound scan

This is performed to find out how many weeks pregnant you are as this influences whether you have a medical or surgical termination. Following the ultrasound scan a nurse will discuss the result with you and make the necessary appointment.

Clinic appointment

You will see a doctor who will discuss the termination with you and screen for Chlamydia by taking a urine sample. If you are having a medical termination you will be given a tablet to start the process. If you are having a surgical termination you will be given a date for the operation. Some blood tests will be necessary.

MEDICAL TERMINATION

What is a medical termination of pregnancy?

An early medical termination is the most effective method that can be used in the first nine weeks of pregnancy. It is called a medical termination as it uses tablets to cause the termination rather than an operation. The tablets will cause the womb to expel the pregnancy.

What does the procedure consist of?

An early medical termination is a two stage procedure. For safety reasons both stages have to take place in hospital.

1. At your first appointment (not ultrasound) you will take a tablet called mifepristone. After taking this tablet you are advised not to smoke or drink alcohol for four days. For the second part you need to attend the gynaecology out-patient department two days after taking the tablet. A nurse will ask you to dissolve tablets in your mouth or vaginal tablets will be placed high up in the vagina (these are prostaglandins called misoprostol). This triggers the termination which will usually happen between one to six hours later. The drug misoprostol is not yet licensed for use in termination but has been shown to be safe and effective.
2. The nurse in clinic will normally discharge you within one hour. You must have an adult to accompany you home.

Are there alternatives?

Early pregnancy can also be terminated surgically. As this will involve a delay of one to four weeks and carries a higher risk of complications and the risk of a general anaesthetic, we do not recommend it. Please discuss this with the doctor in clinic.

How does it work?

The first mifepristone tablet blocks the action of the natural hormone progesterone. This is produced by a woman's body in increasing amounts in early pregnancy, and is necessary to keep the pregnancy attached to the lining of the womb. When the mifepristone prevents the progesterone from doing this, the pregnancy detaches from the womb and dies. The mifepristone also has some effect on the cervix (neck of womb) causing it to start to open, and on the muscular wall of

the womb, making it more likely to contract. The second tablets cause the womb to contract (like period cramps) and so expel the pregnancy.

What will happen during the medical termination of pregnancy?

- During the second visit, and second tablets you will experience some pain, which is like strong period pain. We will give you some pain-killers to relieve this. You might also experience other side effects such as nausea, diarrhoea and hot flushes. These are temporary and we can give you some medication to help.
- You will experience some heavy vaginal bleeding with clots and you may be able to identify the pregnancy tissue.
- If you are a rhesus negative blood group you may require an injection called Anti-D to prevent you developing antibodies against future pregnancies. This will be explained further when you are on the ward.

What are the complications of a medical termination of pregnancy?

These include:-

- A risk of infection but less than with a surgical termination. The usual cause is chlamydia; chlamydia screening will take place at your clinic appointment. If necessary follow up treatment will be arranged for you and your partner at the Family Planning and Sexual Health Clinic.
- The termination might be 'incomplete'. This means that some tissue has remained in your womb. In 1 in every 100 terminations the womb is not completely emptied of its contents and further treatment may be needed. If the termination is incomplete you may continue to have heavy or prolonged bleeding, or you can develop signs of infection in the womb. If this happens an ultrasound scan will be performed to check whether the termination has been 'complete'. The next step will be discussed with you. It may be a small operation called Evacuation of Retained Products of Conception or Expectant management, which is waiting a little longer for the remains of the pregnancy to be passed naturally. You will be monitored during this time.

- You might have excessive bleeding. Some bleeding from the vagina is a normal part of either procedure and can continue for 10 to 14 days. This is usually heavier with a medical termination. Rarely, women bleed much more heavily, either at the time of the termination or later. If this happens, you might require a blood transfusion. You may also find that your next period might be heavier than usual.
- Your pregnancy may not be terminated. With medical termination (including those carried out after seven weeks) different studies have come up with different rates of failure. Some have found that only one or two out of every 1000 medical terminations failed to end the pregnancy, while others have reported that up to 14 in every 1000 fail. It is necessary to complete a urine pregnancy test four weeks after the termination to confirm that the termination is complete. It is essential that you complete the urine pregnancy test. If the pregnancy test is positive please contact the Early Pregnancy Unit for advice on 01493 452012.

What should I expect to experience after a medical termination?

For the first few days after a termination, you will probably experience some bleeding from your vagina and might experience some cramping pains low in your abdomen. You can use a sanitary towel and the pain can usually be relieved by your usual pain-killers. Please do not use tampons for this bleeding as this may introduce infection to the womb. If you have very little or no bleeding after 48 hours then please call the (EPAU) 01493 452012 for advice.

