


Information for patients and carers

Unplanned Pregnancy Your Options

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

An unplanned pregnancy can be a surprise. This leaflet is designed to give you more information about your options.

What is a Termination of Pregnancy (TOP)?

A termination of pregnancy is also known as an abortion. It is the process that brings an end to a pregnancy. This can be done with either medication or surgery.

Legally this can be requested before 24 weeks of pregnancy. Two doctors need to agree that a TOP would cause less damage to your physical or mental health than continuing with the pregnancy.

What are my treatment options?

Your treatment options are based on the age of your pregnancy and your personal preferences. Most TOPs are managed with medical treatment.

At Royal Preston Hospital (RPH) we can offer you treatment up to 11 weeks and 6 days of pregnancy.

If your pregnancy is over 12 weeks you will be provided with contact details of an alternative clinic that will be able to provide your care.

What will happen during my appointment?

- **Arrive at Clinic**
- **Ultrasound Scan**
- **Consultation**
- **Contraception Specialist**
- **Start Treatment**

Your appointment may last up to 2 hours.

Arrive at clinic

On arrival you will be given this leaflet to read and asked to perform a low vaginal swab. This will be tested for infections including chlamydia and gonorrhoea. This is a routine test offered to all women in the clinic. The nursing team will advise you how to complete this swab.

Ultrasound scan

The scan will confirm your pregnancy is in the right place and calculate how many weeks pregnant you are.

Consultation

This is with a doctor who will take your medical history and discuss your individualised options. You can also have a smear test if you are due one.

Contraception specialist

Here you will be able to discuss your contraceptive plans and, depending on your choice, some options can be started immediately.

Treatment options

Medical treatment

This can be offered as an outpatient (at home) or inpatient depending on the number of weeks pregnant you are.

Outpatient medical treatment

This can be offered if you are less than 10 weeks pregnant with no medical or social risk factors.

After seeing the team in clinic, you will see the nurse who will give you a tablet (mifepristone) to take that day. You will be advised to take a second tablet (misoprostol) two days later. The nurse will then contact you in three weeks to ensure the procedure is completed. You will have

telephone access to hospital staff during your treatment in case of any complications or questions. You should also contact the unit if you have had no bleeding or only mild spotting in the 24 hours after taking the second tablet (misoprostol).

Inpatient medical treatment

This will be offered if your pregnancy is between 10 and 11 weeks and 6 days or if you are under 10 weeks but have medical or social risk factors. You will be given a tablet (mifepristone) in clinic and then asked to return to hospital in 48 hours to take the second tablet (misoprostol). You will remain in hospital until the pregnancy tissue has passed.

Surgical treatment

In this procedure your cervix (neck of the womb) is dilated and a small tube is passed through to remove the pregnancy tissue by suction. Prior to this you will need a tablet (misoprostol) to be placed in the vagina 2 hours before the surgery. This can cause some discomfort and bleeding prior to surgery.

Currently, at RPH, surgical treatment is only offered in an operating theatre with a general anaesthetic and there may be a delay of up to one to two weeks to be given a date for the procedure depending on theatre capacity.

Sharing your information with your doctor

If you are having outpatient medical treatment, you can choose whether this information is shared with your GP or just recorded in your hospital notes. If you are admitted to the hospital for treatment (inpatient medical treatment or surgical treatment), your GP will be informed of your admission, procedure and any complications.

Do I have to pay for a TOP?

A TOP is provided free as part of NHS care. At Royal Preston Hospital we can provide this service up to 11 weeks and 6 days of pregnancy. If your pregnancy is further developed than this, we can provide details of other organisations that can provide treatment which is usually free of charge.

What happens to the pregnancy tissue?

Any pregnancy tissue that is removed or passed will be treated sensitively. This will be discussed during your clinic appointment.

What complications can happen?

Every effort is made to ensure your treatment is as safe as possible. However, complications can occur as detailed below. We will discuss these further with you during your consultation.

