

Early Medical Termination at Home

Reference Number: ULHT-LFT-3706 v2

Issued: April 2026

Review Date: April 2028

Termination of pregnancy at home

Termination at home offers no higher risk of complication, however, offers patients the benefit of having this treatment in the comfort of their own home. Anyone up to and including 9 + 6 weeks gestation within their pregnancy (confirmed by ultrasound scan) can be considered for early medical termination (EMT) of pregnancy at home.

Inclusion criteria

- Patients over 18 years of age or those under 18 who are deemed competent to make the decision and have the support of an appropriate adult
- Patient to have access to a telephone for emergency assistance if required
- Patient to have no co-morbidities (other known health problems) that may increase risks of complications such as clotting disorders

Hospital Appointment – Part 1

Pregnancy gestation and eligibility for EMT will be discussed within clinic following an ultrasound scan (USS). Discussion will be held with a specialist nurse and doctor to ensure patients are able to make an informed decision regarding their care and treatment options. Patient may need to return for Mifepristone administration on a date suitable for them.

Day 1 Mifepristone – x 1 tablet - acts by blocking the hormone called progesterone that is necessary for the pregnancy to continue, therefore allowing the pregnancy to loosen away from the wall of the uterus. This will be administered within clinic. You will be given an anti-sickness tablet 1 hour before Mifepristone if required.

You should be able to continue your normal daily activities, although you may need to wear a sanitary towel because of some light vaginal bleeding. Even if you are bleeding, it is very unlikely to pass the pregnancy before the remainder of the treatment so please take the Misoprostol as planned.

At Home on - Part 2

Day 2 - 24 to 48 hours after Mifepristone – Misoprostol tablets

Insert 3 tablets of Misoprostol under your tongue.

Start off with rinsing your mouth out with clean water. Make sure that you are in a comfortable upright position and place the tablets under your tongue (up to 2 tablets each side of tongue). Please make sure that the tablets are completely covered by the tongue.

Wait for at least 30 minutes with the tablets of Misoprostol under the tongue to allow them to work. We advise that you sit still and do not talk, move or stand during this time. After 30 minutes, any remaining fragments of the Misoprostol tablets should be swallowed.

You can expect that the tablets of Misoprostol may cause a chalky taste in the mouth. Misoprostol tablets can also cause headache, diarrhoea and cramping pain.

- We advise that you have an adult to support you at home throughout the procedure
- Make sure you eat and drink as normal if you can. Try to have breakfast
- Pain relief: Take regular paracetamol (every 4 to 6 hours) and ibuprofen (every 4 to 6 hours – with or after food), first dose at least one hour before you take the Misoprostol
- You can take Dihydrocodiene (one tablet of 30 mg) if needed for pain (every 4 hours) in addition to paracetamol and ibuprofen (with or after food). Make sure you do not take more than the recommended dose on the packet

Anti sickness: Take an anti-sickness tablet 1 hour before you take the Misoprostol. If no bleeding after 4 hours take the 2 extra Misoprostol tablets and place under your tongue.

What to expect

The pain that you experience will be cramping-type pain which is because the womb is trying to expel the pregnancy. The severity of pain varies for each woman. Usually, the pain is at its worst just prior to passing the pregnancy. This pain eases after the pregnancy has passed.

You may want to stay in bed or lie down, but many women feel comfortable walking around, watching television or reading. It is up to you and how you feel. You may use the toilet as often as you want and flush it as normal. You may feel sick. You may vomit or have diarrhoea.

How long will I bleed for?

The amount of bleeding varies and will depend on the number of weeks of pregnancy. Most women describe it as 'much heavier than my period' and it may include some large clots. After 9 weeks of pregnancy, you may see some pregnancy tissue. Bleeding should gradually get lighter each day. We advise against the use of tampons as there is a small risk of introducing infection. Please use sanitary towels until the bleeding stops.

No sexual intercourse or use of tampons for 2 weeks to reduce risks of infection and unplanned pregnancy until contraception is established.

You can expect bleeding for around two weeks although this could continue for one month or longer. **If you experience continuous and heavy bleeding (SOAKING three or more pads in an hour while resting) contact the Ward via telephone using the numbers on the leaflet or go to A&E urgently if needed. If you have not started bleeding within 24 hours of your treatment, contact the Lincs support clinic (number attached, available Monday to Friday only). In these circumstances a rescan may be arranged in 1 week. Further treatment may be required to avoid ongoing pregnancy.** If you develop a smelly discharge or fever over 38 degrees or tender tummy, then this may indicate an infection, and you should contact your GP.

When to start contraception

You may be fertile immediately after this treatment, so you should start contraceptive pills, patches, ring, injection or implant the same day as the procedure.

How do I know if it worked?

Whilst the treatment is usually very effective, there is a small chance that it may not work and that you may still be being pregnant (for around 1 in 100 women treatment fails to end pregnancy).

Signs that treatment may not have worked and that you may still be pregnant may be:

- If you do not bleed within 24 hours of receiving Misoprostol tablets
- If you still 'feel' pregnant at the end of one week or have symptoms of pregnancy such as sore breasts, sickness, tummy growing etc
- If your next period does not come by one month after the treatment

Under such circumstances you should contact the Lincs support clinic immediately, as you may still be pregnant and you may require more treatment.

To ensure that the treatment has been successful, we need you to perform a urine pregnancy test at home. This urine pregnancy test usually should be performed 3 weeks after treatment. We will provide you with the pregnancy testing kit. This pregnancy test detects the pregnancy hormone (HCG) in urine and will give a positive result if high levels of the hormone are present in your urine, which might indicate an ongoing pregnancy (failed treatment).

Self-assessment

We will leave it up to you to contact us if the pregnancy test is positive, or invalid, or if you are worried that you may still be pregnant. We will assume that unless we hear from you that the treatment has been successful and that you are no longer pregnant.

Your self-assessment and urine pregnancy test is scheduled for 3 weeks after you have taken Misoprostol (Part 2).

When to expect my period?

Most women with regular periods should expect to have their next period at one month after treatment, however, your cycle may be irregular. If you have started the combined contraceptive pill, then you should expect to get your period during your pill free week. If however, you have started a progestogen only method such as the progestogen only pill, injection or implant, then there is a good chance that this may delay your next period or remove your periods altogether. If your next period has not arrived by one month after treatment or if you are using a progestogen only method and are concerned that you may still be pregnant, then please contact us at the Lincs support clinic.

Please dispose of any unused medications at your local pharmacy.

If you have any concerns whilst undergoing your treatment, please contact either Branston ward or Ward 1B depending upon which site is nearest. If you are worried that you may still be pregnant, please contact the Lincs support numbers listed below.

Lincoln Hospital:

Lincs support Lincoln – 01522 573370

Branston Ward – 01522 573132

Pilgrim Hospital, Boston:

Lincs support Boston – 01205 446044

Ward 1B – 01205 445431

© United Lincolnshire Teaching Hospitals NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net