



Information for  
patients and  
carers

## Pregnancy

Your options

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.

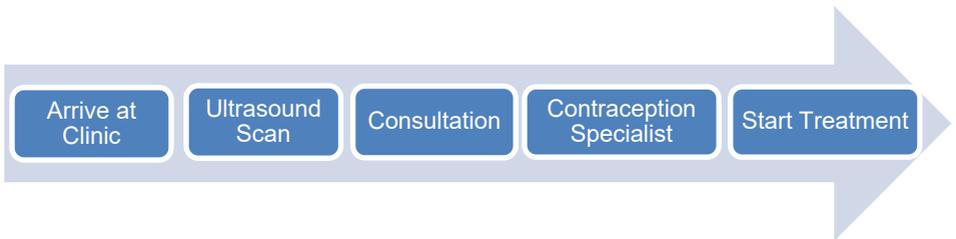
Legally this can be requested before 24 weeks of pregnancy. Two doctors need to agree that a TOP would cause less damage to your physical or mental health than continuing with the pregnancy.

## What are my treatment options?

Your treatment options are based on the age of your pregnancy and your personal preferences. The majority of 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?



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 today. 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.

## **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 on a Friday afternoon.

## **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
- 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 after treatment
- 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) to check for bleeding or damage to other structures such as your bowel and bladder
- 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 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 a weeks' time to discuss your options again. Staff in this clinic will always support you to make the right decision for you.

## Contact details

Should you require further advice or information please contact Gynaecology Assessment Unit on 01772 524415.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

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On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal. If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

### Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

### Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઇચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

### Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

### Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

### Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

### Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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