Complications – all types of treatment

- Pain – this is usually similar to period pain and can be managed with paracetamol and ibuprofen
- Bleeding – there is usually bleeding during and after a TOP. It can be similar to a heavy period and settles within a few days. The risk of very heavy bleeding is 1 in 1,000. This risk increases with the age of the pregnancy. In severe cases you may need a blood transfusion
- Retained pregnancy tissue – the risk is 70 in 1000 with medical treatment and 35 in 1000 with surgical treatment. Depending on your symptoms and amount of tissue seen on scan, you will be offered either conservative (no treatment), medical treatment, or surgical treatment (either under general anaesthetic in theatre, or under local anaesthetic in the outpatient clinic)

- Blood clots in legs or lungs - they may present with pain in your legs, shortness of breath, chest pain or coughing up blood. During your clinic appointment the doctor will assess if you are at a higher risk of a blood clot. If you are at risk, you will be offered injections to thin your blood for a few days or a few weeks after treatment, depending on your level of risk
- Infection – the risk is 1 in 100 and higher if you have surgical treatment. All patients have a swab taken as part of the clinic. If this is positive you will be offered treatment. If you have surgery or are considered high risk of infection you will be offered antibiotics as part of your routine treatment
- Ongoing pregnancy – this is where the treatment has failed. The risk for this is less than 14 in 1,000 when medical treatment is used. The risk is 1 in 200 when surgical treatment is used
- Psychological problems – women can find it difficult to cope after having a TOP. If these feelings are severe or go on for a long time it is important to seek advice and support. We can direct you to support services; you can see your GP or access support groups.

Complications – surgical treatment

- Perforation – this is where a hole is made in your womb. There could also be damage to a nearby structure. The risk for this is 4 in 1000. If this occurs you will need to stay overnight. You may also need surgery (a laparoscopy – keyhole surgery) to check for bleeding or damage to other structures such as your bowel and bladder, and in rare cases a laparotomy (open surgery) to repair any damage
- Damage to your cervix – this risk is reduced by the medication used 2 hours before your surgery however any damage to your cervix could affect future pregnancies. This risk is 1 in 100.

How soon will I recover?

If you are having your treatment at home, you can expect the pregnancy tissue to pass within a few hours of taking the second tablet. You may need pain relief for a couple of days after treatment and you may continue to bleed for up to 10 days post treatment. You can return to normal activities when you feel ready.

You will be contacted by a nurse three weeks after the procedure. You can do a pregnancy test at this point to confirm the procedure is complete.

If you are having treatment in hospital this is usually as a day case. We advise you have someone with you at home upon discharge. If you have had a general anaesthetic, you are advised not to operate machinery, drive or do any potentially dangerous activities (including cooking) for 24 hours.

You should call the Gynaecology Assessment Unit if:

- You develop a high temperature
- You experience heavy bleeding or an unpleasant smelling discharge
- The pain does not settle or increases despite taking pain relief
- You experience pain in your legs
- You have difficulty breathing

Will this affect my future fertility?

If the procedure is completed without any complications, then your fertility should not be affected. There is however, an increased risk (1 in 1000) of a future premature delivery and this risk increases with the number of terminations you have.

Can I change my mind?

Yes. You can change your mind at any point up until the medical or surgical treatment is started. If you are unsure we can arrange a further appointment for you in 1 to 2 weeks' time to discuss your options again,

depending on the gestation of the pregnancy. Staff in this clinic will always support you to make the right decision for you.

If you decide to continue with your pregnancy, you can find out more information and complete a self-referral form for our maternity services. This can be found on our website at:

<https://www.lancsteachinghospitals.nhs.uk/pregnancy-self-referral>

Support

We understand that this may be a difficult time. If you require further emotional support after discharge from our service, our Early Pregnancy Bereavement Specialist Nurse is here for you.

Please advise staff in clinic if you would like to be followed up by this service or alternatively, they can be contacted on telephone number: **07845665608**.

Support can also be found online from the following source:

<https://cradlecharity.org/>

Contact details

Should you require further advice or information please telephone: Gynaecology Assessment Unit on **01772 524415** or Gynaecology Outpatients department **01772 524386** (Monday-Friday 9am-5pm).

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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