It is also advisable not to have sexual intercourse during this time. You should, however, start using contraception straight away and this will be discussed with you at the clinic appointment.

I am worried about the bleeding and pain after my termination

After any method of termination, you will probably experience some bleeding from your vagina. You are more likely to get heavier bleeding if you were later on in your pregnancy. The bleeding can continue for up to 14 days but should get less each day. If the bleeding is very heavy, you should call the contact numbers at the

back of this booklet or your General Medical Practitioner GP. If the pain is getting worse or you cannot relieve it with your usual mild pain-killer, then you should also seek advice and/or treatment.

I am worried that I might have an infection

If you develop the following symptoms after a termination, you might have an infection in your womb:

- A raised body temperature (greater than 37°C)
- Smelly vaginal discharge
- Pain or discomfort in your lower abdomen that is getting worse rather than better
- Bleeding from your vagina that is increasing rather than getting less or that has lasted more than 14 days after the termination.

What to do if you think you have an infection?

In the first instance contact the EPAU who will advise you what to do. Out of hours contact your General Medical Practitioner (GP) or NHS 111. If you are particularly unwell then please attend the Accident and Emergency department at your local hospital.

How can I reduce the risk of infection?

After a termination do not use tampons during the subsequent bleeding – you can use them again for your next proper period. It is also not a good idea to have long, soaking baths, as the bath water will get into your vagina – shower if possible, or take a quick dip in the bath.

Will I need a checkup after the termination?

When you phone in for your pregnancy test result any further follow up will be discussed with you. The nurse will check that your termination is complete and offer any support/advice you may need.

What will I need to bring with me?

When you attend the Day Care Unit for misoprostol (pessaries) you will want to bring:-

- Sanitary towels
- A nightdress and basic toiletries
- You may want to bring books or magazines

SURGICAL TERMINATION

What is a surgical termination of pregnancy?

This is the most common way of terminating a pregnancy between nine and 12 weeks pregnant.

What does the operation involve?

Unless there are any medical illnesses you will be admitted for a day procedure and on admission will be given some tablets into the vagina. These soften the cervix and make the operation safer. They can cause some period pains and a small amount of vaginal bleeding. You will also be given antibiotics to reduce the chances of infection if screening in the clinic has shown chlamydia.

In theatre the surgeon will stretch the cervix (neck of womb) and use a suction device to remove the pregnancy.

Are there alternatives?

Very early pregnancies can be terminated medically; this involves two visits to the ward and taking medicines. This is only available up to nine weeks.

Which is best for me?

Some patients are more suited to one procedure than another; your surgeon will consult you on why they have advised you to have a particular procedure.

What are the complications?

Vaginal termination of pregnancy is normally a very safe procedure, but there are some possible complications.

- The womb and fallopian tubes can become infected, which can lead to pelvic inflammatory disease. This is painful and can result in infertility. We do however check for chlamydia and treat this if necessary.
- Occasionally the termination is incomplete; this means that some tissue has been left in your womb. Normally this is passed spontaneously, but a few people will require admission because of bleeding and the small pieces of tissue to be removed as a minor operation under general anaesthetic.

What are the risks?

Termination of pregnancy can occasionally be complicated by bleeding. This is not dangerous but can sometimes require a blood transfusion. There is a very small risk of damage to the womb. This can involve the cervix which may increase the chances of miscarriage.

Damage to the womb at the time of surgical termination happens in up to four in every 1,000 terminations. Hysterectomy may be necessary but it is rare.

What happens before the operation?

You will be welcomed to the ward and have your details checked, shown to your bed and asked to change into a theatre gown. Some tests will be done such as pulse, temperature, blood pressure and urine examination.

Please bring your current medication when you come into hospital and hand it into the nurse. If you need a specific diet, please tell the nursing staff so that it can be ordered for you.

Please inform us if you have allergies to any drugs, dressings or latex rubber.

If you are a smoker, try not to smoke for several days before and after your operation. This will help to keep your lungs clear and reduce the amount of coughing.

Visits by the surgical team

If you have any questions please ask to see your consultant.

Visits by the anaesthetic team

The anaesthetist may visit you on the ward prior to your operation or will see you in the anaesthetic room. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

Tell them about any anaesthetic problems in your immediate family also.

Diet

You will have your usual diet until six hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

Timing of the operation

The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Prior to theatre

You will be given a pessary into the vagina to soften the neck of the womb and a pain killing suppository to prevent cramp pains will be offered.

Transfer to theatre

When you are due to go to theatre you will be taken by a theatre support worker. You will be wearing a cotton gown. Wedding rings only are allowed and will be fastened with tape. The reception nurse who is responsible for your care will greet you in theatre until you are taken into the anaesthetic room. Dentures may need to be removed in the anaesthetic room with a pot provided. Here you will meet the anaesthetist and your anaesthetic will begin, with a small tube placed into the back of your hand (only like a scratch) through which will be given anaesthetic drugs to help you drift off to sleep.

