



Mifegyne® (Mifepristone)

For induction of labour in the second and third trimester

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaa-
lofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,**

Greetings and Welcome to National Women's

Introduction

This leaflet will provide information about the use of Mifegyne®, Mifepristone® or RU486 as it is also called, for inducing labour in the second and third trimester of pregnancy.

How does Mifegyne® work?

Mifegyne® can be used for induction of labour for medical and foetal complications in the second and third trimester of pregnancy, by blocking the action of progesterone. This hormone makes the lining of the uterus (womb) maintain the pregnancy. Taking Mifegyne® will prepare the uterus for delivery by causing the lining to break down. 36-48 hours after taking Mifegyne® you will be given another drug called Misoprostol®, which is inserted into the vagina or given buccally, (oral mucus membranes) the tissues in your mouth will dissolve the drug and they will directly enter your bloodstream. Misoprostol® causes the cervix to soften and the uterus to contract; this will lead to labour and the delivery of your baby.

Are there any risks?

Although uncommon, the main risks are excessive vaginal bleeding, or incomplete expulsion of the placenta. In this case you may need to go to the operating theatre to have a Curettage, so any remaining placental tissue can be removed.

Mifegyne® is effective in approximately 95% of cases, so only a small number of women will need a Curettage.

Is this method suitable for everyone?

Medical induction using Mifegyne® is not suitable for all women. A specialist will assess you first.

Pregnancy Loss Counselling Service

You will have met and spent time with a Pregnancy Loss Counsellor for pre-decision counselling, prior to commencing any treatment

How will the treatment be carried out?

You will be asked to make two visits to the hospital. You must live (or be staying) within a one hour drive from the hospital and have telephone access.

1. First Visit

You will be fully assessed by the doctor (the certifying consultant) and the midwife/nurse looking after you. We will record your details, including a full health history, and check your blood pressure, pulse, and temperature.

The management of the induction will be explained to you and you will be shown around the ward/unit. Depending on the baby's gestation, certain legal documentation may be required. The midwifery/nursing staff will explain what is required and your responsibilities.

You will also meet the Pregnancy Loss Counsellor at this time. The doctor will check your general health and ask you to sign a consent form once you are satisfied you understand what is involved. You will be given Mifegyne® to start the induction. This will be given to you in tablet form, taken with water. You can expect the consultation with the midwife/nurse and doctor to take about one to two hours. After this you can go home.

During the next 36-48 hours you may start to bleed vaginally and have some period type pain. There is a very slight chance you could deliver your baby at home (0.9%). Please ring the ward/unit straight away if this occurs. We will arrange for you to come into hospital to check all is well.

Side Effects

Although these are very rare, it is possible that you may have abdominal cramping caused by uterine contractions after taking Mifegyne®. Other side effects, although uncommon, can include nausea, vomiting, diarrhoea, hot flushes, dizziness and chills. Please ring the ward/unit if you are experiencing these symptoms at home and want information and/or reassurance.

2. Second Visit and admission to the ward: 36-48 hours later

When you return for your second visit, the midwife/nurse will check how you feel and record your blood pressure, temperature and pulse. Misoprostol® tablets will be inserted into your vagina or buccally (oral mucus membranes). Sometime afterwards it is likely you will begin to experience period type pain and vaginal bleeding.

After having the first Misoprostol® tablet it is expected that your baby will be delivered in 6-8 hours although the time can vary. You will be provided with painkillers, if you may need them. Let the midwife/nurse know when you have pain that you feel requires pain relief. This is available as either tablets or an injection. Other options for coping with pain, such as relaxation, massage or homoeopathy can be used as you wish.

You may feel sick, dizzy; have chills and hot flushes or diarrhoea. These are the effects of the Misoprostol® and will soon wear off. After the baby has been delivered the doctor, midwife or nurse will assess you and you will be able to go home if all is well. You may continue to bleed for up to two weeks following the delivery.

You can request to see the Pregnancy Loss Counsellor again at any time.

As part of the treatment we will establish your blood group and rhesus status. If you are Rh negative you will need an injection to stop any antibodies forming which could become a problem if you become pregnant again. Occasionally a post-mortem examination of the baby and placenta is recommended. This will be fully discussed with you and your written consent obtained if you agree to the examination.

Follow up arrangements will be discussed with you before you are discharged.

If you are worried about anything, are bleeding heavily or feel unwell please contact the ward/unit and a midwife or nurse will give you advice. If you feel you would like to discuss your feelings or your management please contact the Pregnancy Loss Counsellor who will be happy to talk to you and can make an appointment for further counselling if requested.

Can I bring someone with me?

A support person may accompany you to all your appointments and visits. Your support person may stay with you if you wish.

Discharge Advice

The midwife or nurse providing your care will discuss the following information with you. We recommend that you take things easy for the next few days.

Pain Relief:

You may experience some discomfort for the next few days.

Take Panadol® regularly as pain relief. If this does not control the pain contact your GP.

Preventing and detecting infection:

- Complete taking any antibiotics that have been prescribed for you.
- Use sanitary pads rather than tampons until the bleeding stops.
- Avoid sources of possible infection such as spa pools and swimming pools until at least two weeks after delivery or until the bleeding has stopped.
- Contact your GP if you develop flu like symptoms; get a temperature over 38°C; have pain or difficulty passing urine; the bleeding becomes heavy and you pass clots or if you have a smelly vaginal discharge.

Sexual Activity:

We advise you not to have sexual intercourse for 2 weeks or until bleeding has stopped.

Breasts:

You may experience fullness in your breasts; this will depend on how many weeks you were pregnant. Wear a firm, supportive bra and do not express milk. A nurse/midwife will give you advice on how to use cabbage leaves to suppress the milk supply. If this doesn't help the doctor can prescribe medicine that will stop the milk supply.

Driving and returning to work:

We advise you not to drive for 24 hours if you have to have an anaesthetic. We recommend you don't return to work until you feel able, or as discussed at discharge. Please let us know if you need a medical certificate for time off work.

Can I change my mind after the first visit?

You must be sure of your decision because once you have taken Mifegyne® the medical induction needs to be completed. If you do not attend the second appointment we will need to inform the practitioner who referred you.

Contact numbers:

Pregnancy Loss Counsellor

Phone 307 4949 and ask for Pregnancy Loss Counsellor/Social Worker for Women's Health

Ward 97

Phone 307 4949 extn 24971

Women's Assessment Unit (WAU)

Phone 307 4949 extn 25900

ADHB Gynaecology Service
Women's Health
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