

Termination of pregnancy during the second trimester

Petter Ward
Tel: 01271 322722

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 telephone the PALS desk on 01271 314090.

This leaflet is for women who are having a medical termination of pregnancy during the second trimester, between 12 and 18 weeks.

What happens at my first appointment?

Once the decision has been made for a termination of pregnancy, you will be given a time and date to be admitted. You will be given a private room. We do not have a separate room for relatives/families to stay. However, the ward will endeavour to make husbands/partners as comfortable as possible throughout the stay.

It is necessary for you to sign a consent form before any treatment can commence or any medication is given. If you have any question about the procedure, please do not hesitate to ask them before you sign the consent form.

You will be given oral medication called Mifepristone by the nurse or doctor. The pregnancy is 'maintained' by a hormone called progesterone. Mifepristone interferes with the action of progesterone, preparing the uterus for the termination. This drug also softens and dilates the cervix and increases the sensitivity to the subsequent drug used, known as Misoprostol.

If you have any questions, please ask your nurse or doctor. Once you have been taken these tablets, you are committed to continue with the termination. Even if you change your mind after taking the tablets, the pregnancy will usually end in miscarriage. You will be asked to remain on the ward to be observed for 20 minutes after the medication has been taken, so that pulse and blood pressure can be recorded.

The nursing staff will need to complete necessary paperwork and ensure that you are aware of and understand what procedures are planned. You will then be allowed home for 36-48 hours. You will be given open access to the ward and should go back if you experience any significant vaginal bleeding or significant abdominal pains.

What happens at my second appointment?

After your stay at home, you should come to the ward at the specified time you have been given 36-48 hours later. If you have any questions, please ask your nurse or doctor who will check that you understand what is going to happen, and ensure that all the necessary paperwork is completed correctly.

You will then be given the medication for the next stage.

We use a drug known as Misoprostol. Misoprostol is a prostaglandin drug that softens and dilates the cervix and makes the muscular wall of the uterus contract, causing abdominal cramping and pain. You will be offered pain relief during this process.

Tablets can be given either vaginally or sublingually (under the tongue), or using a combination of both. If Misoprostol is going to be given vaginally, it will be administered by a doctor and placed high in the vagina as close to the cervix as possible. We will ask you to lie down for about half an hour after the tablets are inserted, so they are not dislodged. The administration of Misoprostol is repeated at regular intervals for a maximum of five doses, normally 3 hours apart.

The number of doses of Misoprostol required will vary from person to person. It may be that within the 24-hour period there has been inadequate progress and further doses of Misoprostol are required.

A drug called syntocinon may also be used in the form of an intravenous infusion. This drug stimulates contractions and the progression.

Possible side-effects of treatment

Misoprostol can cause loose bowels. However, it will be necessary to pass any urine or stool into a bedpan so that nothing is accidentally passed into the toilet.

You will feel pain and stomach-cramping as this procedure progresses. Most women require some form of pain-relief throughout the termination process and we will offer pain-relief according to your needs. Often different positions are suggested so that the labour process is aided.

If you feel sick, an anti-emetic (anti-sickness) drug will be available.

What is the expected outcome of treatment?

You will pass the fetus, and your blood-loss and observations will be monitored.

If you have heavy blood-loss, you may require intravenous fluids via a plastic cannula inserted direct into a vein, which is usually placed in the hand or arm. Sometimes women require a blood transfusion. You may need to stay in hospital overnight until the procedure is complete.

When labour is complete, a drug called syntometrine is often used to make the uterus contract strongly to encourage the placenta (afterbirth) to be delivered. If the placenta is not delivered, it may be necessary for you to go to theatre for surgical removal under a brief general anaesthetic.

What to expect after treatment

Tiredness – if you require surgical removal of the placenta under a general anaesthetic, you may feel tired in the first 24 hours after the procedure. You should not drive, drink alcohol or operate any machinery for this 24 hour period.

Bleeding – any bleeding should gradually darken and then stop after about seven days. If the bleeding increases, becomes heavier than a normal period or has an offensive smell, you should contact your GP.

Hygiene – whilst bleeding continues, it is best to use sanitary towels instead of tampons as this will reduce the risk of infection. Baths or showers can be taken as required.

Breasts – your breasts may feel tender for several days and you may even leak milk. If this is the case, wearing a good fitting bra day and night may help to provide adequate support until your breasts are comfortable. This may be necessary for a couple of weeks but will settle down on its own.

Periods – ovulation and periods may be a little unpredictable for a few months.

Sex – when the bleeding has stopped, it is usually safe to start having sexual intercourse again. You may need a few weeks for your body to recover and then it depends on how you and your partner feel. You may not feel like having sexual intercourse for a while and your sex drive might decrease.

Contraception – you will need to consider future contraception. This can be discussed with your GP or at Family Planning Clinic if not already discussed at the termination clinic. If you take the oral contraceptive pill, you restart this immediately after the termination.

Feelings – you may feel sad, angry or guilty. You may feel a whole mix of feelings or you may not feel much at all. There is no right or wrong way to feel. It is really important to be kind to yourself and to give yourself time for whatever emotional responses you have. No matter how you feel, as well as talking to your family and friends, it may be helpful to talk to a counsellor. Your GP may be able to refer you to a counsellor.

Follow-up

You should make an appointment to see your GP about 10 days after discharge from hospital. It is best to arrange this appointment as soon as you are discharged to ensure a timely appointment.

Support and available help

Your GP may be of support and help for you.

Choices pregnancy centre, Exeter – an Exeter based charity and offer you a safe place to talk about any concerns you have relating to pregnancy.

Web: <http://choicespregnancycentre.co.uk/>

Email: choicespregnancyexeter@gmail.com

Tel: 07826 715377

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 e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

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 the staff or the PALS team in the first instance.

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

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