

TO MAKE AN APPOINTMENT CALL 650704

MEDICAL ABORTION

A medical abortion involves taking two medicines mifepristone and misoprostol. On the Isle of Man we use this treatment for most terminations up to 14 weeks gestation.

The first medicine, mifepristone, ends the pregnancy. It works by blocking the hormone progesterone. Without progesterone, the lining of the uterus breaks down and the pregnancy cannot continue.

The second medicine, misoprostol, makes the womb contract causing cramping, bleeding and loss of the pregnancy, similar to a miscarriage.

If at any point you decide to continue the pregnancy after taking the medications, it is important to know that there could be risks to the developing foetus. Misoprostol can cause birth defects and both mifepristone and misoprostol can cause miscarriage.

The abortion pill up to 10 weeks at a glance

	Up to 9 weeks	9-10 weeks
Take 1st medication (mifepristone)	In clinic, by mouth	In clinic, by mouth
Take 2nd medication (misoprostol)	1-2 days interval in the vagina or between cheek and gum	1-2 days interval in the vagina or between cheek and gum
Complete abortion	97 in 100	93 in 100
Potential risks		
Continuing pregnancy	1 in 100	3 in 100
Retained pregnancy tissue	2 in 100	3 in 100
Needing surgical treatment to complete abortion	3 in 100	7 in 100
Side effects		
Nausea	29 in 100	50 in 100
Vomiting	9 in 100	46 in 100
Diarrhoea	5 in 100	17 in 100
Warmth/chills	15 in 100	33 in 100
Headache	18 in 100	18 in 100
Dizziness	9 in 100	7 in 100
Follow-up	Self assessment with pregnancy test in 2 weeks or In-clinic ultrasound scan in 1-2 weeks	In-clinic ultrasound scan in 1-2 weeks



Early medical abortion up to 10 weeks gestation

For pregnancies up to 10 weeks' gestation, you will take the first medicine mifepristone in clinic. You will take the second medicine, misoprostol, at home between 24 and 48 hours later.

You will be also be given some pain medicine with instructions for use and advice on how to care for yourself. You will complete the abortion at home. This may take a few hours and you may feel more at ease if you have someone with you during the process for support.

You may have nausea or vomiting after taking the first medication mifepristone in clinic. If you vomit within 1 hour of taking it, please inform the clinic as soon as possible as you may need to take the pill again. Most women do not have pain or bleeding until they take misoprostol. However, if you think you may have miscarried between taking the mifepristone and misoprostol please contact us for advice.

Late medical abortion 10-14 weeks gestation

For pregnancies between 10 and 14 weeks' gestation, you will take the first medicine mifepristone in clinic. You will take the second medicine, misoprostol, in hospital 24-48 hours later. Between 10 and 14 weeks gestation it is not possible to do the second part of treatment at home as there is an increased risk of bleeding heavily or requiring extra support from clinical staff. Sometimes you may be sent home with the first medication to take at a later date, depending on the time it has been arranged for you to come into hospital.

The nursing team on the ward will support you to whilst you are an inpatient and can help with pain relief. If the procedure is uncomplicated, you will not normally require an overnight stay and will be discharged home later that day.

How to take the medication

Step 1 – Mifepristone (FIRST MEDICATION NORMALLY DONE IN CLINIC)

Swallow the mifepristone tablet with water.

You may have nausea or vomiting after swallowing the mifepristone. If you do vomit, you should still use the misoprostol as outlined below. Please telephone 650704 if you have any concerns or if you vomit within 1 hour of swallowing the mifepristone.

Most women do not have bleeding or pain until they take the second medication (misoprostol). Bleeding can occur after taking mifepristone but it is usually light. If bleeding does happen, you should still use the misoprostol and may wish to consider placing it between your cheek and gum. Contact us if you have any concerns.

Step 2 and 3 – Misoprostol (SECOND MEDICATION NORMALLY DONE AT HOME OR IN HOSPITAL)

Misoprostol tablets are placed in the vagina or between the cheek and gum. See below for more detail.

Misoprostol causes strong, painful cramps and heavy bleeding.

You will have 6 tablets of misoprostol.

Step 2 – Misoprostol

Use 4 tablets placed either in your vagina or between your cheek and gum.

Into the vagina

Insert 4 tablets as high as possible in the vagina; the exact location is not important, only that they do not fall out. You can do this while lying down, squatting or standing with one leg up - whatever is most comfortable for you.

OR

Into the mouth between cheek and gum

Place 4 misoprostol tablets into the mouth between the upper cheek and gum and allow the tablets to dissolve for 30 minutes. If the tablets have not completely dissolved within 30 minutes, you may swallow what is left with water.

Some clients describe the taste of misoprostol as unpleasant and the texture as chalky. Placing the tablets between the cheek and gum is associated with higher rates of nausea, vomiting and diarrhoea.

