

Medical Treatment for Abortion up to 9+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 przygotowuje.

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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This information sheet provides information about the steps of medical treatment of abortion at home. 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 9+6 weeks or below by scan. This method has a success rate of 95%, allowing abortion to be managed without the risk of surgery and anaesthetic.

If you are considering medical termination at home, you must:

- Have a responsible adult at home when taking the second tablets.
- Have a reliable telephone for incoming and outgoing calls.
- Be over 18 years of age.
- Be available for telephone follow up in 3-4 weeks.
- Agree for permission to contact GP, if you fail to attend follow up.

The method should be avoided in women who have been diagnosed with medical conditions like severe asthma, sickle cell disease, high blood pressure, mitral stenosis, glaucoma, bleeding disorders, severe Inflammatory disorders (Colitis, Crohn's). If you have a Coil, it should be removed before treatment.

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

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.

Emergency contact (including
out of hours)
E ward: 01695

About the procedure

It is a commonly used safe abortion treatment during the first 10 weeks of pregnancy, or less than 70 days after the last period.

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.

First medication:

This will be given during your outpatient visit. It involves taking oral medication (Mifepristone tablet). The drug works by blocking the action of the hormone which makes the lining of the womb hold onto the fertilized egg.

- You will need to sign a consent form.
- 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 could experience stomach cramps similar to period pains. Analgesia may be taken in the form of paracetamol with codeine or Brufen.
- You will take the second part of the treatment at home, 36-48 hours later.

Second medication:

Timing for the second medicine (Misoprostol) depends on your circumstances. It is most effective if taken between 24 to 48 hours after taking the first (Mifepristone) tablet.

Insert the 4 tablets into the vagina using your finger. If you prefer you can use the small sachet of lubricating gel supplied to make this easier.

The tablets should be inserted as high as possible into the vagina in order to get them close to your cervix. You are advised to try stay on the bed and not to go to the toilet for an hour after insertion in order to allow them sufficient time to dissolve.

Use the last two tablets of Misoprostol orally, 3 hours after taking your initial dose of four Misoprostol tablets.

- The tablets relax the cervix and cause contractions which are usually felt as severe period type pains.
- You could experience vaginal bleeding which can be heavier than a period. Sometimes you might pass clots of blood mixed with stringy-looking tissue. These symptoms can start 2-3 hours after the insertion of the pessaries.
- Strong analgesia can be taken for the pain in the form of tablets. (Brufen or, if you are asthmatic, Co-Codamol)
- Other symptoms you could experience are nausea/ vomiting/diarrhoea.

Bleeding can continue and you could pass clots. You are advised to take pain relief as listed. Bleeding may continue for up to three weeks.

Risks

- Infection of the womb/tube can occur in up to 1 in 100 abortions; it can usually be treated with antibiotics.
- Heavy bleeding per vagina, occurs in about 1 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.

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.

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

You will be given the option of surgical intervention under local anaesthetic as an outpatient or under general anaesthetic, or you may be prescribed a week's course of antibiotics along with repeat prostaglandin tablets vaginally. You will require a repeat scan in 1-2 weeks' time.

Benefits

- Management can be given on an outpatient basis.
- 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.

What to bring if admitted to hospital?

Sanitary towels

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 treatment or the following day.
- You must have a responsible adult accompany and stay with you for 24 hours.
- We do not advise you to travel home on public transport.

It is anticipated that within 4-6 hours, you pass your pregnancy but you may not pass anything at all. If any tissue is passed at home, you can have the option of bringing it to the ward for communal cremation.

If you do not bleed within the first 48-72 hours, contact 01695 656522 (answerphone) as the treatment might have failed.

Side effects

- Abdominal pain
- Vaginal bleeding
- Nausea
- Vomiting
- Diarrhoea

These may indicate the tablets are being absorbed and are working.

Do not contact the answerphone if you are experiencing any of the below. You should seek medical advice/contact ward on 01695656901 if:

- Pain is not controlled with oral pain relief.
- Experiencing fever/chills/or feeling unwell.
- Heavy bleeding soaking >2 maxi pads within an hour continuously for 2 hours if you feel faint/dizzy/lightheaded.
- Your discharge is offensive smelling. Use sanitary towels only – do not use tampons for 2 weeks.

Pain can be worse for women who have never been pregnant or who have painful periods.

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

You can commence contraception within the first 5 days of treatment.

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

Follow up appointment

This will either be a telephone consultation or an outpatient appointment.

If you have contraception, a follow-up appointment will be done over the telephone. If you require a coil insertion, you will attend an outpatient appointment.

It is very important that you answer your telephone follow up 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.

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 first face-to-face consultation.

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