

Information Leaflet for Home Medical Abortion

Introduction

This information is for you if you are considering having a home medical abortion. Home medical abortion was particularly encouraged during the COVID crisis as it significantly minimises person to person contact.

Emotional decisions

Taking the decision to terminate a pregnancy is never easy; even if termination seems the best solution you may have very conflicting feelings and this can be quite normal. Although many women do not feel the need to do so, it may be helpful to talk through these feelings with supportive family or friends or with your GP, or alternatively Time Norfolk 01603 927487 who can offer objective support and counselling at any stage throughout your care.

Following a discussion with a health professional it is ultimately your decision and choice to have a termination of pregnancy.

Confidentiality

Any personal information you give will be carefully protected although if you are under 16 we would recommend that you inform your parents or another supportive adult. Information will only be shared with staff involved in your care and the only reason we would consider passing on confidential information without your permission would be to protect you or someone else from serious harm.

What is Home Medical Abortion?

Home medical abortion involves two stages that occur over 2-3 days wherein the first medication is administered in the hospital and the second part of the treatment regimen is administered at home by yourself.

Process

The process of early home medical abortion involves taking an oral tablet of Mifepristone "swallowed" followed by Misoprostol taken vaginally as a pessary. The combination of the two drugs then causes the womb to contract to expel the pregnancy in a process equivalent to that of a natural miscarriage.

What Happens in the First Stage?

In the first stage you will have a consultation with the doctor at the Norfolk and Norwich University Hospital. This consultation may be remote via the video link or face to face at the hospital. The doctor would go through the various different treatment options; the pros and cons of the treatment options, the duration of the process and various details of the process including the risks, benefits, complications and aftercare during this consultation.

You must be certain before going ahead with a medical termination. Your consent will be recorded in the notes on your behalf and the legal documentation completed if it is decided that you are eligible to proceed with the early medical abortion.

You will then be asked to swallow a tablet which blocks the action of the progesterone hormone that supports the pregnancy. If you are sick within 2 hours of taking this tablet you will need to contact the Cley Ward and return for another tablet the same day. This tablet may be given to you at the Gynaecology clinic on Level 3 at the NNUH in the West Block of the hospital, or if your consultation was done remotely and if you are eligible you may be posted the HMA pack to your address.

After taking this tablet you can go home when you will be given the home medical abortion pack for stage two of the procedure which would happen between 24-48 hours after stage one. The exact date and time will be given to you during the consultation with the doctor.

Interval Period

The day/s between stage one and stage two can be spent in the normal way. You may get some period-like cramping pains and/or some light vaginal bleeding. You should use a sanitary towel and not a tampon and take Paracetamol if necessary. Should you experience severe pain or very heavy bleeding you should ring Cley Ward on 01603 287242.

You need to make arrangements for a suitable adult to be with you throughout the second stage of the procedure and ensure you have access to a telephone and transport in case you need to return to the hospital urgently.

What Happens in the Second Stage?

The vaginal pessary (Misoprostol) will be in the home abortion pack that you have been provided with. This causes the uterus to contract. You would need to insert this into your vagina; these are two small tablets which you can insert one by one or both at the same time it is important that you know how to administer the medication. Should you feel uncomfortable with vaginal administration alternative routes are available. Please discuss this with the doctor at the time of your original consultation.

Each woman's experience is different. You may experience mild-strong period pains together with vaginal bleeding and then the pregnancy tissue is usually passed. It is important to be aware that bleeding and cramping can start quickly after Misoprostol administration.

If you are over 7 weeks pregnant you may be able to recognise the pregnancy tissue as the early development of an embryo. If you do pass clots and/or tissue it would be helpful if you could collect them for assessment if the need arises, but only if you do not find this too upsetting. If you do need assessment at a later stage, then inspection of the pregnancy tissue may avoid the need for further intervention.

Some women may have vomiting, diarrhoea or severe pain and heavy vaginal bleeding that usually stops after the pregnancy tissue is passed. The Co-Dydramol that we have supplied would help to relieve some of the pain and discomfort that you are likely to experience.

Usually the abortion occurs within a few hours of the Misoprostol but if after 3 hours the pregnancy tissue has not occurred, a further dose of Misoprostol 400mcg which is already in the pack can be administered again vaginally.

Once the pregnancy tissue is passed the bleeding will then start to slow down but you may bleed on and off for the next 2 weeks.

Complications

Complications are uncommon but may include tissue remaining in the womb, bleeding and infection. These may require further treatment and may necessitate a minor operation which may include a scrape of the womb; in about 3 in 1000 women the pregnancy can continue.

It is entirely your choice as to how you choose to deal with the pregnancy tissue that you have passed.

What If I Change My Mind?

You should be certain about the abortion before you take the first tablet. If you decide to continue with the pregnancy after taking the tablet there is a small chance that the tablet may affect the pregnancy.

Is It Safe?

Many women worldwide have used this treatment up to 9 weeks and this has a good safety record. However, every form of medical treatment has some risks and side effects. With this treatment the main risks are excessive vaginal bleeding and infection; these are not common and are usually treated easily. If you have any serious medical problems, please discuss these with the doctor or nurse and ensure that the treatment is suitable for you.

What Will Happen at the Initial Consultation?

At the initial consultation with the doctor a detailed history would be taken. This will include a gynaecological history, a sexual history, a contraceptive history and a medical and surgical history to assess whether you are suitable for the early medical abortion.

STI screening will be discussed and offered.

Contraceptive options will be discussed in detail.

The various options for termination of pregnancy available to you would be discussed including the pros and cons for each of these approaches and the details of the chosen method. The consultation is likely to take about 45 minutes.

What are the Risks of Early Medical Abortion?

There are some possible risks that you need to consider before you agree to proceed. These include;

1. Very heavy bleeding at the time of the procedure which happens in 1 in every 1000 women. You may require a blood transfusion.
2. Post-abortion infection which happens in 1 in every 10 women (you would be offered antibiotics but despite this, infection can occur)
3. Incomplete expulsion (some pregnancy tissue may still be retained inside the uterus) occurring in about 5% of women undergoing medical termination of pregnancy.
4. Failure to end the pregnancy which occurs in 1-2 per 100 procedures.

Future Pregnancies

There is no evidence that following a medical termination of pregnancy women have a higher risk of ectopic pregnancy or placenta problems.

Aftercare – What to Look Out For

There are certain symptoms which may indicate an infection or a complication and therefore necessitate an urgent review. These include:

1. High temperature
2. Continuous or heavy bleeding which lasts longer than a week or soaks 2 or more pads in an hour while resting
3. Feeling of being generally unwell
4. Severe abdominal pain
5. Abnormal, foul-smelling vaginal discharge

It is possible you may need further medication and the early medical abortion has not been successful if any of the following features are present:

1. You do not bleed within 24 hours of receiving Misoprostol
2. If you do not take the Misoprostol as indicated.

It is also important to be aware of the symptoms of continuing pregnancy. Please suspect this if;

1. You have less than 4 days of bleeding

2. If you feel pregnant at the end of one week or have symptoms of pregnancy such as sore breasts, sickness and increase in tummy size
3. A pregnancy test remains positive
4. If the next expected menstrual period does not come after treatment
5. If you still remain concerned that you could be pregnant.

Follow Up

You would be given a telephone appointment by a nurse a day after the scheduled second stage of the procedure to assess your condition. At that point a follow up appointment for 3 weeks is likely to be made when you will be requested to undertake a urine pregnancy test.

Emergency Contact Numbers

Cley Ward – 01603 287242

References

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/early-medical-abortion-home-england/>

RCOG.org.uk/Guidelines/Research/Post-abortion care best practice paper no. 3.

