

Patient information leaflet for Termination of Pregnancy (TOP) / Abortion

Families Division



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

Compassion

Excellence

Finding out that you are pregnant can be a shock when it is unplanned. If you find out early on in pregnancy, you can get help to make the right decision.

What is TOP?

Termination of pregnancy is the same as abortion. It is a process that brings an end to the pregnancy. This is achieved either by giving medication to you or by a surgical procedure.

In Great Britain, a woman can request TOP / abortion legally until 24 weeks of gestation. This is carried out only if two doctors agree that it would cause less damage to your physical or mental health than continuing the pregnancy. There are more restrictions in Northern Ireland.

You have a right to confidentiality if you are seeking termination of pregnancy.

Why am I in the hospital for TOP?

If you think you want termination of pregnancy and you are fulfilling any of the following criteria you will be referred to the hospital for termination of pregnancy.

- If you are under 16 years of age.
- If you are older than 40 years of age.
- Medical conditions or health related illness.
- Foetal abnormality.

The guideline from the Royal College of Obstetricians and Gynaecologists (RCOG) state that a woman should be seen within five working days of the referral letter being received from your GP. After you have been assessed an abortion should be offered no more than five working days later.

You should not have to wait more than two weeks from your first referral to the time of your termination. The earlier in your pregnancy you have termination, the safer it is.

What if I am less than 16 years of age?

Any young person, regardless of age, can give valid consent to medical treatment providing they are considered to be legally competent; that is, able to understand the advice given and the risks and benefits of what is being offered.

If you are under 16 years of age you will be encouraged to involve your parents or another supportive adult. If you choose not to do this, doctors can offer you termination if they are confident that you can give valid consent and that it is in your best interests.

You have a right to confidentiality like everyone else. However, if staff in NHS hospitals suspect you are at risk of sexual abuse or harm, they are obliged, with your knowledge, to involve social services.

The hospital is not required to inform your GP, but it is advisable to do this so that your GP can provide appropriate care afterwards. This is done only with your consent. If you do not want your GP to know, you should tell the staff providing your care.

What happens once I have made my decision?

You will be given information on the different methods of termination that can be used at your stage of pregnancy and the possible risks associated with them.

Medical TOP involves using two different types of tablets with an interval of 48 hours. Surgical TOP involves a general anaesthetic and going into an operating theatre or having the procedure under local anaesthetic, called MVA (manual vacuum aspiration).

You will be offered extra support, including counselling if you want it, to help you make your decision. You will be offered information and support if you decide not to have a TOP.

If you have additional needs; for instance, you do not speak English or if you need to be cared for by a woman doctor we will try and make necessary arrangements.

You have the right to delay or cancel appointments. You can also change your mind about having the termination at any stage.

You will be offered the following tests:

- Blood test to know your blood group.
- Ultrasound scan to know how far advanced your pregnancy is (before the scan you will be asked if you wish to see the image or not).
- If you have health problems there may be additional tests, such as screening for urinary tract infection (UTI), depending upon your health.

Contraception will be discussed and you will be encouraged to think about the available options.

Where do I have my termination?

Once you have seen the Consultant and the plan has been made, you will be asked to arrive on the ward on a specified date and time.

You will be seen by trained nursing staff who will also offer you counselling and support.

You will be given medication called Mifepristone (a tablet) to take and will be observed for 30 minutes to ensure the tablet has stayed in. In the event of vomiting, another tablet may be given.

You are allowed to go home and asked to return to the ward after 48 hours to have further medication called Misoprostol which will be given vaginally or by mouth if you prefer that way. You are advised to stay until the process of TOP is completed, the duration of which may vary. It normally takes 6-8 hours.

You will be offered adequate pain relief.

You will be offered a single dose of antibiotic to prevent infection.

If you are Rhesus negative, you will be offered anti - D injection.

Once the health care professional is assured of completion of the TOP you will be discharged home.

In case you experience any problems in the form of bleeding / pain / temperature, you will be given the contact number for the Early Pregnancy Assessment Unit (EPAU) on telephone 01253 953731 which is open between 08:30-18:00hrs weekdays; 08:30-12:30hrs on Saturdays and 08:30-15:00hrs on Sundays). In the event of heavy bleeding and out of hours you will be asked to attend A&E. However, if you are having a termination for fetal abnormality or fetal loss of 16 weeks or more, please contact Delivery Suite on 01253 953631.

What happens afterwards?

You will feel crampy tummy pain which settles down with simple painkillers like paracetamol / ibuprofen. It is normal to have some vaginal bleeding. This should not be heavier than a period and it should stop after a week. While you are bleeding you should avoid tampons and penetrative sex. If you have prolonged or heavy bleeding (passing clots) or have smelly discharge please contact Early Pregnancy Assessment Unit (EPAU) or your doctor for advice.

Contraception

You should start using contraception straight away. Please remember you can get pregnant soon after having a termination so you are advised to use contraception before resuming sex.

All methods of early termination of pregnancy (< 7 weeks) carry a small risk of failure to end the pregnancy and therefore a need to have another procedure. This is uncommon, occurring in less than 1 in 100 women.

Staff will ask you how you wish the products of the termination to be managed. Sensitive disposal will be arranged by the hospital. Your wishes in this regard will be respected. Please ask staff if you need any further information.

What are the risks of termination?

Termination of pregnancy is a safe procedure. Serious complications are uncommon. The earlier in the pregnancy you have termination, the safer it is. Your doctor or nurse will tell you about risks and complications that relate to the specific termination procedure being offered to you. If you have concerns about the risks, let your healthcare team know so that they can tell you more.

Risks that can occur at the time of TOP include:

- Excessive vaginal bleeding requiring a blood transfusion happens in around 1 in every 1000 TOPs.
- Damage to the cervix happens 1 in every 100 surgical termination.
- Damage to the uterus happens 1 to 4 in every 1000 surgical terminations, happens in less than 1 in 1000 medical terminations if done between 12 and 24 weeks of pregnancy.

If complications occur, surgery may be required.

Complications after the TOP (within two weeks) may include;

- Infection happens 1 in 10.
- Incomplete procedure; if this happens you may need surgical procedure to complete the termination.

Will TOP affect future pregnancies?

Termination of pregnancy does not increase your risk of a miscarriage, ectopic pregnancy or a low lying placenta if you do have another pregnancy. However, you may have a slightly higher risk of a premature birth.

Further counselling and support

If you experience continuing distress, support is available through Connect Tel: 01253 955858 or contact your GP or EPAU for further information.

References: The care of women Requesting Induced Abortion, Evidence-based Clinical Guideline Number 7; Royal College of Obstetricians & Gynaecologists (November 2011); Information for you: Abortion Care by Royal College of Obstetricians and Gynaecologists; Law and Ethics of Abortion; BMA views; British Medical Association 2007.



Useful contact details

Early Pregnancy Assessment Unit (EPAU) 01253 953731.

Connect: 01253 955858

Hospital Switchboard: 01253 300000

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: 01253 955589

email: patient.relations@bfwh.nhs.uk

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: www.bfwh.nhs.uk

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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