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LINC Support

Gynaecology Department

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An unplanned or unwanted pregnancy

A pregnancy at the wrong time or in the wrong situation can be very distressing. Your three options are to have the baby and become a parent, have the baby and give it up for adoption, or to have a termination of the pregnancy. Termination of pregnancy in this country can be carried out with the agreement of two doctors who must sign the legal form. Referral and appointment for a termination of pregnancy must be made by your family doctor or a doctor at your family planning clinic.

About the clinic appointment

This appointment will take approximately 2 to 3 hours depending on the size of the clinic. The Linc support team are here to help you through what can be an emotionally difficult time. The appointment gives you the opportunity to find out more about termination of pregnancy and whether or not it is the right option for you. You are welcome to bring a partner, parent or friend with you for support. However please be aware that it may be necessary during the consultation to ask the person to leave the room for a short period of time. The service is confidential and information would only be shared with other professionals if we had concerns for your well being. Your decision and reasons will be respected by all those involved in your care.

Scan

Firstly you will see the sonographer (the person who does the scan). An ultrasound scan which you do not need to see is required to check how many weeks pregnant you are, as this affects the options you can be offered. Sometimes an internal scan (vaginal scan) is required if you are very early in the pregnancy.

Emotional support/information/nurse assessment

This usually takes approximately 30 minutes to an hour. You will see a registered nurse for emotional support and to discuss future contraception. You will have the opportunity to discuss any worries you may have about your options and/or decision.

The nurse will need to take a sample of blood to check your blood group and to make sure you are not anaemic (lacking iron). She will also check any relevant medical history and details.

She will need to take details of your preferred contact person in case of any emergencies. You will be given a date and time to return for your chosen method of termination, if this is what you choose.

The nurse will also offer you sexual health screening to check for specific sexually transmitted infections. This is done by self swabbing and you will be instructed how you can complete this while in clinic .

The nurse will also need to take consent for the procedure you have chosen. You will also be required to sign a consent for sensitive disposal of the pregnancy by cremation. The doctor will see you to complete all of the legal paperwork required for us to be able to carry out the termination.

If you feel that you need more time or help in making your decision you will be able to make a further appointment to see the nurse again.

About the types of termination

In this hospital trust termination of pregnancy is only offered for pregnancies of under 12 weeks, however, if your scan suggests that the gestation of your pregnancy is more than 12 weeks the staff will be able to advise you how you can access advice and support in an alternative healthcare setting and give you the relevant contact details.

Medical termination or tablet method

A medical termination of pregnancy means that you don't need an operation or a general anaesthetic. This method can only be used up to the start of the 12th week of pregnancy within this Trust. Therefore the decision to have a medical termination of pregnancy must be made early but you do not usually start the process on the day of your first appointment as this allows time to plan and ensure you are happy with your decision. If you decide to have this method of termination the current process requires you to have two further visits to the clinic or ward area.

First visit

On the day you return for the start of your treatment, the nurse will speak with you again and ensure that you are sure of your decision and have opportunity to discuss any concerns. She will check your blood pressure, pulse and temperature and ask you to sign a consent form if you have not already completed this. All of your details will be checked and you will be then be given a tablet to take, which is the start of the procedure. You will need to stay on the ward/clinic area for an hour after taking the tablet; this is to ensure that pregnancy sickness doesn't stop you from keeping the tablet down. You will then be able to go home with an appointment to return two days later to complete the treatment.

How the tablet works

The tablet works over a period of 36 to 48 hours by blocking the action of the normal pregnancy hormone. This causes the pregnancy to loosen away from the wall of the uterus. This can cause some light bleeding and mild period type pain. This is quite normal but you will be given contact telephone numbers to ring if you are worried.

You will also require a blood test which is required within 72 hours of the second part of the procedure, so you will therefore be advised when you should attend for this to be taken.

Second visit

When you attend the ward you will need to stay for most of the day. You may bring someone with you for support if you wish and it is preferable to have someone to take you home after the procedure.

Occasionally it is necessary to do another scan or an internal examination to check that everything has come away. In the rare event of a medical termination failing, you may be advised to consider that the pregnancy is removed by vacuum aspiration under local or general anaesthetic.

Surgical method or vacuum aspiration

This can be carried out up to the 12th week of pregnancy and involves an operation which is carried out under general anaesthetic. This means you will be asleep during the operation. Most women are able to go home on the day of the operation, however, it is essential to have someone to take you home and stay with you overnight.

This surgical method at present is carried out at Louth County Hospital, but all the arrangements for this will be made via the clinic you attend.

When you arrive on to the ward you will be shown to your bed. The nurse will then give you small tablets which can be given vaginally or sublingually (under the tongue). This is to make the cervix relax and become softer in order to make the operation easier and safer.

