

Early medical abortion at home (EMAH) during COVID-19 pandemic

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

Please read this leaflet carefully and keep it throughout your treatment as it contains important information regarding your procedure and aftercare.

Points to be aware of before you start the procedure

The law has changed recently to allow administration of all tablets required to effect the medical termination of pregnancy, to be taken at home provided the first tablet is taken no later than 9 weeks and 6 days into the pregnancy. This is to minimise women's visits to health care settings, and therefore minimises the chances of contracting COVID-19 from these settings. It does however mean that there is no dating ultrasound scan (which is usually performed).

It is important before you take the first tablet that you are certain of your decision to proceed with the abortion.

There are known risks to the fetus from the medication and therefore, we recommend that once you have taken the tablet(s) that you continue with the abortion.

- It is recommended that you do not smoke or drink any alcohol once the procedure has started.
- If you are breastfeeding you may continue during the procedure as only small amounts of the drugs, Mifepristone and Misoprostol pass into the breast milk and they are therefore not expected to cause adverse effects in the breastfed infant.

Early medical abortion procedure

You will either have chosen to have both parts of your treatment sent to your GP surgery or NDDH Pharmacy for collection. Please read the instructions with the medications carefully and if you have any concerns or questions please call Petter Ward on 01271 322722 (between 8am and 7.30pm, Monday to Friday) or King George V Ward (01271 322720 (at all other times) prior to taking ANY of the tablets.

The treatment consists of two parts;

- The first part is a single tablet called **Mifepristone** 200mgs taken by mouth.
- The second part is 6 tablets called **Misoprostol** 200mcgs to be taken either vaginally or between your cheeks/gums 36-48 hours after taking the first tablet.

First part of your treatment at home

You will be sent a single tablet called Mifepristone 200mcg to swallow with water. (If you vomit within 30 minutes of taking it please contact Petter / King George V ward as we will need to arrange to send out another Mifepristone tablet). Following swallowing this tablet you may experience some nausea and / or vomiting and also some bleeding / period type pain. It is important to note that bleeding at this stage does not mean that you have miscarried the pregnancy therefore you should continue with the next stage of treatment as planned. If you have discomfort, you can take over the counter pain relief such as Paracetamol and Ibuprofen as per package directions.

Second part of treatment at home

You are advised to have a responsible adult stay with you at home when you take the Misoprostol tablets and to remain with you for the rest of the day and overnight

You have been given six tablets called Misoprostol to be taken at home 36-48 hours after the first medication. Use four tablets first and the remaining two tablets three hours later **if required**.

The misoprostol tablets can be taken in two ways as follows:

Option 1 – (this is the preferred method as you will experience fewer side effects)

Using your finger, insert four misoprostol tablets into the top of your vagina as high as you can place them. The precise location does not matter only that they do not fall out. This can be done while laying down, squatting or standing with one leg up: whatever is most comfortable for you.

Please rest for 30 minutes to one hour to allow the tablets to work. Do not be alarmed if you see some of the tablets when you visit the toilet. This will not stop the treatment from working. If four hours later, you are not certain that you have miscarried the pregnancy, insert the remaining two tablets.

Option 2 –

Place two tablets on each side of your mouth (four tablets in total), between cheek and gum and allow the tablets to dissolve for 30 minutes. If after 30 minutes they have not completely dissolved, swallow what is left with water. If four hours later, you are not certain that you have miscarried the pregnancy, take the remaining two tablets (one on each side of your mouth).

What to expect after the final medication at home

- You will experience vaginal bleeding which can be heavy with blood clots and this may be accompanied by passage of the pregnancy tissue.
- Period type pain (cramps) usually one to two hours after using the tablets. For any pain and discomfort you experience you can use Paracetamol and Ibuprofen. Please read the patient information leaflet with the packet and take as directed.
- You may experience some nausea, vomiting, dizziness, possible diarrhoea or cold or hot flushes. These are common side effects from these tablets and will not stop the tablets from working.
- For most people the procedure is likely to be completed within four to six hours of taking the Misoprostol, however it may take up to a few days.

