

Medication termination of pregnancy involves the use of medications and is performed without the need for surgery. Medication termination early in pregnancy (before nine weeks) is safe and effective. Millions of women around the world have had medication terminations over the last 10 years.

A medication termination involves two visits to Epsom Day Unit one day apart, and then follow-up blood tests to ensure you are no longer pregnant.

After taking the first medication (Mifegyne)

- Most women feel completely normal for the next 12 hours
- Some women will have side effects from the medication
- Some women will have light bleeding and/or mild cramping
- A few women (3%) will pass the pregnancy tissue.

If you have any concerns and want to speak to a nurse, please ring us from 7.30am to 4.30pm on (09) 631 0740 choose option 2.

After taking the second medication (Misoprostol):

- Most women will experience heavy bleeding and/or severe cramping within 6 hours of taking the second medication
- Along with some blood and or clots, you may pass some tissue that is paler in colour. This is the pregnancy tissue. Often this is simply passed into the toilet and you may not even no-

tice it.

- The peak of pain and bleeding occurs at the time of the passage of the tissue. Take some pain relief before the cramping becomes too painful. In over 90% of cases the pregnancy will be expelled.

Possible outcomes include:

1. Most women - > 95% will complete their termination of pregnancy and will not need anything further
2. For some women, the uterus does not contract as it should, so some tissue or blood clot is left inside. If this happens, you may experience extra cramps or pain with bleeding which gets worse over 24-48hrs. If the pain or bleeding increases steadily you should contact us.
3. Some women will not have pain or bleeding and will not pass the pregnancy tissue within 6 hours, and may require another dose of misoprostol to complete their termination.
4. A few women (1-2%) will need surgery to complete their termination

Uncommon complications include:

1. Severe haemorrhage that requires blood transfusion or surgery (1%).
2. Infection in the womb that requires antibiotics (1%)

Medication Used

1. Mifegyne (Mifepristone or RU 486) is a medication that prevents the hormone progesterone from maintaining the pregnancy. The drug also softens and dilates the entrance to the womb (cervix) and prepares the womb (uterus) for the actions of the Misoprostol.
2. Misoprostol is a medication to help the pregnancy tissue come away from the womb (uterus) and results in uterine contractions which lead to the expulsion of the pregnancy tissue.
3. Medicines are registered in New Zealand for specific purposes and Misoprostol is not registered here for therapeutic abortion. However, this drug is very safe and there is extensive research on its use in many aspects of women's health including termination of pregnancy.

Side effects can include: nausea and or vomiting (20%) and diarrhoea (2 %)

Contraception

If you were undecided about contraception when you were in the clinic, talk with your GP or Family Planning about what contraception is best for you in order to prevent another pregnancy. For example, an IUD can be inserted after the bleeding stops. Without effective contraception you can get pregnant immediately after your termination.

What to expect at your First Visit

The nurse will give you the first medication tablet to swallow.

If your blood group is Rhesus negative, she will offer you an injection of Anti-D Immunoglobulin in case of future pregnancy. You will then go home with some written information about what to expect in the next 36 to 48hours. You will be given an appointment to return to Epsom Day Unit for the second medication.

You need to be **sure** about your decision before taking Mifegyne. **It is not advisable to continue the pregnancy after taking Mifegyne; there is a risk of birth defects**

When you come back to see us on
(date) _____ at (time) _____,

you will be given Misoprostol tablets to be inserted into cheek (or your vagina). You will also be given tablets for pain relief which you can take at home with you.

You will be given two blood test forms to measure your hormone of pregnancy levels. The first blood test should be done **TODAY** before you leave at Lab Plus on the ground floor of this hospital. The second blood test should be done either here or at a Diagnostic Med Lab near you. Locations and time are on the back of the form.

Your nurse will phone you at home to see how you are. Please check to see we have the best number to reach you. Your nurse will phone you when you are at home to see how you are. You will get a further call from a nurse about 24 hours after you have taken the

Misoprostol to see how you are and review the results of your blood tests. Let us know if we can leave a confidential message.

What do I need to do before the Second Visit?

- Make sure you have a packet of sanitary pads at home including maternity pads
- Arrange to be taken home by car or taxi.
- Let us know if you would like support from our kaiatawhai or Pacific Health team
- We do not have facilities for children so please organise child care.

During our opening hours, if you are **concerned** and want to **speak with a nurse**, ring (09) 631 0740 choose option **2**
An after hours nurse will be on call Wed & Thurs nights. Phone:

If you think you have an emergency, call an ambulance or go to your nearest hospital.

Central Residents:
Auckland City Hospital/Women's Assessment Unit: Ph 3670000 ext 25900

South & Eastern Auckland residents:
Middlemore Hospital: Ph 2760000

North Shore & West Auckland residents:
North Shore Hospital: 4861491



Epsom Day Unit

YOUR INFORMATION BOOKLET Medical Appointments

Tena koutou katoa, Kia orana, Talofa lava,
Malo e lelei, Fakaalofa lahi atu, Taloha Ni,
Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's Health

Auckland District Health Board
National Women's Health