

District pregnancy advisory service, St Mary's Hospital

Late medical termination of pregnancy: 16-23 weeks

Information for patients, relatives and carers

Introduction

This leaflet explains what a late medical termination of pregnancy (abortion) involves and how to prepare for the procedure. Please feel free to ask our team any questions you have about the information below.

What is a late medical termination of pregnancy (abortion)?

The late medical termination is a procedure which involves giving medication to women to terminate a pregnancy.

What are the risks involved in having an abortion?

Having an abortion is usually a straightforward procedure and most women have no medical problems either immediately, or long-term. Although every effort is made to ensure that the abortion is as safe as possible, some women will have complications.

The commonest side effects are an unpredictable time to delivery and side effects from the medications used, which can include pain, fever, chills, nausea, vomiting and headache.

After the procedure about 1 in 30 women experience heavy or prolonged bleeding or pain requiring an extra medical appointment or treatment. In some cases, the symptoms are due to an infection. About 1 in 400 women having a late medical abortion are thought to develop an infection during or after the abortion and require treatment with antibiotics.

Occasionally, women might have excessive bleeding due to placental tissue remaining within the uterus which may need surgery to remove it, either at the time of admission to hospital for the medical abortion or at a later date. 1 in 60 women having a late medical abortion require further surgery for a retained placenta. Up to 1 in 200 women bleed heavily and require extra treatment for this, which may include extra medication, an operation or a blood transfusion.

Very rarely, there may be bleeding or complications which may lead to a hysterectomy. These can include a hole developing in the uterus during the abortion. This is rare and occurs to 1 in 1000 women undergoing a medical abortion. This is more common when a woman has previously had surgery on the uterus, for example, some types of surgery for fibroids and caesarean sections.

If this complication is suspected, an operation involving a cut on the abdomen under general anaesthetic is usually required to repair it. There is a risk of needing a hysterectomy (removal of the uterus) if the bleeding cannot be controlled and your life is at risk but this is very rare - 2 in 100,000 women having a late medical abortion need a hysterectomy.

An uncomplicated abortion should have no effect on future fertility but there is a small risk that you might have difficulty becoming pregnant if you have a serious complication like perforation of the uterus or an untreated infection.

Are there any alternatives to an abortion?

You can choose to have a surgical abortion if you are less than 18 weeks pregnant.

Is there anything I should do to prepare for my abortion?

One to two days before the termination we will ask you to attend the hospital to take a mifepristone tablet (the abortion pill). This tablet prepares the womb for the termination and reduces the amount of another medicine (misoprostol) that you need to take. You should not continue the pregnancy after taking this pill as we are not certain of the effect that the pill may have on the fetus. Therefore, if you have any doubts about having the abortion and think that you might change your mind you must not take the abortion pill.

Will I need to have any tests before my abortion?

You will need to have a blood test to check your rhesus status and haemoglobin level. You might need further investigations depending on your medical condition.

What happens on the day of my procedure?

When you arrive a nurse will meet you, welcome you to the ward and check your details. You will stay in a single room while you are in hospital. The abortion is induced by inserting four pills into your vagina, followed by two pills orally every three hours. This will cause your womb to contract (rather like labour) until the neck of the womb opens and the pregnancy is expelled. At first you will get crampy, period-like pains but they will get stronger near the time that you abort. We will give you painkillers if you need them.

If you are more than 22 weeks pregnant we will arrange an extra scan to allow the fetus to be given an injection so that it is not alive during the abortion process.

To reduce the risk of infection, when you have your first dose of misoprostol the nurse will give you an antibiotic suppository (metronidazole) into your back passage and you will also be given four oral antibiotic tablets (azithromycin).

After the abortion it is occasionally necessary to make sure that the womb is empty. This is done by suction under a general anaesthetic and takes 10-15 minutes. If you have any questions the nurse will be happy to answer them.

What happens after the abortion?

The nurse will check that you are well and not bleeding excessively.

If you have a rhesus negative blood group we will give you an anti-D injection.

After the procedure we will dispose of the fetus in a sensitive manner. You have a choice about how the tissue is disposed:

- A. You can decide not to be involved in choosing a method of disposal.
- B. The hospital can arrange for the tissue to be incinerated. This may mean that the tissue is incinerated along with tissue from similar procedures in other women.
- C. You can make private arrangements for cremation or burial of the tissue.
- D. If you are uncertain of how you wish for the tissue to be disposed of and need more time to make a decision, you must contact the mortuary at St Mary's Hospital on 020 3312 1191 within 3 months of your procedure to arrange disposal. If you don't contact us we will dispose of the tissue by incineration 3 months after the procedure.

When can I go home?

It is not possible to say how long you will be in hospital for before the abortion occurs. Most women go home the following morning. A few are able to go home the same day, but some have to stay up to two nights in hospital.

You may experience some crampy, period-like pain with bleeding for the next few days which should usually settle with simple painkillers such as paracetamol.

Is there anything I need to watch out for at home?

If you have severe pain or excessive bleeding you must attend your nearest A&E.

When can I get back to my normal routine, including work?

Most people are able to return to work or normal activities the day after they have been discharged from hospital.

Will I need to visit the hospital again?

No, but we would recommend seeing either your GP or local family planning clinic 2 weeks after the procedure to ensure you have recovered fully and to arrange contraception, unless this was provided in the hospital.

Contact details

Lillian Holland Ward, St Mary's Hospital: Telephone: 020 3312 1721 (24 hours, 7 days per week).

Admin: 020 3312 1093 (weekdays, 09.00-17.00)

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk