

Patient information

Abortion Services at West Suffolk Hospital

Welcome to the abortion clinic at West Suffolk Hospital. This leaflet has been created to give you information on what you can expect whilst you are undergoing an abortion at West Suffolk Hospital.

If you are undergoing an abortion, it is very important that you read this leaflet fully.

Following your referral, you will be triaged in to either a nurse telephone consultation or a face-to-face clinic.

In either of the next stages, whether face-to-face or on the telephone, you will be assessed for your suitability for one of the below pathways to manage your abortion:

- Early Medical Abortion without ultrasound scan (USS)
- Early Medical Abortion with ultrasound scan (USS)
- Late Medical Abortion
- Surgical Abortion.

The correct pathway for you will be determined by your predicted gestation, medical history and personal circumstances. Please have a list of any regular medication, details of your last period, height and weight.

Following this assessment, if you meet the criteria, you may be able to complete your abortion at home either without USS or following an USS in a face to face abortion clinic.

Please note the guidelines surrounding the different types of pathways are strict and we are unable to deviate from the pathways if the criteria are not met.

Early Medical Abortion without ultrasound scan (USS)

If you have met the criteria for receiving an abortion without USS it is important you read and understand the following statements.

- Some pregnancies (less than one in a thousand) may be developing outside of the womb and are known as ectopic pregnancies.
- An early medical abortion without USS remains safe but will not treat an ectopic pregnancy; it is important that an ectopic pregnancy is identified if present.
- You will be given advice about what to expect and what tests are needed to make sure the abortion care you receive is effective.
- In the unlikely event you do develop worsening pain after your abortion care, especially if this is under your ribs or shoots up into your shoulder, then you should seek medical help immediately.
- This advice is the same for anybody in early pregnancy who develops symptoms of an ectopic pregnancy, whether they choose to have abortion care or to continue pregnancy.
- If you have to seek medical attention after your treatment, tell the doctor or nurse that you have had an early medical abortion without ultrasound.

Early Medical Abortion with ultrasound scan (USS)

Patients who do not meet the criteria for an abortion without USS will be brought in to a clinic for a scan and review with the nurse. The purpose of the scan is to confirm the site and gestation of the pregnancy.

Late Medical Abortion

If you are unsure of your gestation or above 10 weeks gestation, you will be booked in to a clinic to have a scan and see a doctor.

At West Suffolk Hospital we can carry out abortions up to 17+5 weeks gestation (point of taking first tablet), and between 10 and 17+5 weeks you would be admitted to hospital for the procedure.

Further information will be provided when you are seen in the clinic.

Surgical Abortion

Patients who make the choice of having a surgical abortion will be booked in to a clinic to see a doctor and have a scan.

The surgery will be carried out in our Day Surgery Unit, generally within two weeks of having your first consultation with a doctor, but this can be dependent on bed and surgery capacity.

Further information will be provided in the clinic

What does the Early Medical Abortion involve, either with or without a scan?

Medical abortion at home can be carried out up to ten weeks gestation in our unit. It involves taking medication which induces miscarriage. This process will be the same whether you have had a scan or not. It does not involve any surgical procedure or an anaesthetic.

The first step in the abortion process is taking a tablet of mifepristone to block the pregnancy hormone.

The second step of the process is using prostaglandin (misoprostol), a hormone that encourages your womb to expel the pregnancy.

You will be asked to attend ward F14 to collect your medications whether you have a scan or not.

Step 1

You will be given the first tablet, mifepristone, when you are seen on F14. You can leave the clinic as soon as you have received your medications.

Should you vomit within 90 mins of taking this tablet, please call ward F14 as soon as possible on 01284 713235 as you may need to take another tablet.

Do not drink grapefruit juice while you are being treated with mifepristone as it increases the levels of the medication in the blood.

You may notice some mild stomach aches after 24 hours following taking this tablet, or you might even get some light bleeding on wiping. This is all perfectly normal and

shouldn't be more than the feeling of a normal period.

Should you change your mind after taking this first tablet, we cannot guarantee a healthy pregnancy will continue. There is an increased risk of miscarriage and there may be other ongoing risks to the pregnancy, although research is limited. Please contact ward F14 as soon as possible to discuss with a doctor and you would also then need to register the pregnancy with the midwives.

You can register by:

- Self-referral link www.wsh.nhs.uk/pregnancy
- Communication hub number 01284 713755
- Email wsh-tr.communitymidwives@nhs.net

Step 2

You will have been given six tablets of the drug misoprostol, of which four tablets should be inserted into the vagina two days after taking your first tablet. These can be inserted either singly, or all four together, by pushing them up as high as possible. You can put the tablets in whilst laying down, squatting, or standing with one leg up, whichever you find most comfortable. Once the tablets are inserted, you should lay down for around about an hour to ensure they remain in your vagina.

You will experience abdominal cramps and bleeding which is how the pregnancy is expelled. The cramps can be strong and the bleeding can be heavy with clots. We advise you have pain relief at home and suggest paracetamol, or co-codamol (available over the counter) along with ibuprofen. **Please ensure you do not take paracetamol and co-codamol together as they both contain paracetamol.** We also suggest using a hot water bottle (following manufactures instructions) as heat can help to lessen pain.

Please note you should not drive or operate machinery whilst undergoing stage 2 of this procedure. It is also vitally important that you have somebody with you (an adult) throughout this day to give you support at home. This is for your own safety and for the safety of any dependents you may have at home.

