Clinical Guideline

EARLY MEDICAL ABORTION IN HOSPITAL

SETTING	St Michael's Hospital: [redacted]
FOR STAFF	All clinical staff involved in early medical abortions
PATIENTS	Pregnant people who are having an early medical abortion at St Michael's Hospital

Guidance

This is a nurse-delivered service at St Michael's Hospital with the option to involve medical staff as necessary. This guideline is designed to be used alongside the 'Checklist for nurses' clinical pathway for Medical Abortion in Hospital.'

This applies to patients who have a confirmed intrauterine pregnancy (i.e. sac must contain a yolk sac with or without a fetal pole) up to and including 10 weeks gestation.

Exclusions

This list is not exhaustive:

- Known adverse drug reaction to **mifepristone** or **misoprostol**
- Known ischaemic heart disease or any other serious cardiovascular disease
- Severe asthma
- Chronic adrenal failure
- Porphyria (a group of rare metabolic disorders)
- Coil seen on ultrasound scan (needs to be removed before administration of mifepristone)
- Bleeding disorder or on anticoagulants including **warfarin** and direct-acting oral anticoagulants (DOACs) e.g. **dabigatran**

Cautions

- Kidney / Liver disease
- Malnutrition
- Any other medication that may interact with **mifepristone** or **misoprostol**

Checklist for nursing staff

- Pregnancy advisory service (PAS) consultation paperwork with clinical details relating to the pregnancy
- Checklist for nurses clinical pathway for medical abortion in hospital
- Signed consent form
- HSA1 form complete with 2 signatures (Legal requirement)
- HSA4 form with sections 1,2,3,5,6 and 8 completed by PAS
    - ward staff to complete sections 4 and 9
- Prescription chart with :

  Mifepristone 200mg for 1st visit

  Misoprostol 800 micrograms/400 micrograms for 2nd visit

Analgesia and anti-emetics
Depo-Provera (if required)

Antibiotic prophylaxis - antibiotics should be given to patients who are asymptomatic but at a higher risk of infection (see below) or have a positive chlamydia result, in line with National Guidance and local data. Most women who have testing will have this result on their phone as a text message when they attend hospital. Nurses should ask to look at this result so they know whether to give antibiotics for the patient to take home:

Doxycycline 100mg twice a day for 7 days

STI (sexually-transmitted infection) testing - a full sexual health screen is offered to everyone attending PAS. This includes a test for HIV, syphilis, chlamydia, gonorrhoea with Hepatitis B and C if appropriate.

Women at higher risk of an STI include any of the following:

- Under 25 years old
- New partner in the last 3 months
- 2 or more partners in the last 12 months
- Sex workers
- Immunocompromised/HIV positive

Procedure at first visit

- Nurse administering **mifepristone** should check the patient still wishes to proceed with the termination and then sign the 'confirmation of consent 'section on the consent form
- Baseline observations if clinically indicated
- Give anti-emetic
- Supervise **mifepristone** 200mg given orally
- If vomiting occurs within 1 hour of taking **mifepristone** they should contact the ward to arrange to come back for a repeat dose. Intramuscular anti-emetic should be administered 20 minutes prior to the repeat dose of **mifepristone.** If they vomit again, rebook the procedure. Advise PAS of this so they can adjust the booking sheet accordingly.
- Reiterate information already given at PAS, regarding bleeding and contact numbers
- Ensure the nurse led checklist is complete

Procedure at second visit

- Check the patients' medical condition following **mifepristone**
- Complete baseline observations
- Give **misoprostol** to the patient, advising her to insert the tablets as high as she can into the vagina. Nurses may need to assist with this.
- Give analgesia - **diclofenac** (Voltarol) 100mg PR (per rectum) is first line. If this is declined offer oral medication
- **Pethidine** is also prescribed and can be given if required
- Give antiemetic if required
- Ensure there are suitable containers available so nurses can observe products passed
- They may go home once the pregnancy has been passed and/or the bleeding has settled
- If no products are passed 3 hours following administration of misoprostol then a further dose of 400micrograms PV (per vagina) or buccal can be given