We request that you contact Petter/King George V ward for advice **7 days after taking the Misoprostol tablets** if you have only had a slight blood loss without clots, or you have not had any bleeding, or you continue to have symptoms of pregnancy. This may mean that the procedure has been unsuccessful.

Known risks of early medical abortion at home

Common/unavoidable risks which are usually treatable without long-term effects:

- Unpredictable time to miscarry pregnancy (common)
- Pain during procedure (common)
- Retained pregnancy tissue requiring further treatment (approx. 2 %)
- Infection (less than 1 %)
- Side effects of drugs including nausea, vomiting, diarrhoea, headaches, chills, dizziness (common)

Risks which may require further treatment at home or surgical treatment in hospital:

- The risk of a failed procedure and continuing pregnancy (the likelihood of this being: up to one in 100: under nine weeks, up to three in a 100: between nine and 10 weeks). This may require further tablets or surgical termination of pregnancy.
- Excessive bleeding (haemorrhage) requiring blood transfusion (less than one per 1000)
- Undiagnosed ectopic pregnancy. Unless you have an ultrasound scan there is a small chance (approx one in 100) that the pregnancy is in your tube or pelvis rather than in the womb (uterus). This is called an ectopic pregnancy. Such pregnancies may cause heavy bleeding within your body and even death. If you have any symptoms that suggest you have an ectopic pregnancy (e.g. severe abdominal pain, shoulder tip pain, heavy vaginal bleeding) please contact Petter Ward/King George V Ward, NHS 111 or the emergency department immediately)

- Emotional/psychological distress following an abortion. If you are struggling, we would suggest that you contact your GP or Choices Pregnancy Centre (01392 966728 / 07826 715377) so that counselling or support can be arranged.
- Risk of death is very rare.

Please perform a pregnancy test three weeks after abortion at home and if it is positive, faintly positive or unclear, contact Petter Ward by phone (01271 322 7222). We will arrange an appointment for you to be reviewed.

If you do not contact Petter Ward, we will assume both that you have performed the home pregnancy test and that it has shown a negative result.

Advice following early medical abortion

1. As already discussed, you are advised to have a responsible adult with you, who is aware of the treatment and remain with you until the following morning.
2. You are advised not to travel long distances, especially by air, until you have performed a negative home pregnancy at three weeks post treatment. If you do decide to travel, we strongly recommend you inform your travel insurance provider that you are undergoing a procedure.
3. Bleeding following the procedure is very individual. It can last for up to three weeks as a continuation of the procedure, this is not a period. It is not unusual for the bleeding to stop and start during this time. With this bleeding we advise you to use sanitary towels not tampons.
4. You are advised to maintain your normal hygiene routine, however whilst you are bleeding, when showering it is important that you do not apply the jet of water directly to the vagina (douching) as this may increase the risk of infection.
5. You are advised to avoid sexual intercourse until you have a negative pregnancy test. Using condoms may help to reduce the risk of infection. You can get pregnant before your next period if adequate contraception is not used.
6. Your next period should occur four to six weeks following the procedure. However, this can be affected by the method of contraception you are using. The bleeding on this period may be heavier than you are normally used to.
7. It is advisable that you limit any strenuous activity including prolonged sports activities until your bleeding has settled.

If you should develop any of the following, contact either Petter Ward (8am – 7.30pm, Monday to Friday) or King George V Ward (at all other times) or your local Emergency Department:

- Heavy and continuous bleeding that soaks through two or more pads in an hour for a period of two hours.
- Severe repeated or continuous abdominal pains – if not eased with the tablets you have taken for pain relief.
- Violent shivering attacks/chills.

- High temperature – greater than 39°C
- Offensive (smelly) vaginal discharge.

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the PALS team (contact details below).

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

‘Care Opinion’ comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

© Northern Devon Healthcare NHS Trust
This leaflet was designed by the Communications Department.
Tel: 01271 313970 / email: ndht.contactus@nhs.net