



Termination of pregnancy

Information for you

Pregnancy Advisory Service

Gynaecology-Pregnancy Advisory Service

Finding that you have an unplanned pregnancy can be emotionally difficult and stressful. Some women will choose to continue the pregnancy but other women will choose to have a termination.

Women wanting to discuss unplanned pregnancy are seen by appointment at dedicated NHS Grampian clinics.

The doctors and nurses at these clinics provide sensitive support to guide you through your options. If you choose to go ahead with a termination they will help you to select the most suitable method.

Women can make their own appointment or be referred to the unplanned pregnancy clinic by their GP or the Sexual Health Clinic. Arrangements are made by telephone; no correspondence is sent by post.

What happens at the clinic?

You will see a doctor or nurse and discuss:

- details of any medical problems / previous pregnancies/medicines / allergies
- your individual circumstances and reasons for considering termination
- the methods of termination you could choose
- contraception for the future
- having blood tests for sexually transmitted infections.

You will have an ultrasound scan to see how far advanced the pregnancy is. This affects the type of termination you could have. This is usually an internal scan so you do not need to have a full bladder.

You will not see the scan picture unless you ask to.

All women have an internal swab to check for infections which could cause complications, if untreated. You can take this swab yourself or it can be done by the nurse.

You will be able to ask any further questions and then make arrangements for a termination - if this is what you choose. You may need more time to decide what to do or may decide to continue the pregnancy.

It may be possible to start the termination process on the day you come to clinic and we aim to offer the procedure within 7 working days of the clinic visit. This will depend on which method you choose and how many weeks' pregnant you are .

A blood sample will be taken before you leave the clinic. We need to know your blood group and you may choose to have tests for infection.

Please let staff know if you find blood tests difficult.

Please phone 01224 553466 if you have questions about what will happen at your appointment.

Please phone 01224 655535 if you want to cancel or rearrange your appointment.

How is a pregnancy terminated?

There are four ways that termination can be done. None of them are 'easy' but they are all very safe; in fact they are medically safer than continuing a pregnancy.

There is a risk of pelvic infection after termination. To reduce the risk, we advise all women to have a swab test for infection before the termination and all women are prescribed a single dose of preventive antibiotic. We would treat any infection found on the swab.

There is a small risk of heavy bleeding needing blood transfusion. Around 1 woman in every 1000 having a termination may need a blood transfusion. It is more common in terminations over 12 weeks. Please let the clinic doctor know if you have concerns about this.

If the termination is uncomplicated, it should not have any direct effect on your chances of getting pregnant in the future. There may be a small increased risk of early labour in a future pregnancy. No other long term health issues have been linked with termination of pregnancy.

How you feel emotionally after a termination will depend on your individual circumstances, why you are having the termination and how comfortable you feel about the decision. You may feel relieved or sad or a mixture of both. Most women will experience a range of emotions around the time of a termination. Only a small number of women seem to have long term feelings of sadness, guilt or regret after a termination.

Problems after terminating or continuing an unplanned pregnancy may be more likely if you have had emotional or mental health problems in the past. Please get in touch with the pregnancy counselling team or your GP if you would like more support.

Not all methods of termination are suitable for all women. You will be able to discuss the methods suitable for you at clinic:

- medical termination - in hospital
- medical termination – at home
- surgical termination under local anaesthetic
- surgical termination under general anaesthetic.

Each of these options is described in more detail below.

Medical termination of pregnancy

More than half of terminations in Scotland are done medically. This involves taking two different types of tablet two days apart .

The abortion process is started with a tablet called mifepristone taken by mouth .

We have to give the mifepristone in hospital/clinic for legal reasons.

You are able to leave soon after taking the tablet and could expect to carry on with normal activity afterwards.

Some women have light vaginal bleeding during the next day and less than 1 woman in 100 will miscarry at this stage. We will give a contact number to call if you have heavy bleeding or any queries before the next visit.

The termination process is completed 36-48 hours later with a medicine called misoprostol which causes the uterus to contract and expel the pregnancy.

This may be given in hospital or can sometimes be given to you to take at home. This follows a change in the law in 2017.

The uterine contractions may start quite soon after you take the tablets or may not begin for 2 or 3 hours. Most women say the process feels like strong period pain.

Some women feel sick, have diarrhoea or feel hot and cold for a few hours after the tablets. You can eat or drink during the termination.

There is a risk that you would need a surgical procedure if not all the pregnancy tissue comes away. This may mean staying overnight or you may need to come back into hospital. This happens in around 1 in 100 medical terminations under 9 weeks, 4 in 100 between 9 and 12 weeks and 8 in 100 over 12 weeks.