Heavy vaginal bleeding

- If the woman is bleeding heavily the cause is usually products of conception (POC) in the cervical os. A doctor should be contacted for review and to consider a speculum examination to remove any POC visible at the os
- **Syntometrine** (5 units of **oxytocin** + 500mcg **ergometrine**) or **syntocinon** (5 units **oxytocin**) if **ergometrine** contraindicated, can be prescribed and given as required.
- Obtain intravenous access (16G cannula is preferable) and a blood group sample. To ensure suitability for e-issue of blood (if required), the laboratory must have two separate historical group and save samples, one of which must have been taken within the last 3 days
- Obtain blood tests for full blood count (FBC) clotting and fibrinogen at time of cannulation
- Occasionally the above actions fail to control the bleeding and the woman will require an urgent evacuation of retained products of conception (ERPC)

Minimal or no products of conception passed

- The patient may be discharged home if no identifiable products of conception (POC) are seen 6 hours following the last administration of misoprostol (see discharge information)
- Contact PAS and ask them to arrange an ultrasound scan (USS) for the patient within the next week - if it is a weekend leave a message on the answer phone [redacted]
- Inform patient of the plan
- Discuss the risk of miscarriage and accessing medical care as necessary

DNA Protocol

Refer to PAS DNA policy which covers the following information:

- If a patient does not attend the 1st appointment she **should not** be contacted by ward staff. PAS should be informed of her failure to attend by calling [redacted]

- If a patient does not attend the 2nd appointment, ward staff should make every attempt to contact the patient.

    - If this is unsuccessful PAS should be informed as soon as possible on [redacted], If this is out of hours a message should be left on the answer phone.

- If the patient still wishes to proceed with the abortion but is unable to come in on the specified day, they could come in up to 48 hours following administration of mifepristone if the ward has capacity. If the ward does not have capacity or the patient is unable to come in at this time, the procedure should start again with the administration of mifepristone.

- If, after taking **mifepristone** and / or **misoprostol**, the patient decides she no longer wishes to proceed with abortion, she should have a documented consultation with the ward doctor and be referred to fetal medicine for follow up. PAS should be informed of this.

Discharge information

- All patients who have passed identifiable POC can be discharged home providing the bleeding has settled and they have a responsible adult to support them for the next 24hrs

- If no identifiable POC are seen 6 hours following the last administration of **misoprostol**, the patient may also be discharged home with the advice that PAS will contact them on the next working day to arrange an USS (see above information)
- If they experience problems over the next 2 weeks, they should contact the ward or their GP for advice. Refer to the patient formation leaflet given to them at PAS

- Discuss contraception:

    - **Depo-Provera** – if this is the chosen method of contraception it can be administered immediately as prescribed regardless of whether products of conception have been seen. (Refer to Faculty guidelines)
    - **Combined oral contraceptive pill** (COCP), progesterone only pill (POP) and the contraceptive patch may be started immediately
    - **Implant** may be fitted immediately
    - **Coils** - would have been discussed at PAS consultation and usually booked at Cossham hospital from 1 week post-procedure (following USS at same time)

- Advise no sexual intercourse until bleeding has settled (approximately 2 weeks)
- If they have a confirmed positive chlamydia result or are at higher risk of infection (see above) give oral **Doxycycline** 100mg bd (twice a day) for 7 days as prescribed. Chlamydia Screening Programme (CSP) will do partner notification as necessary.
- Reiterate the contact number for the ward

Table A

REFERENCES	
RELATED DOCUMENTS AND PAGES	The Care of Women Requesting Induced Abortion, RCOG Nov 2011 https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf NICE guidelines for Abortion Care(NG140) September 2019 https://www.nice.org.uk/guidance/ng140/chapter/Recommendations DNA SOP Pregnancy Advisory Service- July 2022
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