The abortion may happen anywhere between two and twelve hours after inserting the vaginal dose of misoprostol and you should expect to bleed and pass clots.

Once the abortion has occurred, bleeding should settle, however, if it doesn't, and you soak through three or more pads in an hour, please contact ward F14 on 01284 713235 or go to the emergency department (ED) immediately.

You should not use tampons throughout this procedure, just use sanitary towels/pads. Please make sure you have a good supply at home. This will be the case for up to three weeks following the abortion.

You may get some side effects from the medication which could include nausea (feeling sick), loose poo, cramps, abdominal (tummy) pain, fever/chills, and headache; these are normal side effects. In rare cases you could get a skin rash or flushed face. Please call ward F14 for advice if you experience these side effects. Should any symptoms last longer than 24 hours, please call ward F14.

You may also experience abdominal cramping which can last on and off for a week.

If no bleeding has occurred within 48 hours, please call ward F14 for ongoing advice, this may be a sign that the procedure has not completed.

These medications have been prescribed for you and it would be illegal to give them to anybody else as they have been prescribed for you personally. If you do not use this medication, it should be returned to ward F14 or your local pharmacy for disposal.

If you have not had much bleeding or passed any clots 4 hours after inserting the first four tablets of misoprostol into your vagina, take the remaining two tablets of misoprostol orally (by mouth).

It will have been recommended in your telephone consultation that you have a test for chlamydia, which is a self-obtained vaginal swab. We can provide this test when you come to the ward to collect your medications. You will not be notified of a negative result following this test, but you will be contacted if it is positive.

Contraception

Contraception will be discussed with you during your telephone consultation. It is important that you consider contraception as you could be fertile within five days of completing the abortion.

If you opted for the Depovera (progesterone) injection, this will be administered when you come to collect your medication. It is important you arrange for a second injection around 12 weeks later, but no later than 13 weeks.

If you opted for progesterone only pill (POP, or mini pill) we will give you this medication when you come to collect your medications. You should take your first one the day after the abortion (the day you take the vaginal medications). It is

important that this medication is taken at the same time every day, and we suggest you set an alarm or download a 'tablet reminder app' as a prompt.

We can offer you some condoms at this appointment, please let us know if you would like some.

If you would like the longer acting contraception options, such as a coil or implant, please contact either your GP or iCash on 0300 300 3030.

After the procedure

You will need to perform a urine pregnancy test **three weeks** following this procedure at home. If the urine pregnancy test is positive, please call ward F14.

Bleeding can continue for up to three weeks after the abortion. Do not use internal tampons until your next period – use sanitary towels instead.

Avoid intercourse until the bleeding stops.

Use a condom to avoid infection.

The medication can irritate your stomach, this can be worsened by smoking or drinking alcohol, so it is recommended to avoid these during the abortion process.

If you are concerned or need advice please phone the ward, which is manned by experienced nurses 24 hours a day.

Aftercare: what to look out for

Following your abortion, it is important to look out for certain symptoms which may indicate an infection or other complication. These include:

- Heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain, raised temperature (fever) and flu-like symptoms.
- Painful, red, swollen, and hot leg (to check for DVT (deep vein thrombosis)).
- If you have shortness of breath, chest pain or cough up blood.

If you experience any of these symptoms, you should phone ward F14 on **01284 713235** immediately. Alternatively, you should see your GP or go to the emergency department.

How safe is abortion?

For most people, an abortion is safer than carrying a pregnancy and having a baby. All medical and surgical procedures have risks, but the earlier in pregnancy you have an abortion, the safer it is. The staff in the telephone clinic will have explained common risks associated with the abortion while going through the consent form with you. If you are in doubt or not clear about any information, please ask.

What can I do with the pregnancy remains I have passed?

With a medical abortion, you will have bleeding and pass pregnancy remains. Some women may want to look at it, others may not. If you decide to look you might see a sac and depending on the gestation, sometimes an identifiable fetus.

There is no right or wrong way to dispose of any pregnancy remains you pass. Some women feel comfortable passing everything on the toilet and flushing afterwards, others do not and would like alternative options, which could include burying your pregnancy remains at home in the garden or in a pot with flowers. You might like to arrange your own private funeral or cremation. Alternatively, you can choose the hospital arrangements of a woodland burial, that occurs once a month.

If you would like further information, please contact ward F14 where staff can discuss your options with you in the first instance. The bereavement office is also able to support you with this and they are contactable on 01284 713410 and would be very happy to discuss and support your decision in what can be a very distressing and difficult time.

These organisations offer support and information:

iCaSH: Integrated Contraception and Sexual Health Services:

Abbey View Clinic, 9/10 Churchyard, Bury St Edmunds, IP33 1RX
Telephone: 0300 300 3030 | www.icash.nhs.uk

FPA (Family Planning Association):

50 Featherstone Street London EC1Y 8QU
Telephone: 0845 310 1334 | www.fpa.org.uk

Non-profit-making organisations which provide confidential abortion services:

BPAS (British Pregnancy Advisory Service)

Head Office, 20 Timothy's Bridge Road, Stratford Enterprise Centre, Stratford upon Avon, Warwickshire CV37 9BF

Booking line: 03457 30 40 30 | www.bpas.org

Marie Stopes International UK has nine centres in England

Telephone: 0845 300 8090 for abortion information and appointments |

www.mariestopes.org.uk

Meeting your needs

We can provide information about our service in different formats and adapt the ways we communicate with you, depending on your needs. Please let us know what your needs are, and we will do our best to help.

F14 contact telephone number: 01284 713235

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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