

## Termination of Pregnancy – The Choices

This leaflet gives a brief description of the two methods available for termination of pregnancy at the Norfolk & Norwich University Hospital (NNUH). It is not intended to be a substitute for full discussion with the clinic nurse and doctor.

Generally there are two methods available for a termination of pregnancy:-

- Medical termination
- Surgical termination

However, in some patients one method may be recommended over the other.

It is important that you do not feel pressurised to make a decision quickly.

### Medical Termination

This can be used from very early in pregnancy up to the 17<sup>th</sup> completed week.

The treatment consists of taking a tablet (Mifepristone) by mouth which blocks the action of the pregnancy hormone progesterone. This is followed 2 – 3 days later by the use of another drug (prostaglandin called misoprostol) which causes the uterus to expel the pregnancy. The prostaglandin is placed into the vagina in tablet form.

The whole process is rather like a natural miscarriage and may involve bleeding and pain. Rarely there are side effects from the drugs such as nausea, vomiting, diarrhoea, faintness, fever and hot flushes.

Very occasionally, bleeding may be heavy enough to need an emergency blood transfusion and/or operation (about 1 in 100 chance). If you are more advanced in pregnancy you will be aware that you have passed the foetus. In about 4% of cases the abortion is incomplete and has to be completed by an operation under anaesthetic. Very rarely the treatment does not induce an abortion and the pregnancy continues (3 in 1000).

### Advantages:

It can be used very early in pregnancy.

In more than 95% of cases there is no need for an anaesthetic or operation.

You may feel more 'in control' of the process and regard it as more natural than surgical termination.

### Disadvantages:

2 visits to the hospital:-

1 to take the tablets

2 to have prostaglandin medication (Misoprostol)

Side effects of the drugs.

### **Surgical Termination**

This will usually involve admission to the Day Procedure Unit. You will have a general anaesthetic, the neck of the womb will be gently stretched and the pregnancy will be removed by suction.

If this is done too early there is a chance that the pregnancy may not be terminated and so this procedure is not carried out before 7 weeks. At the NNUH this procedure is not carried out after 12 weeks. There is still a small risk (2 in 100) of failure of the procedure allowing the pregnancy to continue.

There are small risks attached to any anaesthetic and operation. Infection may involve the upper genital tract e.g. the uterus. Rarely the instruments may cause damage to the uterus or cervix (<1 in 100). Further operations to the abdomen may then be required.

### Advantages:

It is over quickly and you are unconscious while it is happening.

You avoid the side effects of the drugs used for early termination.

### Disadvantages:

It is available from 7 to 12 weeks gestation only.

Slight risk from general anaesthetic.

Greater risk of infection and surgical damage than with medical termination.

Please note: Please ask for more detailed leaflets on each method if you need more information to make a decision.

Medical Termination	Surgical Termination
<ul style="list-style-type: none"> <li>- Avoids surgery</li> <li>- Mimics miscarriage</li> <li>- Controlled by the woman and may take place at home (at less than 9 weeks of pregnancy)</li> <li>- Takes time (hours to days) to complete abortion and the timing may not be predictable</li> <li>- Women experience bleeding and cramping and potentially some other side effects (nausea, vomiting)</li> <li>- May require more clinic visits than surgical abortion</li> </ul>	<ul style="list-style-type: none"> <li>- Quick procedure</li> <li>- Complete abortion is easily verified by evaluation of aspirated products of conception</li> <li>- Takes place in a healthcare facility</li> <li>- Sterilisation of the woman or placement of an intrauterine device (IUD) may be performed at the same time as the procedure</li> <li>- Requires instrumentation of the uterus</li> <li>- Small risk of uterine or cervical injury</li> <li>- Timing of abortion is controlled by the facility and provider</li> </ul>
<p><i>May be necessary in the following situations:</i></p> <ul style="list-style-type: none"> <li>- For severely obese women</li> <li>- If the woman has uterine malformations or fibroids or has had previous cervical surgery</li> <li>- If the woman wants to avoid surgery</li> <li>- If a pelvic examination is not feasible or is unwanted</li> </ul>	<p><i>May be necessary in the following situations:</i></p> <ul style="list-style-type: none"> <li>- If there are contraindications to medical abortion</li> <li>- If there are constraints for the timing of the abortion</li> </ul>