There is a small risk, less than 1 in 100, that the tablets will not end the pregnancy and that you would need the surgical procedure or another course of tablets depending on how far on the pregnancy is.

In pregnancies over 12 weeks there is a very small risk that the uterus could be damaged by the contractions caused by the medicines (less than 1 in 1000 women over 12 weeks). This would need emergency surgery through an abdominal incision.

Medical termination in hospital

This is suitable for pregnancies up to 20 weeks.

It is the only option for pregnancies over 12 weeks.

You will be asked to come to hospital early in the morning at a set time 36-48 hours after the first mifepristone tablet in clinic.

You will have a single room in the gynaecology ward. A friend or relative can stay with you if you like but there are no facilities for small children on the ward,

The termination process is started with a medicine called misoprostol. Usually these small tablets are placed in the vagina.

You will be offered painkillers and anti-sickness medicines if needed.

More tablets will be given every 3 to 4 hours until the pregnancy has come away. Usually this takes 4 to 6 hours. It is difficult to predict exactly how long the procedure will take. It is usually quicker for earlier pregnancies.

You may need an internal examination during the procedure if there is heavier bleeding than usual.

We advise you to stay in the ward for 2 to 3 hours afterwards to make sure that you are feeling fine and the bleeding is settling

Most women go home the same day but we recommend you make arrangements in case you need to stay in hospital overnight. This is more likely for pregnancies over 12 weeks.

Early Medical Abortion at Home (EMAH)

Some women prefer to have the abortion in their familiar home surroundings.

EMAH is only an option for:

- Women who are under 8 weeks 6 days pregnant on scan on the day of the first tablet
- AND have a supportive adult with them ALL THE TIME on the day and night of the procedure.
- AND can communicate clearly by telephone with a reliable phone
- AND have no medical conditions which increase the risk of complications.

If you are interested in this, please think about dates in the next week or so when your partner/a friend would be available. This will make it easier to plan arrangements when you are at the clinic.

You would come to clinic/hospital at a set time for the mifepristone tablet to start the abortion process.

At that visit you would be given a medication pack to take home. This contains the misoprostol tablets to cause abortion, painkillers and an antibiotic. You would take the medicines at home 36-48 hours later as discussed with the clinic team.

It is important to take the medication at the agreed time- it may not work or you may have very heavy bleeding if taken sooner or later than advised.

You would place the misoprostol tablets under your tongue and leave to dissolve for 30 minutes.

Use the painkillers if needed; you may find they take 20-40 minutes to start working. Some women find they are more comfortable walking around or soaking in a warm bath rather than lying down.

Usually the pregnancy will come away after 4 to 6 hours. You should expect to have cramps and bleeding like a heavy period with some clots.

You may see or feel the soft pregnancy tissue coming away. At this stage the pregnancy itself is less than 3cm long. You can flush any clots or tissue down the toilet. The bleeding and cramps should become lighter after the pregnancy has come away.

You could telephone for advice and come in to hospital at any time if needed.

You will be given a special pregnancy test to do after 16 days to confirm that the pregnancy has ended or may be offered a follow up ultrasound scan after 1 to 2 weeks.

You may need to come back to hospital/clinic for antibiotics/Anti D injection in the next 2 days depending on your clinic test results.

Advantages of the medical method

- You don't need an anaesthetic.
- No instruments are placed in the uterus (womb), so the small risk of any damage to the uterus is removed.
- Many women feel this method is more “natural” than surgery, similar to a miscarriage.

Disadvantages of the medical method

- Most women say they have cramps like strong period pain/early labour when passing the pregnancy.
- You are aware of the termination process.
- You may still need a surgical procedure if the pregnancy tissue does not come away with the tablets.
- If you stay in hospital you will be in hospital for most of the day and may need to stay overnight.
- If you have the home medical termination you need to have a responsible adult with you that day and night.

Surgical termination

Surgical termination is an option for pregnancies up to 12 weeks. The operations are done on set days at hospital.

When you get to hospital you will be given misoprostol tablets and painkillers and an antisickness tablet.

The misoprostol tablets take 2 to 3 hours to work and make the operation safer by softening the cervix. They may cause period type cramps, shivers, diarrhoea and sometimes bleeding. You need to put these tablets under your tongue for 20 minutes- you can swallow any tablet left after that.

Surgical termination has a small risk of damaging the uterus (1 to 4 in every 1000 women) or the cervix (less than 1 in 100 women). This is less likely with earlier pregnancies and experienced surgeons. If the uterus is damaged, you would need further surgery which may be laparoscopic (keyhole) or involve a laparotomy (opening the abdomen) to repair any injury.