Approximately 1 to 2 hours later you will go to theatre where you will be given a general anaesthetic. Whilst you are asleep the doctor will gently stretch the cervix and insert a thin plastic tube into your uterus and with suction the pregnancy will be removed. This only takes a few minutes.

Occasionally a part of the pregnancy is left in the womb despite careful aspiration. This can cause bleeding and infection. If you have any prolonged problems please contact the unit.

After the operation you will be looked after by a nurse in the recovery room until you are awake. You will then be brought back onto the ward where you will be looked after until you are well enough to go home. It is not unusual to get period type pains after the operation and you may take painkillers for these.

Manual vacuum aspiration (MVA)

Manual vacuum aspiration can be done using local anaesthetic while you are awake. MVA is similar to that of the surgical method and both result in 98 to 99% chance of removing all of the tissue from the womb. You can eat and drink as normal prior to the procedure. You will be advised to take analgesia 1 to 2 hours prior to the procedure.

You will be admitted to our ward for 2 to 3 hours. You will be given tablets sublingually (under the tongue) or occasionally vaginally, an hour prior to the procedure to soften the cervix to make the procedure easier. The procedure takes about 10 to 15 minutes. We will insert a speculum into the vagina to see the cervix. You will be given a local anaesthetic injection in to the cervix. The cervix will then be gently opened up, a plastic tube will be inserted into the womb and suction will be applied. The pregnancy tissue will be gently removed. This only takes a few minutes. You will be kept on the ward for 1 to 2 hours following the procedure to make sure you are well enough to go home. You will be given pain relief to help with any discomfort.

Going home after the termination

Before you go home the nurse will give you after care information and contact telephone numbers. She will also give you the contraceptive you have chosen and/or contraceptive information you may need. You may be given antibiotics to cover you for infection depending on swab results. If they are required it is very important you take these and complete the course.

What are the risks

Termination of pregnancy is a relatively safe procedure if it is performed before 12 weeks. Complications rarely occur but are possible and can be serious as with any other surgical or medical procedure.

The list of possible complications in this leaflet is not designed to frighten you but to increase your awareness in order to help you make an informed decision. If there is anything you do not understand please ask the nurse or doctor to clarify this for you.

Bleeding

Because of the increase in blood vessels and blood in the wall of the uterus and the placenta there is a chance of heavy bleeding during or soon after the medical or surgical termination. Drugs may be used to help slow the blood flow. Very rarely you may need a blood transfusion. Sometimes not all of the pregnancy tissue is removed during the termination procedure. Often the tissue will expel itself naturally but sometimes it can cause bleeding or infection. Treatment with antibiotics may be necessary or occasionally if bleeding is heavy you may need to return to theatre.

Infection

Infection after a termination is rare but if left untreated can cause long term problems such as pain, ectopic pregnancy or infertility. This can happen in 10% of terminations but the risk is reduced when antibiotics are given or when screening for infection prior to the procedure.

Cervical damage

During a surgical or manual vacuum aspiration termination of pregnancy it is possible for the cervix to be damaged by the instruments used. This happens rarely and the wound would most likely heal itself. The tablets are given to help reduce this risk.

Perforation

Manual vacuum aspiration and surgical termination of pregnancy is performed using instruments which go inside the uterus. When you are pregnant the uterus becomes softer than usual. Because of this it is possible that a hole or perforation could be made in the wall of the uterus. This rarely happens and the wound often heals naturally causing no further problems. If the hole is large it may be necessary to repair or remove the uterus and if other organs are involved it may be necessary for repair surgery. This is rare and very unlikely to happen. The incidence of this happening is 1 to 4 per 1000.

Drug reaction

There is a slight possibility of having a bad reaction to the drugs or anaesthetic used during the procedure, although this is rare.

Feelings after a termination

Feelings after a termination may vary from person to person. There is no right or wrong way to feel and it is possible to experience a mixture of emotions.

Positive feelings may be those of relief, a feeling of being back to normal, feeling more confident and positive and feeling more in control. Other feelings may include sadness, anger, guilt, doubt or regret. Any one or all of these feelings are normal. You may experience them at different times and for different reasons according to your situation and circumstances. If you do have difficulty in dealing with your emotions either before or after the termination, counselling support is available which may help you cope and feel better about your decision.

Future pregnancies

Although now may not be the right time for you to continue with a pregnancy, you may be worried about whether a termination will affect future pregnancies. Most recent research has shown that an uncomplicated legal termination of pregnancy, performed at less than 12 weeks is safer than continuing with the pregnancy. The risk of having a miscarriage or any problems in the pregnancy in the future are no greater for women who have had a termination than for those who have not.

The vast majority of women have no problems during or after their termination.

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please e-mail the Patient Information team at patient.information@ulh.nhs.uk

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