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Protocol for Medical Termination of Pregnancy from 70 days (10 weeks) 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 beyond 9 weeks gestation
Division responsible for document:	Women and Children Division
Key words:	Medical Termination, Mifepristone, Misoprostol
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Assessed and approved by the:	Gynaecology Guidelines Committee If approved by committee or Governance Lead Chair's Action; tick here ✓
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To be reviewed by:	P.S.Arunakumari
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Compliance links: *(is there any NICE related to guidance)*	NICE guideline on Abortion care – Sept 2019
If Yes - does the strategy/policy deviate from the recommendations of NICE? **If so why?**	No deviation

Version and Document Control:

Version Number	Date of Update	Change Description	Author
3.1	28/03/2020	Due to coronavirus there is currently no time to review this document. Clinical information is still correct, but a year's review date has been given to allow for a thorough review in the future.	Gautam Raje
4	17/07/2020	Reviewed and changes made to author and timeframes.	P.S.Arunakumari

This is a Controlled Document

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Rationale

Termination of pregnancy is a commonly performed medically, with a combination of Mifepristone and a Prostaglandin. 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. This guideline is to enable the service to be offered by suitably trained nurses and doctors on Cley Ward.

Required Qualifications and Experience for Nursing Staff using this Guideline

To administer vaginal abortifacients, nurses must be:

RGN (Level 1), Band 5 and above;

Qualified for at least 12 months;

Have worked 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.

Protocol

Day 1 (First Visit)

The patient will have been assessed at the Contraception and Sexual Health (CASH) 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 the patient's personal details, discharge arrangements, and next of kin.
- Ensure the consent form has been signed by the patient.
- Ensure the Abortion Act 1967 Certificate A HSA1 has been signed by 2 doctors.

- Ensure that the gestation has been confirmed by ultrasound.
- Obtain the results of chlamydia swabs, blood group and haemoglobin and record them on the proforma.
- Confirm that the patient wishes to proceed with the termination.
- Check the details on the TOP2 form regarding allergies, past medical history and drug therapy.
- Administer Mifepristone 200 mg orally.
- 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 can be administered.
- Advise the patient to contact Cley ward if she experiences heavy bleeding or significant pain, and that a small number of women will abort at home following the Mifepristone.
- Ensure that she has a patient information leaflet and contact number (Cley ward).
- Ensure she is fully aware of the arrangements for the second visit.
- Discharge the patient.

Second Visit (Day 3 or 4)

The patient will be asked to return to the Cley Ward at 7.30 am.

The nurse will:

- Complete a nursing readmission sheet and provide the patient with an ID bracelet.
- Check baseline observations.
- Check haemoglobin, chlamydia and blood group are recorded.
- Ensure prescription of anti D if patient is Rhesus negative.
- Assess patient for any adverse reaction to Mifepristone, bleeding or passage of products of conception since administration, and record on the proforma.
- Refer to doctor if adverse reaction to Mifepristone.
- Ensure that the patient is aware of the procedure:
    - The administration of vaginal and oral abortifacients
    - The availability of analgesia including rectal diclofenac
    - That she will experience pain and bleeding
    - That tissue passed needs to be examined
    - That women often will have aborted within 12 hours, but some take longer
    - That some women will need a vaginal examination during the procedure to remove the fetus or placenta or removal of placenta under general anaesthesia

- Administer vaginal misoprostol, and subsequent doses of oral misoprostol.

  (Use discretion in deciding misoprostol dosage schedule in women with high risk factors in second trimester eg. previous multiple caesarean sections).
- Administer analgesia as required.
- Be aware that a vaginal examination may be indicated in certain clinical situations(SROM, cessation of uterine activity, passage of products) and inform a doctor if needed.
- Check rhesus status and administer anti D if appropriate.
- Administer antibiotics.
- Arrange and document referral to GUM in the case of a positive chlamydia / gonorrhoea result.
- Check blood pressure and pulse when clinically indicated (eg. severe pain or heavy bleeding).
- Administer prescribed antiemetic and analgesia as required and assess effectiveness.
- Assist patient with elimination needs and observe for any products of conception.
- Inform the medical staff if the placenta is retained one hour after delivery of the fetus, if the abortion is incomplete after 12 hours, or significant bleeding. (Consideration should be given if the abortion is incomplete to repeating the Misoprostol the following day as above.(800mcg pv followed by 400 mcg PO up to four occasions 3 hours apart). If the abortion does not occur on the second day, consider Cervagem 1mg 3 hourly up to a maximum of 5 doses.

  Under these circumstances consider the possibility of the pregnancy being extrauterine or an anatomical abnormality of the uterus.
- Examine the conceptus for completeness and document in the notes. If there is concern about completeness a speculum examination may be performed and products removed.

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 FPC/ GUM appointment if desired or indicated.
- Complete the discharge letter for the GP, complete the EDL, photocopy the MTOP proforma and send with discharge letter to GP, retaining originals in gynaecology notes.
- Discharge the patient home.
- Ensure that the notes are returned to the Consultant for follow up and appropriate investigations are performed in the case of fetal abnormality.

Audit Standards derived from the Protocol

1. The efficacy of medical termination of pregnancy, with reference to complete abortion, day case rates, surgical intervention and readmission rates.
2. All Rhesus negative women at risk should receive anti D immunoglobulin.

References

https://www.nice.org.uk/guidance/ng140/chapter/Recommendations NICE guideline on Abortion care – Sept 2019

https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf
The Care of Women Requesting Induced Abortion RCOG Guidelines Summary 2011

Ashok PW and Templeton A : Non surgical termination of pregnancy: a review of 55 consecutive cases BJOG 1999 106 706 - 710