

Information about your inpatient medical treatment (tablets)

Once you have decided on tablet treatment, the following information is important to read. It details what will happen at each stage of the treatment and what to expect once the bleeding and pain starts. If you are more than 10 weeks pregnant, the treatment will take place in the hospital for your safety. There is a higher chance of heavier bleeding so, to make sure that you are safe, we need to monitor you closely throughout the treatment.

Risks of the treatment

- The treatment fails to work (continued pregnancy) less than 5% depending on gestation and gap between the two medicines.
- The womb doesn't completely empty and surgery is needed to complete the procedure – less than 5% but can be up to 13% in later gestations
- The bleeding is too heavy and transfusion is needed – less than 2%
- Pelvic infection – less than 5%
- Uterine rupture where the womb tears during contractions – less than 1%
- If you have had **more than one previous caesarean section**, this will increase the risk of all complications
- Women have a higher risk of blood clots in their legs or lungs in pregnancy, and in the six weeks after this procedure. If you have had a blood clot before, blood clotting disorders in your family, smoke or have a high body mass index, you may be at higher risk and need to start injections into your abdomen (tummy). Seek urgent help if you have painful/swollen calf pain or chest pain/difficulty breathing.

What does the treatment involve?

The treatment is summarised in three stages:

Stage one: First tablet you swallow (mifepristone).

Stage two: 24-48 hours later, tablets into the vagina (misoprostol).

Stage three: When the pain and bleeding starts.

Stage one

You will be given a tablet to swallow (mifepristone), then allowed to go home. If you vomit within 1 hour you must call your treatment centre and return for a second dose.

Some women will start to cramp or bleed after they take stage one tablets. You must continue with the treatment and attend the hospital to take your stage two tablets as planned, regardless of bleeding that may have already started. Continue your normal activities and eat and drink as normal.

Stage two

You will be given a date and time to come to the women's health ward – we will try, where possible, to give you a single room. This is normally 24-48 hours after stage one. Before we start the treatment, you will have a cannula placed into your arm or hand (this is in case you bleed heavily and we need to give you any medication). The nurse will then place four small tablets (misoprostol) into your vagina. You may get some side-effects such as diarrhoea or chills. You will then be given paracetamol, and the nurses will have ibuprofen and codeine to give you should you need it.

Stage three

About 1-4 hours later, you will start to cramp, bleed and pass clots/tissue. You may pass clots the size of a lemon. Your cramps may be bad. To help, you can take regular pain relief (paracetamol and ibuprofen first, and then codeine if you need it). If you have someone with you they could rub your back, or you can try sitting on the toilet for short periods. We will repeat the tablets every three hours until the pregnancy has passed. The bleeding is heaviest when the pregnancy comes out, then it should slow down. There is a chance that you will see the pregnancy pass. Once this has happened, and the bleeding has slowed down, you can go home.

If you have Rhesus negative blood group you will be offered an injection called 'Anti-D' to prevent you having problems with future pregnancies.

It can take up to 2 weeks for the process to complete itself, so you may continue to bleed during this time. Sometimes the bleeding stops and then restarts.

If you do not want to be pregnant now, please ensure that you have contraception in place prior to being discharged home. Ask the nurse looking after you if you need more information. If you do want to be pregnant now, we suggest you re-start your folic acid but wait until you have had one period before trying to conceive again.

We will give you a date to repeat your pregnancy test (usually **two weeks after treatment) and you will need to ring us to tell us this result.**

What happens to the pregnancy tissue?

We will have had a conversation with you about what happens to pregnancy tissue after the treatment. If any of the information does not make sense, or if you have any further questions, please ask us.

Aftercare

After the treatment you will have some bleeding. This may be for one day, or may last up to 14 days – it varies for different women. The bleeding should not be heavier than a normal period and will gradually get lighter. Avoid using tampons and having sexual intercourse until bleeding has stopped, to help reduce the risk of infection. You should expect your next period in around 4-6 weeks' time, unless you have started an hormonal contraception. You will not need a check-up unless you have concerns.

We suggest you take it easy for the next day or so, and take painkillers every 4-6 hours as needed, as you would with a period-like pain. You may bathe and shower as normal. We recommend that you don't go swimming until the bleeding settles. Most women feel able to go back to work quickly after their treatment while others like to take a few days to recover. It will depend on how you feel, what kind of job you have and when you feel ready.

How might I feel emotionally afterwards?

Everyone will have an individual experience when it comes to their emotions after a treatment – for some women these can be quite strong, for others it may be less so.

Whatever emotions you feel, be reassured that these are completely normal, and there will be other women who have been in your position, feeling exactly the same as you. If you have someone you can talk to about your experience and your feelings, this often helps. We normally suggest that you take a few weeks after your treatment to allow your feelings to settle. If you find though that things are a little difficult, and you would like an appointment to meet with the Counsellor, please contact us using the numbers at the end of the leaflet.

PLEASE SEEK URGENT ATTENTION IF YOU:

- Soak 2 big sanitary pads an hour, for 2 hours.
- Have pain that is not getting better with regular pain relief.
- Feel your bleeding is very smelly.
- Have a temperature or fever of 38 degrees or higher.
- Have diarrhoea, vomiting or weakness.
- Are worried about any of your symptoms.

Contact Details:

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| <p>The Early Pregnancy Unit (EPU) Treatment Centre Hinchingsbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary</p> | <p>The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p> |
| <p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back www.womenshealthpeterborough.co.uk</p> | |
| <p>For emergencies only, out of these hours, please attend the Emergency Department</p> | |

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.