

Termination of Pregnancy

Your Questions Answered (1)

Women's Services Directorate

What will happen at the hospital clinic?

- You will be seen by a specialist nurse or doctor.
- They will take all your medical details, check your blood pressure and examine your abdomen (tummy).
- They will perform a scan through your abdomen to find out the size of the pregnancy. For this you need a full bladder.
- You will be asked if a swab can be taken from the neck of the womb (cervix) to see if there is an infection (chlamydia). This involves passing a speculum into the vagina (similar to having a smear).
- A blood sample will be taken to find out your blood group and to check you are not anaemic.
- You should be in the hospital clinic for no more than an hour.
- Remember; if your doctor has given you a letter please bring this to the clinic.
- You will be given a prescription for antibiotics to reduce the risk of infection. You should start these the day before the termination.

What methods of termination of pregnancy (abortion) are available?

Surgical

- Termination is undertaken by an operation under a general anaesthetic.
- You are admitted to the Day Unit (Ward 39) or the Gynaecology Ward (Ward 40) on the morning of operation.
- Before the operation it is necessary to insert some tablets (prostaglandin) into the vagina to prepare (soften) the cervix.
- A few hours later you will be taken to the operating theatre where an anaesthetic (injection) is given into the back of your hand.

- When you are asleep the cervix is gently opened and the pregnancy removed. The operation takes 5-10 minutes.
- Sometimes women experience crampy tummy pain just before or after the operation.
- Most women go home later the same day after they have recovered from the anaesthetic.

Medical

- You are admitted to the Gynaecology Ward (Ward 40).
- Termination is undertaken by tablets in two parts.
- The first part involves taking an oral tablet (Mifepristone) which helps prepare the womb by altering the hormone balance needed for the pregnancy to continue. This is usually given on the ward after you have been seen in the out-patient clinic. You can go home after taking this tablet.
- The second part involves coming into hospital 2 days later (at around 8.30 AM) when different tablets (prostaglandin) are inserted into the vagina. These stimulate the womb to expel the pregnancy.
- If the pregnancy is **less than nine weeks** size, abortion usually occurs within four hours of the tablets but if not, further prostaglandin tablets are given. You can go home 1-2 hours after passing the pregnancy providing you feel alright. There is a one in 10 chance that abortion does not occur before going home at 4.30 pm. This is not a problem but you may experience heavier bleeding and pain at home.
- If the pregnancy is **9 weeks or more**, further prostaglandin tablets are usually required. These are repeated until the pregnancy is passed. This may mean staying overnight. There is a 3-4 in 100 chance the tablets don't work in which case you would be offered a surgical termination.
- Prior to passing the pregnancy it is usual to experience vaginal bleeding and crampy tummy pain. This tends to be worse in pregnancies over 9 weeks. Most women only need simple pain killers, but stronger injections are available if needed.

Which is the 'best' method of termination?

- At present there is insufficient evidence to be certain whether one method of termination is preferable. More research is needed to find out which method is most acceptable to women.
- Some women, especially during medical termination, feel sick and have vomiting and diarrhoea.
- Overall 3-5 out of every 100 women will experience pain and/or bleeding after a medical or surgical termination requiring them to seek medical advice. In about half of these cases, the termination is not complete, and an operation is necessary to empty the womb.
- More serious problems (such as severe infection or bleeding and damage to the womb) are much less common (less than 1 in 100 women).
- **We need your help to find out which method of termination is most acceptable to women in order that we can improve our services.** A research study is being carried out at the Royal Victoria Infirmary to find out more about women's experiences of medical and surgical termination. You may be invited to take part. If so, this will be fully explained and it is up to you to decide whether or not to take part.
- The method of termination will be decided once you have spoken to the specialist nurse or doctor.
It is helpful to keep an open mind until you have had the opportunity to discuss this.

What happens if I am undecided about the termination?

- The decision to terminate a pregnancy is always difficult. Some women remain undecided if this is the right option for them
- If you have doubts about whether to go through with the termination, it is important to share these with the specialist nurse or doctor
- Some women benefit from further counselling before they decide what to do. The important thing is to make the right decision and not feel rushed into doing something you really don't want to do.

What about future contraception?

- It is important to have effective contraception
- The specialist nurse or doctor will discuss future contraception with you and there are information leaflets available in the clinic.
- Whatever contraceptive method you choose, we will ensure this is prescribed before you go home.

If you wish to cancel your appointment or you think you may be late please ring the Out Patients Department on 0191 2825900

Version 4. Feb 2006

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Review date February 2008