The operation is then performed.

Coming round from the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back on the Day Care Unit. Some patients feel a bit sick, but this passes. You will be given some treatment for sickness if necessary.

You may be given oxygen from a face mask immediately after the operation to help you recover from the anaesthetic.

Will it hurt for long?

You will have an ache in your pelvis which will last for a day or so. You will be given pain relief tablets to take home.

Post-operative care

You will be able to have fluids and then a light diet as soon as you wish and there should be no problems with your urine or bowels. If you are a rhesus negative blood group you may require an injection called Anti-D to prevent you developing antibodies and this will be explained further to you.

How can I reduce the risk of infection?

Do not use tampons during the subsequent bleeding – you can use them again for your next proper period. It is also not a good idea to have long, soaking baths as the bath water will get into your vagina – shower if possible, or take a quick dip in the bath.

How long will I be in hospital?

You will normally be allowed home the same day. Very occasionally you may need to stay overnight.

Sick certificates

If you require a certificate for work, you are able to complete a self-certificate for 4-7 day's absence.

After you leave hospital

You need to rest for the first day following your discharge.

Driving

You cannot drive for a day following surgery.

What about sex?

You are advised to abstain from intercourse for one week. Please ensure that you take adequate contraceptive precautions in the future. Please ask nursing staff if you need any advice or information.

What about work?

You should be able to return to work between 24-48 hours after the operation.

General advice

The operation should be straightforward. Should you have any problems with pain, bleeding or a temperature, please contact your GP.

Any questions/comments

If you have any questions or comments, jot them down and ask the doctors or nurses for answers.

I am worried about the bleeding and pain after my termination

After any method of termination, you will probably experience some bleeding from your vagina. You are more likely to get heavier bleeding if you were later on in your pregnancy. The bleeding can continue for up to 14 days but should get less each day. If the bleeding is very heavy, you should call the contact numbers at the back of this booklet or your GP. If the pain is getting worse or you cannot relieve it with your usual mild pain-killer, then you should also seek advice and/or treatment.

I am worried that I might have an infection

If you develop the following symptoms after a termination, you might have an infection in your womb:

- A raised body temperature (greater than 37°C)
- Smelly vaginal discharge
- Pain or discomfort in your lower abdomen that is getting worse rather than better
- Bleeding from your vagina that is increasing rather than getting less or that has lasted past 14 days after the termination.

Final arrangements you may want to make following a termination.

If the pregnancy is terminated in the hospital the remains will be cremated at Gorleston Crematorium. A cremation service is held on a regular basis for all those who have either lost or terminated a pregnancy.

If you would like to know about cremation or if you wish to make alternative arrangements, please contact the Mortuary.

Mortuary phone number: 01493 452396. Please do not hesitate to call if you need further assistance or support. During 09.00am to 17.00pm.

Useful contact numbers

James Paget University Hospital please phone: 01493 452452

Early Pregnancy Sister (EPAU) 9.00am and 4.30pm you may call for advice on **01493 452012**. Out-of-hours for emergency advice only please call Ward 4 on: **01493 452004**. The nursing staff will advise and if necessary speak to the Gynaecology on-call doctor.

Counselling:

TimeNorfolk: The pregnancy loss charity.

Counselling for pregnancy loss and unplanned pregnancy.

70 Catton Grove Road,

Norwich NR3 3NT

Helpline: 03333 058552 or 01603 482732

Email: info@timenorfolk.org.uk

www.timenorfolk.org.uk

ICASH Norfolk and Great Yarmouth Hub

Family Planning and Sexual Health Clinic,

Breydon Clinic Hospital,

Northgate, Northgate Street,

Great Yarmouth,

Norfolk NR30 1BU

Clinics are available most days and Saturdays,

please phone: 0300 300 3030 for an appointment.

Contraceptive and Sexual Health (CASH) Service Lowestoft (NHS Cambridgeshire)

6 Regent Road,

Lowestoft,

Suffolk NR32 1PA

Clinics are available most days and Saturdays,

Please phone: 0300 123 3650 for an appointment.

Patient Advisory and Liaison Service (PALS)

You can discuss general information about your stay or raise any concerns you may have:

Please phone: 01493 453240 or email: [PALS @jpaget.nhs.uk](mailto:PALS@jpaget.nhs.uk)

Reference:

Royal College of Obstetricians and Gynaecologists Number 7.
November 2011.

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

Authors:
Patricia Adams and Linda Sturman,
Nurse Specialist Practitioners

© November 2004
Revised October 2006, September 2010,
February 2014, June 2018
James Paget University Hospitals NHS
Foundation Trust
Review Date: June 2021 GY 15 version 5