

Clinical Guideline

EARLY MEDICAL ABORTION WITH IMMEDIATE DISCHARGE

SETTING	Pregnancy Advisory Service (PAS) Unity Sexual Health
FOR STAFF	All clinical staff involved in Early Medical Abortion at Home (EMAH)
PATIENTS	Patients who have chosen Early Medical Abortion at Home

Guidance

This is a nurse delivered service with supervision as needed from medical staff at Unity Sexual Health Service. This guidance 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 9 weeks 6 days gestation.

Following COVID 19 changes have been implemented - following assessment, patients can now have the abortion medication sent to them in the post or they can collect it. (see non-scan pathway guideline)

Patients who need an ultra sound scan (USS) can have the first part of the treatment (Mifepristone) in clinic and then take the rest of the medication home or they can choose to take all of the medication home to have at a convenient time for them. This would be dependent on the pregnancy gestation e.g. if the gestation is approaching 9 weeks and 6 days it would always be recommended to have the first part of the treatment in the clinic and take the second part home to have 24-48 later.

Children would always be brought in for an USS to determine the gestation prior to any treatment given.

This guideline is designed to be used alongside the 'checklist for nurse's clinical pathway for Medical Abortion with immediate discharge'

Informed consent

The earlier in pregnancy an abortion is performed, the safer it is.

100 or more women in every 1,000 experience nausea, vomiting and diarrhoea.

1 in 1000 will have a serious complication including severe bleeding, damage to the womb or sepsis

Approximately 7 in 100 women may need evacuation of retained products (ERPC) following this procedure

A medical abortion is most effective when the interval between **mifepristone** and **misoprostol** is 24-48 hours. When the medication is given with this interval the success rates are 97.1% compared to 94.5% when given at the same time.

All patients will receive the UHB patient information leaflet 'Early Medical Abortion at home- up to 9 weeks 6 days of pregnancy'

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 asthmatic

Chronic adrenal failure

Porphyria (a group of rare metabolic disorders)

Intrauterine Contraceptive device (Coil) seen on ultra sound 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

Eligibility- social

Must be aged 14 and over

Must be able to identify a responsible adult who either lives with them or can be contacted urgently if needed for 24hrs following the **misoprostol**

Must have access to a telephone

Must be registered with a GP or in the process of registering

If unable to speak English they must have a responsible adult who can speak English (in addition to the language of the patient) and is able to communicate with the aftercare help line in case of an emergency. This should be verified over the telephone or by the responsible adult attending the clinic.

Must have a suitable environment to go back to

Investigations

STI testing- Everyone who attends PAS will be offered a full sexual health screen which includes: HIV, syphilis, chlamydia and gonorrhoea testing and Hepatitis B and C as appropriate.

The Chlamydia Screening Programme will follow up positive chlamydia and gonorrhoea results.

Any other positive results will be followed up by the Health Advisers at Unity Sexual Health.

Antibiotics prophylaxis- antibiotics should be given to patients who are asymptomatic, but at a higher risk for infection (see below) and/or have a positive chlamydia result, in line with National Guidance and local data.

1st line

Doxycycline 100mg twice a day for 7 days - do not give to breastfeeding women

2nd line

Azithromycin 1 gram orally, then 500 mg daily for 2 days

Patients at a higher risk of infection include any one 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

Patients who are seen face to face

Mifepristone

Patients who attend PAS can either take **Mifepristone** in PAS or choose to take this home to have at a more convenient time. Check gestation of pregnancy before giving mifepristone to have at home at a later date.

For patients who choose to have mifepristone in clinic:

Follow the 'checklist for nurse's clinical pathway for Medical Abortion with immediate discharge'

Give anti- emetic **Ondansetron** 4mg orally

Supervise **Mifepristone** 200mg given orally

If vomiting should occur within 1 hour of taking **Mifepristone** they should be advised to contact PAS to arrange to come back for a second dose. Should this happen, an intramuscular anti-emetic should be administered 20 minutes before giving a further dose of **Mifepristone**. If vomiting occurs again rebook procedure.

Check if antibiotics are needed (see above)

Misoprostol

Misoprostol is given to patients to administer themselves at home 24-48 hours after having **mifepristone**.

Discuss the insertion of **Misoprostol** 800mcg (four tablets) and refer to the diagram

Explain how to administer the next dose of misoprostol 400mcg 3 hours buccal after the vaginal tablet.

Give analgesia as a TTA- **Codeine** 30mg x 8 tablets

Give a pregnancy test to perform 4 weeks after the **Misoprostol** with clear instructions and set up text reminder

Ensure the nurse checklist is fully completed

Complete the PAS discharge summary/advice sheet

Complete HSA4 online and record the reference number

Advice to patient

Most patients abort 1-6 hours following the last dose of **misoprostol**.

Refer them to the 'Early medical Abortion at Home leaflet'

If there is no bleeding within 24 hours of administering misoprostol, PAS should be contacted by telephone ([REDACTED]) and an ultra sound scan booked in PAS for approximately one weeks' time.

Reiterate the aftercare numbers on the PAS discharge summary/advice sheet

GP will be informed unless this is declined

Table A

REFERENCES	
RELATED DOCUMENTS AND PAGES	<p>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- June 2019 Medical versus surgical methods for first trimester termination of pregnancy, Cochrane systematic review https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003037.pub2/pdf/standard Checklist for nurse's clinical pathway for Medical Abortion with immediate discharge August 2022 No scan pathway guideline May 2023</p>
AUTHORISING BODY	Unity Sexual Health Guidelines meeting
SAFETY	None identified
QUERIES AND CONTACT	PAS Consultants [REDACTED], [REDACTED] or lead Nurses [REDACTED] [REDACTED] Ext [REDACTED]
AUDIT REQUIREMENTS	

Plan Elements	Plan Details
The Dissemination Lead is:	Lead PAS Nurse
Is this document: A – replacing the same titled, expired guideline, B – replacing an alternative guideline, C – a new Guideline:	A
If answer above is B: Alternative documentation this guideline will replace (if applicable):	
This document is to be disseminated to:	Pregnancy Advisory Staff
Method of dissemination:	Email
Is training required and how will this be delivered:	

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
June 2023	6.0	Pregnancy Advisory Service Lead Nurse	Minor	Updated to include the changes implemented with Medical Abortions with COVID 19 Gender changes