

What is a medication termination?

A medication termination of pregnancy (MTO) or abortion involves taking two (2) separate doses of different medications (tablets) for the purpose of causing a miscarriage. The effect of the medication is firstly to stop and then to expel (push out) an early pregnancy, without the need for surgery or anaesthetic. A woman can choose to have a medication abortion if the first day of her last menstrual period was less than 9 weeks ago (63 days).

What medication is involved?

Both medications come in tablet form. The first tablet, **swallowed whole**, called mifepristone, works by blocking a hormone called progesterone (this hormone is necessary for a pregnancy to continue). When progesterone is blocked, the lining (endometrium) of the uterus (womb) breaks down, stopping a pregnancy from continuing.

The second medication, **dissolved in the mouth**, called misoprostol, is taken approximately 36 hours later. Misoprostol makes the muscles of the uterus contract (tighten). This causes bleeding, cramps, and a miscarriage (pushing out the early pregnancy from the womb) to take place.

What are the more common experiences of women having a medication termination?

- Although most miscarriages happen within 4 to 5 hours after taking the second dose of tablets, the timing of this can be unpredictable - a few (around 1 in 25) women will miscarry before they take the second dose of tablets.
- Some women will have nausea (on average 50 percent of women), vomiting (on average 30 percent of women), diarrhoea (on average 20 percent of women), dizziness, headaches, and fever after taking the second dose of tablets.
- Most women will have strong period-like cramps and most women find the experience more painful than their usual period pain.
- Bleeding can sometimes be heavy, and some women will pass blood clots which may be the size of a lemon.
- Unpredictable, irregular, or prolonged bleeding can last for up to 4 weeks after treatment.
- About 5 percent (1 in 20) of women will need to have follow up testing to check that their pregnancy has completely terminated.

What are the less common experiences of women having a medication termination?

- Haemorrhage (very heavy bleeding), where the woman requires a blood transfusion – this happens to less than 1 in 1000 women.
- Infection, where the woman needs antibiotic treatment – this happens to 1 in 100 women.
- An ectopic pregnancy (pregnancy in the tubes) that is not diagnosed before medication is taken - this happens to 1 in 7,000 women.
- In around 1-2 percent of cases the medication does not work, and the woman may then require a surgical termination.

Who can have a medication termination?

Most women can have a medication termination; however, you should **not** have the treatment if you:

- Are unsure about your decision to terminate.
- Have ever had a reaction to the medication's misoprostol or mifepristone.
- Cannot stay close (less than one hour) to your local hospital during the time that the miscarriage is likely to happen.
- Do not have a support person who can stay with you from the time you take your second dose of tablets until the miscarriage has happened.
- Cannot have follow up by the clinic.

The treatment may **not** be suitable for you if you have certain medical conditions.

An ultrasound is essential to confirm that the pregnancy is less than 63 days and that an ectopic pregnancy (pregnancy in the fallopian tubes) is unlikely.

What are the main steps involved in having an MTOP at LWHC?

Initial Appointment: A LWHC Doctor will talk to you about your pregnancy options and check whether an MTOP would be safe for you to have.

If you have already had investigations done, your LWHC Doctor will talk to you about the results and may give you prescriptions for the medication to take to a designated chemist. It is important to be aware that some tests may need repeating before medication can be given.

If you have not had prior investigations, then your doctor will organise all the necessary tests and a follow up medication appointment will be arranged.

Medication appointment.

- Your LWHC Doctor will talk to you about your long-term contraceptive options.
- Around 15 % of women will need an injection of a blood product (Anti D) into the muscle in the upper arm to avoid problems with later pregnancies.
- Your LWHC Doctor will ask you to sign a consent form.
- Your Doctor will give you detailed written instructions about when to take all of the medications.
 - The first medication, called mifepristone, is taken at a time agreed by you and the doctor. This involves swallowing one tablet with water.
 - The second medication, called misoprostol is taken approximately 36 hours after taking mifepristone. Your doctor will tell you how and when to take the misoprostol tablets
 - The Doctor will give you prescriptions for other medicines to help reduce pain and nausea.
- Your Doctor will give you aftercare information and a follow up pathology form and appointment.

Aftercare

A LWHC Doctor will phone you at a pre-arranged time approximately 48 – 72 hours after taking medication to check on your progress.

You will be given a pathology form for a blood test 7-10 days after your second medication to confirm the pregnancy is not continuing. This blood test is very important to confirm that the medication termination has been successful and is the **ONLY** way to check that the medication termination has worked.

You will have a follow up appointment (maybe telehealth) to confirm that the MTOP has worked and check that you have no ongoing problems. If contraception has not already been started, we will talk to you about this.

If you choose to have an IUD as your ongoing contraception, LWHC will aim to insert the IUD three weeks following your MTOP.

What can I expect to happen after taking each medication?

After taking medication abortion tablets, you can expect the following:

- After taking mifepristone you may not have any symptoms, or you may have some vaginal bleeding and cramps. Sometimes, the miscarriage happens before taking the second dose of tablets, if this does happen it is still important to take the second lot of medication.
- After taking misoprostol you may experience nausea, and also cramps in the lower abdomen, diarrhoea, dizziness, headaches, and fever.
- Most women pass the pregnancy (miscarry) within 4 to 5 hours of taking the second dose of tablets. This will cause heavy vaginal bleeding and cramps in the lower abdomen.
- Some women keep having pain and cramps for the next few days and irregular vaginal bleeding can last for up to 4 weeks after.
- Some women keep having some of the symptoms of pregnancy, including tender breasts, for around 2 weeks after.
- It is normal for a urine pregnancy test to be positive for 2 to 3 weeks after the miscarriage. This is because hormone levels have not yet gone back to normal.

Managing bleeding

After taking the medication, bleeding can be much heavier than a normal period. Have maxi pads ready when you take medication. Using pads **not tampons** until your next period will help lessen the risk of infection.

Managing pain

After taking the medication, you can help manage the pain and cramps by:

- Using pain medicine such as ibuprofen or paracetamol.
- Resting.
- Wearing loose, comfortable clothes.
- Using a heat pack on your tummy.
- Taking strong pain medication that is supplied

How will I feel afterwards?

Physically, most women feel better once the pregnancy has passed.

Mentally, how you feel after a medication termination will depend on the reasons for having it and how comfortable you feel about your decision. The majority of women feel relieved that they made the decision that was right for them at the time. If you do need emotional support, please let your LWHC doctor know and we can help you.

How can I prepare for a medication termination?

From the time you take the second medication until you have had your medicated miscarriage:

- You will need a responsible adult to stay with you for support and to help you look after any children or adults you care for.
- Make sure you have enough pain medication and sanitary pads (for heavy blood flow).

What if I have any concerns?

You will be given detailed information about what to do if you have any problems. You will be given the contact details of emergency medical services in an information sheet and a letter to take with you to if you need to see another doctor at the hospital or your GP.

What do I need to bring to the appointment?

You will need to bring the following to your appointment:

- Your Medicare Card or number.
- Any concession cards.
- Enough money in your account for payment of the consultation. The LWHC Fee Schedule is available on the LWHC website: www.launcestonwhc.com.au
- A list of any questions you would like answered.
- You are welcome to bring a support person to the appointment, but please be aware that we will need to speak to you on your own for some of the appointment (this is to check that you are consenting to the process of your own free will).