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Protocol for Medical Termination of Pregnancy: up to 69 days Gestation

For use in:	Gynaecology Services, Cley Gynaecology Ward
By:	Medical Staff and Registered Nurses who have undergone training and been assessed as competent in the Termination of Pregnancy
For:	Women requesting Medical Termination of Pregnancy up to 63 days
Division responsible for document:	Women and Children Division
Key words:	Medical Termination up to 63 days, Mifepristone, Misoprostol
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Compliance links: *(is there any NICE related to guidance)*	NICE guideline – Abortion care NG140
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No deviation

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
3.1	28/03/2020	Due to coronavirus there is currently not the time to review this document. Clinical information is still correct, but a year's review date given to allow for a thorough review at a future date.	Gautam Raje
4	17/07/2020	Reviewed and amended - change of author. Days of gestation changed from 63 to 69 .	P S Arunakumari

This is a Controlled Document

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Objective

This clinical protocol will enable the service to be offered by suitably trained nurses in Cley Gynaecology Ward in addition to medical staff.

Rationale

Early medical termination of pregnancy was licensed in the UK in 1991 for termination of pregnancies up to 63 days gestation. The combination of Mifepristone and a prostaglandin results in a 99% abortion rate, and a 97% complete abortion rate. Mifepristone is a synthetic steroid molecule with potent anti progesterone activity. Misoprostol is a prostaglandin that, although unlicensed for this indication, has been widely used in induction of abortion in the UK. Its use has been endorsed by the Royal College of Obstetricians and Gynaecologists. **Pre-requisite Qualifications and Experience for Practitioners using this Protocol.**

To perform the role of administration of vaginal abortifacants, nurses must be:

- RGN (Level 1);
- Qualified for at least 12 months;
- Have worked in Gynaecology for at least 6 months in the ward environment caring for women undergoing termination of pregnancy.
- Training and assessment of nurses will be conducted by a senior nurse deemed competent IN VAGINAL administration of drugs and examination of pregnancy remains. Only nurses who have been assessed as competent will perform this procedure.

Day 1 (First Visit)

The patient will have been assessed at the NNUH TOP clinic. A decision for termination will have been made, gestation assessed, swabs taken if appropriate and consent obtained. A patient information leaflet will have been given.

The nurse will:

- Check patient's personal details and discharge arrangements, and next of kin.
- Ensure the consent form has been signed.
- Ensure the Abortion Act 1967 Certificate A HSA1 has been signed.
- Obtain the results of chlamydia swabs, Blood group and Haemoglobin and record on the proforma.
- Confirm that the patient wishes to proceed with the termination.
- Administer Mifepristone 200 mg orally as prescribed.
- Advise the patient to contact the ward if she vomits within the next two hours. In this eventuality, a further dose of Mifepristone 200 mg with an antiemetic should be administered with the patient's consent.
- Advise the patient to contact Cley Ward if she experiences heavy bleeding or significant pain.
- Ensure that she has a patient information leaflet and contact number (Cley Ward – Extn 3242).
- Ensure she is fully aware of the arrangements for the second visit.
- Discharge the patient.

Second Visit (Day 2, 3 or 4)

The patient will be asked to return to Cley Ward at a designated time.

The nurse will:

- Complete nursing re-admission sheet and provide with an identity bracelet.
- Check baseline observations.
- Check haemoglobin, Chlamydia and blood group are recorded.
- Assess patient for any adverse reaction to Mifepristone, bleeding or passage of products of conception since administration, and record on proforma.
- Refer to doctor if adverse reaction to Mifepristone.
- If history suggestive of passage of products, but products not seen, continue with Misoprostol administration.
- Ensure that the patient is aware of the procedure:
    - The administration of vaginal abortifacients.
    - The availability of analgesia.
    - That she will experience pain and bleeding.
    - That tissue passed needs to be examined.
    - That she will require a speculum examination prior to discharge.
    - That the majority of women abort within four hours, but some take longer, and that some do not abort on the ward.

- Administer vaginal Misoprostol (800 micrograms stat dose per vagina) as prescribed on proforma (see appendix 1).
- Recommend rectal Diclofenac (if prescribed) for all nulliparous patients and multiparous patient of 7 weeks or more, and offer to all patients (if prescribed). Administer analgesia as required.
- Check rhesus status and administer anti-D if required.
- Administer antibiotics as prescribed on proforma.
- Arrange and document referral to GUM in the case of a positive Chlamydia result.
- Check blood pressure and pulse when clinically indicated (e.g. severe pain or heavy bleeding).
- Administer prescribed anti-emetic and analgesia as required and assess effectiveness.
- Assist patient for elimination needs and observe for any products of conception.

When the patient has passed products of conception, or after four hours (which ever is the sooner) the nurse will perform a speculum examination and remove products of conception from the vagina.

In the event that products of conception have not been passed, or are not seen in the vagina, and the woman does not give a history of passage of POC, a further 400mcg of Misoprostol should be administered by the nurse, unless the patient has just begun to bleed or have pain, and the nurse thinks the abortion is imminent. The patient should be re-examined four hours later, or on passage of products, whichever is the sooner.

If products of conception are not passed, and an intrauterine pregnancy was seen on the ultrasound scan in the family planning clinic, the patient should be discharged with arrangements for a follow up scan in one week.

If scan is unable to exclude an ectopic pregnancy the products will be sent for histology. The patient will only be contacted if products are not confirmed histologically. If no products are passed in this situation, a doctor should be consulted and a check BHCG should be taken with follow up in EPAU within 1 week.

Prior to discharge the nurse will:

- Ensure that the patient is not bleeding significantly and is fit for discharge.
- Give contraception and advice as necessary.
- Ensure antibiotics supplied appropriately.
- Arrange iCASH clinic appointment if desired or indicated.
- Complete the discharge letter for the GP.
- Discharge the patient home.

Audit Standards derived from the Protocol

1. The efficacy of medical termination of pregnancy, with reference to complete abortion, incomplete abortion, and infection rates.
2. All Rhesus negative women should receive anti-D.

References

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