There is less than a 1 in 100 chance that you would need to come back into hospital for more treatment because the pregnancy was continuing. This is more common if the pregnancy is under 7 weeks.

There is less than a 2 in 100 chance that you would need to come back to hospital for more treatment because not all the pregnancy tissue had come away.

Surgical termination with local anaesthetic (staying awake)

You will be asked to come in at a set time. The procedure will be done within the next 3 to 5 hours - the exact time may vary.

Let the clinic staff know if you have particular concerns about getting home quickly.

We usually ask you to fast before the procedure in case there are complications or you change your mind and have a general anaesthetic (asleep) This means no food for 6 hours before the procedure - we will advise you about the exact timing of this. Make sure you do eat and drink up to the time limit so you do not feel too hungry or thirsty.

You will be given a hospital gown to wear and taken to the operating room. Nursing staff are there to support you all the way through. You can bring headphones/music into the operating room if you would like to.

Your cervix will be numbed with a local anaesthetic injection. Most women say that this stings for 1 to 2 minutes. It is not an epidural anaesthetic (injection in the back) so you are not completely numb and can move your legs as normal.

The local anaesthetic takes 2 to 3 minutes to work and then the contents of the uterus are removed by a gentle suction technique. This procedure takes 5 to 10 minutes. Most women say that they feel strong period cramps which start to get better within minutes once the procedure is finished.

After the procedure, you will be taken to the recovery area and then back to the ward. You are advised to stay in the ward for around 45 minutes before leaving the hospital.

Advantages of surgical termination under local anaesthetic

- You don't need a general anaesthetic.
- You only need one visit to the hospital after clinic.
- The procedure takes less than 20 minutes and you are only in hospital for a predictable 4-5 hours or so.
- You can go home alone and can drive after the procedure if you are well. You don't need an adult to stay with you for 24 hours afterwards.

Disadvantages of surgical termination under local anaesthetic

- There is a very small risk of damage to the uterus or cervix.
- There is some discomfort associated with the treatment. The amount of discomfort is very variable, often described as strong period cramps.

Surgical termination under general anaesthetic (asleep)

You will be asked to attend the hospital at a set time. You must have an empty stomach for safe general anaesthesia. This means no food for 6 hours before the procedure - we will advise you about the exact timing of

this. Make sure you do eat and drink up to the time limit so you do not feel too hungry or thirsty.

The procedure will be done in the next 3-5 hours. You will be given a general anaesthetic (put to sleep) by the anaesthetic doctor. While you are asleep, the contents of the uterus will be removed using a suction technique. The procedure takes about 5 to 10 minutes.

After the operation, you will be taken to the recovery area and then back to the ward. You may have mild cramps like period pain.

We advise that you stay for 2 to 3 hours after a general anaesthetic. Most women go home mid-afternoon if their procedure was in the morning; early evening if it was in the afternoon. You will need to arrange to be collected by a responsible adult and to have an adult with you over the following 24 hours. You must not drive or do anything needing quick reactions for 24 hours after the anaesthetic.

Advantages of surgical termination under general anaesthetic

- You only need one visit to hospital after clinic.
- The termination goes ahead while you are asleep. When you wake up the termination is over.

Disadvantages of surgical termination under general anaesthetic

- A general anaesthetic has higher risks if you are overweight, smoke heavily or have heart or lung problems.

- There is a very small risk of damage to the uterus or cervix.
- A responsible adult must escort you home and stay with you for 24 hours.
- You need to avoid driving or anything needing quick reactions for 24 hours after a general anaesthetic.

Research studies

You may be asked if you would consider helping with research studies. This is always your own choice and will not affect the care you receive. All research studies are approved by the Grampian Research and Ethics Committee and full patient information leaflets are provided.

Health records

Details of your care from the pregnancy advisory and abortion service will be recorded in your medical files held at ARI and the Health Village and on the NHS Grampian secure computer system. We will ask you whether we can directly contact your GP about the procedure.

Some anonymised information is recorded for research and to help plan health services. The Data Protection Act 1998 is followed to ensure that information is kept confidential.

A leaflet about your rights under the above Act is available. This leaflet tells you about: information that is collected in the NHS about you, uses that can be made of that

information, how you can find out more about the information held.

You can find out more about this by calling the Medical Records Department on (01224) 552205.

**This leaflet is also available in large print.
Other formats and languages can be
supplied on request. Please call Quality
Development on (01224) 554149 for a
copy. Ask for leaflet 0264.**

Feedback from the public helped us to develop this leaflet.
If you have any comments on how we can improve it,
please call (01224) 554149 to let us know.