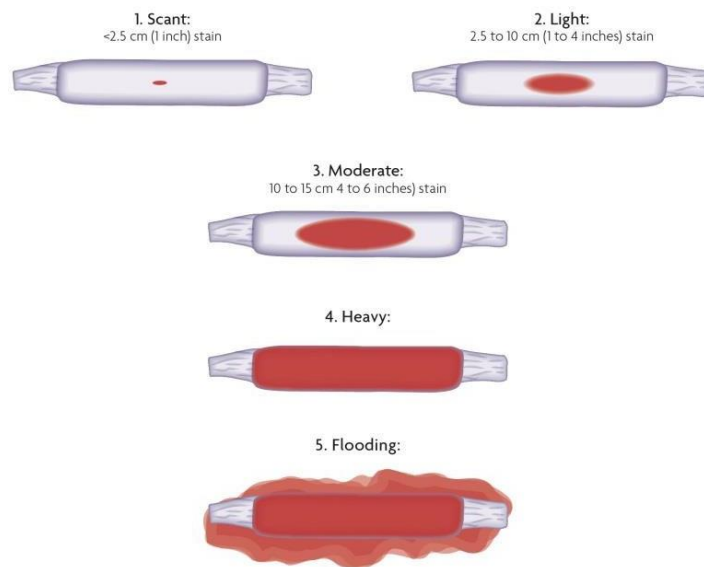
Step 3 – repeat misoprostol

3 to 4 hours after the first misoprostol tablets, use the 2 remaining tablets by either placing them in your vagina or between your cheek and gum.

IT IS IMPORTANT TO COMPLETE STEP 3 EVEN IF YOU HAVE ALREADY STARTED BLEEDING.

Passing the pregnancy and bleeding

Use sanitary towels to monitor your bleeding during abortion pill treatment. The amount and type of bleeding can vary for each person and each abortion. It is normal to experience light, moderate, or heavy bleeding during a medical abortion. Not everyone will pass blood clots during a medical abortion, but for those who do, the clots should be no larger than a lemon. It is NOT normal to have no bleeding/scant bleeding or flooding (see the image below).



The tissue you pass is larger and more recognisable at higher gestations.

Under 8 weeks, you may see the pregnancy sac which is white and fluffy with brown-red tissue surrounding it. An 8 week foetus is about the size of an olive and you may recognise its shape. After this gestation the foetus becomes larger and recognisable. If you are worried about what you may see when the abortion happens, please discuss this with our clinic.

Once the pregnancy passes the amount of bleeding and cramping should noticeably reduce. It is likely you will feel cramping on and off for a week or so and this should be easily managed with ibuprofen or paracetamol. After the pregnancy passes most women will have light bleeding for about two weeks, but you can have spotting up to your next period. You may have a short episode of pain with a gush of blood or a clot several weeks after the abortion - contact us if this continues.

If you have not started to bleed within 24 hours of taking the misoprostol contact your clinic on 650704. Please call 999 or attend A+E if you experience extremely heavy bleeding (soaking 2 maxi size sanitary pads for 2 hours in a row) or feel unwell.

Pregnancy remains

Early medication abortion - you will pass the pregnancy at home or another place of your choosing. You can decide how you wish to dispose of the pregnancy remains. They can be flushed down the lavatory or wrapped in tissue, placed in a small plastic bag and put in the dustbin.

Late medical abortion – you will pass the pregnancy in hospital. The pregnancy remains will be sent to the mortuary and kept for 3 months in line with hospital policy.

Pain control

During a medical abortion, most women will have strong cramping, similar to period pains. There are many ways to lessen the pain:

- wear comfortable clothes
- stay in a familiar and relaxing place
- apply a heating pad or hot water bottle to your lower stomach
- use pain medicine like paracetamol, ibuprofen, or codeine

As we expect there to be some pain and discomfort during this procedure, it is important to keep on top of your pain relief before it becomes too painful. We suggest using pain relief before or as soon as you start experiencing pain. Medications we suggest using are paracetamol, ibuprofen and. Please note ibuprofen and codeine are not suitable for everyone, depending on your medical history.

There are 2 strengths of ibuprofen tablets - follow the directions that apply for the strength you buy:

Ibuprofen (200mg): take 3 or 4 tablets by mouth every 8 hours as needed. Do not take more than 12 tablets in 24 hours;

or

Ibuprofen (400mg): take 1 or 2 tablets by mouth every 8 hours as needed. Do not take more than 6 tablets in 24 hours

Paracetamol 500mg: You can take up to 2 tablets (**1000mg**) by mouth every 4 to 6 hours as needed. Do not take more than 8 tablets in 24 hours.

Codeine 30mg: Take 1 or 2 tablets (**30-60mg**) by mouth every 4 hours as needed. If you are aged between 12 and 18 years, take 2 or 4 tablets by mouth every 6 hours as needed. Do not take more than 16 tablets in 24 hours.

