

Medical Treatment for Abortion up to 10-12+6 weeks

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این پروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Dear.....

Arrangements have been made for your attendance.

Consultant

Attendance Date

Time

Ward E Ward, Gynaecology Dept
Ormskirk District General
Hospital (which is located on
the 3rd floor)

Contact information (if any concerns after you have left hospital)

Gynaecology E Ward (01695) 656901/656528/656526

Answerphone number (gynae clinic) 01695656522

Other useful telephone numbers/contacts:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

www.bpas.org – 0845 730 4030 (confidential counselling)

www.maristopes.org.uk – 0845 300 8090

Central line for Contraception or STI Screening – (01695)
656550

Special instructions for after you left hospital

It is important that you keep the follow-up appointment so that we can confirm the procedure has worked.

Any condition specific danger signals to look out for:

Heavy/smelly vaginal bleeding or discharge.

This information leaflet is intended to be used to support discussion during your clinical consultation. If there is anything you do not understand or are unsure about, please ask the Doctor or Nurse during your appointment or contact.

This information sheet provides information about the steps of medical treatment of abortion in hospital. It is hoped that through reading this information it will help you to be prepared for what will occur during your treatment.

Who is suitable?

Pregnant women whose pregnancy is 10-12+6 weeks by scan.

This method involves you having two different medications that will end the pregnancy.

There are some medical conditions like severe asthma, sickle cell disease, high blood pressure, mitral stenosis, glaucoma, bleeding disorders, severe Inflammatory disorders (Colitis, Crohn's) which can make you unsuitable for treatment.

If you have any of the above, you must inform staff during the visit.

If you have a Coil, it needs to be removed before treatment.

If you are considering medical termination in hospital, you must:

- Have a responsible adult to collect you on discharge.
- Have a reliable telephone for incoming and outgoing calls
- Be available for telephone follow up in 3-4 weeks.
- Give consent for GP contact, who may be informed if you fail to follow up.

About the procedure

It is a commonly used abortion treatment. This procedure takes place over a few days. Two different medicines are taken 24-48 hours apart. This medication will lead to you expelling the pregnancy which is very similar to having a miscarriage.

You may eat and drink normally throughout the procedure.

Face to face consultation (first medication):

- You will need to sign a consent form.
- Your first tablet (Mifepristone) will be given to start the process. The drug works by blocking the action of the hormone which makes the lining of the womb hold onto the fertilized egg.
- If you vomit within an hour of taking this medication it will not be absorbed and will need to be repeated, so it is important for you to be close to the clinic setting for 1 hour.
- You will be allowed home with contact numbers in case you have any problems.
- Some women may experience stomach cramps similar to period pains. Analgesia may be taken in the form of paracetamol with codeine or brufen.
- You will return to hospital 2 days later to complete the process.

Smoking and alcohol should be avoided once you have taken the first tablet for a week.

What to bring to hospital if admitted?

- Sanitary towels
- Nightwear

Contraception

If you have decided to commence the oral contraceptive pill it will be given to you and you are advised to commence taking it the night of your procedure or the following morning. Certain antibiotics/tummy upset (vomiting or diarrhoea)/ forgetting to take your pill regularly - **may cause it to fail**

Please ensure you read information leaflet and be aware.

Coil (Hormonal or non-hormonal)

Once you have attended your follow up appointment and it has been confirmed the procedure has worked effectively. You will be able to have the coil fitted at the Clinic.

Risks

- Infection of the womb/tube can occur in up to 1 in 2000 abortions; it can usually be treated with antibiotics.
- Heavy bleeding per vagina, occurs in about 2 in every 1000 abortions; severe cases may require a blood transfusion.
- Continuation of the pregnancy – occurs in less than 1 in every 100 abortions. It may fail and require surgical intervention.
- Pregnancy tissue could be retained in 2 in 100 abortions.
- Medication may cause the blood pressure to fall causing you to feel faint/dizzy.
- Rarely results in fertility problems.

Benefits

- Avoids surgical intervention.
- Avoids general anaesthetic.
- Generally successful - only fails for 1 in 100 women.
- Excludes the risk of damage to pelvic organs that may be caused by surgery.
- Well tolerated by most women.

Alternatives

- Surgical intervention

You should seek medical advice/contact ward after your first tablet if

- Pain is not controlled with oral pain relief.
- You are experiencing fever/chills/or feeling unwell.
- Heavy bleeding (soaking more than 2 maxi pads in an hour or continuously for 2 hours).

Hospital Admission (Second Medication):

- You will have your blood pressure and pulse recorded.
- You may eat and drink normally throughout the procedure.
- Antiemetic Cyclizine 50mgs orally will be given to reduce nausea and vomiting.
- Communal cremation will be discussed at admission and leaflets given if required.
- 4 tablets of prostaglandin (misoprostol) will be inserted into the vagina which relax the cervix and cause contractions which are usually felt as strong period pains. A Doctor/Nurse will insert these for you.
- You may experience vaginal bleeding which can be heavier than a period.
- Sometimes you might pass clots of blood mixed with stringy-looking tissue or the pregnancy. These symptoms can start 2-3 hours after the insertion of the pessaries.
- Pain can be worse for women who have never been pregnant or who have painful periods. Strong analgesia can be given for the pain in the form of tablets.
- Other symptoms you may experience are nausea/vomiting/diarrhoea.
- This process will be repeated every 3 hours to a maximum dose of 5.
- You will then be reviewed if the pregnancy has not been passed.

- You may have to stay in overnight if the treatment has not worked or if any complications arise.
- Sometimes repeat tablets 24 hours later may be necessary. In a small number of women, surgical intervention may be the next option.
- It is anticipated that you will pass your pregnancy before being discharged.
- If your blood pressure and pulse are within normal limits and your bleeding is like a period type loss, you will be allowed home.
- You will be given antibiotic – Doxycycline (a prescription would have been given to you in initial consultation to collect from pharmacy) to help reduce the risk of infection.
- Do not drive or use public transport.

Discharge Advice:

Bleeding may continue for up to three weeks. During this time, it is important that you:

- Do not use tampons for 2 weeks.
- Do not add bubble bath or bath additives when bathing for 2 weeks.
- Do not resume sexual intercourse for 2 weeks.
- Please inform the ward if the bleeding/pain becomes excessive or attend Accident & Emergency Department.
- Inform ward if discharge becomes offensive.
- You are advised to remain off work the following day.
- Do not drive the day of the treatment or following day.
- We do not advise you to travel home on public transport.

Contact numbers are in this booklet if you require advice and support.

Follow up Appointment

You will be reviewed in 3-4 weeks after you have done a urine pregnancy test at home. A pregnancy kit will be given with instructions at your face-to-face consultation.

This will either be a telephone consultation or an outpatient appointment. If you have contraception, the appointment will be done over the telephone. If you require a coil insertion, you will need to attend an outpatient appointment.

It is very important that you attend your follow up telephone appointment, so we can confirm the procedure has worked effectively. We will try to contact on 2 separate occasions and if we are unable to contact you, you will be discharged.

Your vaginal blood loss will be assessed, and a vaginal scan may be arranged if required.

Sometimes, although the procedure has worked, a small amount of tissue may be retained inside the uterus, putting you at risk of infection/bleeding.

You will be given the one of the following options:

- Surgical intervention under local anaesthetic as an outpatient,
- Surgical intervention under general anaesthetic
- Repeat prostaglandin tablets vaginally
- Conservative approach along with a week's course of antibiotic

You may require a repeat scan in 1-2 weeks' time.