Side effects of codeine include:

- constipation, nausea or vomiting
- drowsiness
- confusion and dizziness
- vertigo and headaches
- dry mouth
- feeling itchy
- blurry vision

Please note: Do not drive or operate machinery whilst taking codeine

If you have tried these options, but still have pain, speak with the nursing and medical staff on the Gynaecology Ward at Nobles Hospital on 650024.

Risks & complications

Significant, unavoidable or frequently occurring risks

These are usually easy to treat and rarely have any long-term health effects.

- Unpredictable time to complete the procedure (variable)
- Side effects of drugs such as nausea, vomiting, diarrhoea, headache, dizziness, fever/chills (common)
- Retained products of conception - where the pregnancy is no longer growing, but some of the pregnancy tissue is left behind in the womb (2 in 100 ≤ 9 weeks. 3 in 100 between 9-10 weeks' gestation.)
- Infection (2 in 1,000)
- Unpredictable, irregular or prolonged bleeding after the abortion (variable)
- Pain during the procedure (common)

These may require transfer to hospital or surgical procedures, and may have serious long-term health effects.

- Continuing pregnancy (less than up to 1 in 100, up to 3 in 100 between 9 and 10 weeks' gestation)
- Haemorrhage - very heavy bleeding (2 in 1,000)
- Undiagnosed ectopic pregnancy (1 in 7,000)
- Death (1 in 100,000)
- Psychological problems (variable)

Extra procedures that may be necessary

- Surgical abortion or uterine aspiration (3 in 100 up to 9 weeks'. Between 9 and 10 weeks' gestation 7 in 100)
- Blood transfusion
- Laparoscopy or laparotomy - operation to look inside the abdomen
- Hysterectomy - surgical removal of the womb (2 in 100,000)

Follow-up instructions

The abortion pill is very effective and usually uncomplicated, but it is important to make sure it has worked. Having some cramping and bleeding does not guarantee that the treatment is successful.

You should understand that:

- 🌀 You are taking responsibility for performing your own post-treatment assessment to make sure that you are no longer pregnant.
- 🌀 You will be contacted by the clinic within the 2 weeks after your treatment to see how you are.

The signs that treatment may not have worked and that you still may be pregnant are:

- 🌀 You do not bleed within 24 hours of receiving misoprostol tablets.
- 🌀 You have less than 4 days of bleeding.
- 🌀 You still 'feel' pregnant at the end of 1 week or have symptoms of pregnancy such as sore breasts, sickness, tummy growing, etc.
- 🌀 You should contact the Clinic on 650704 if you have any of these signs, as you may require more treatment.

We will give you a pregnancy test to take three weeks after your treatment. In some scenarios, it may be advised that you return to the clinic for a repeat scan confirm the abortion is complete, though this is not routine.

- 🌀 You need to perform the urine pregnancy test on:

- 🌀 The test must be performed on your first morning urine (first urine passed when you wake up).
- 🌀 If the pregnancy test is positive, or invalid, or you are not sure, you must contact the Clinic as soon as possible, as you might still be pregnant.
- 🌀 Even if the pregnancy test is negative you could still be pregnant and if your next period does not come by 6 weeks after the treatment you should call the Clinic for an appointment.
- 🌀 If the treatment fails and you are still pregnant, we cannot guarantee a healthy pregnancy and you would be advised NOT to continue with the pregnancy.

Important Contact Numbers

Clinic Secretary for queries, concerns & advice:	650704 (Monday to Friday)
Gynaecology Ward at Nobles Hospital for urgent concerns and advice:	650024
Medical Emergency:	999

Medical Abortion – Instructions at a glance

1. MIFEPRISTONE 200mg

- Take a single tablet by mouth on: _____

2. MISOPROSTOL 800mcg = 4 x 200mcg tablets

- Insert all 4 tablets vaginally or buccal on: _____

3. PAIN CONTROL

- **CODEINE 30mg** - Use 1 -2 tablets every 4 hours as required
(Maximum dose = 8 tablets in 24 hours)

4. MISOPROSTOL 400mcg = 2 x 200mcg tablets vaginally or buccal 3-4 hours after first dose

Important!

Contact your Clinic immediately if:

- it is more than 24 hours since you took your misoprostol, and you still feel sick, have abdominal discomfort, diarrhoea, nausea, vomiting or weakness
- you have no bleeding 24 hours after using misoprostol
- you have abdominal pain or discomfort that is not helped by medication, rest, a hot water bottle, or a heating pad
- you have a fever of 38°C or higher
- you have an unpleasant-smelling discharge from your vagina
- you have signs that suggest you are still pregnant at the end of week 1 following treatment

Telephone 999 for an ambulance if you have experienced any of the following in the last 24 hours after your treatment:

- | | |
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| • loss of consciousness | • breathing difficulties |
| • severe allergic reaction | • fits that aren't stopping |
| • acute confused state | • heavy vaginal bleeding and have soaked through 2 or more large maxi pads an hour, for the last 2 hours |
| • concern for a heart attack or stroke | |
| • chest pain | |
| • slurred speech | |