

Gynaecology and Reproductive Medicine

# Late medical termination of pregnancy – 14-23<sup>+6</sup> weeks

## Information for patients, relatives and carers

### Introduction

This leaflet explains what a late medical termination of pregnancy (abortion) involves and how to prepare for the procedure. Please feel free to ask our team any questions you have about the information below.

### What is a late medical termination of pregnancy (abortion)?

The late medical termination is a procedure which involves giving medication to women to terminate a pregnancy.

### What are the risks of having an abortion?

Having a termination of pregnancy is usually a straightforward procedure and most women have no medical problems either immediately, or long term. Every effort is made to ensure that the abortion is as safe as possible but no matter how much care is taken some women have complications.

The placenta does not deliver in 1 in 60 women undergoing this procedure and an operation is required to remove it under general anaesthetic. A similar operation is required for 1 in 200 women because of heavy bleeding.

In about 1 in 1000 cases, complications arise that make it necessary to perform a more major procedure. An example of this is perforation of the uterus (womb), which is more common if a woman has had previous surgery on the uterus such as a caesarean section.

After the procedure about 1 in 30 women need to be reviewed at the hospital because of bleeding or pain. In some cases, the symptoms are due to an infection and women get better when given antibiotics. Occasionally women might have excessive bleeding due to placental tissue still remaining within the uterus which may need surgery to remove it.

### Are there any alternatives to a medical abortion?

A surgical abortion may be possible – please discuss this with the doctor if you wish to consider it.

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## Is there anything I should do to prepare for my abortion?

Before the termination you will be asked to attend the hospital to take a mifepristone tablet (the abortion pill). This tablet prepares the womb for the termination and reduces the amount of another medicine (misoprostol) that you need to take. You should not take the abortion pill unless you are certain of your choice to terminate the pregnancy.

## What happens during my procedure?

When you arrive, a nurse will meet you, welcome you to the ward and check your details. You will stay in a single room while you are in hospital. The termination (abortion) is induced by inserting four pills into your vagina, followed by tablets that you put under your tongue. This will cause your womb to contract (rather like labour) until the neck of the womb opens and the pregnancy is expelled (like a miscarriage). At first you will get crampy, period-like pains but they will get stronger near the time that you abort. You will be offered painkillers if you need them.

If you are more than 22 weeks pregnant, we will arrange an extra scan to allow the fetus to be given an injection so that it is not alive during the abortion process.

To reduce the risk of infection, when you have your first dose of misoprostol the nurse will give you an antibiotic suppository (metronidazole) into your back passage.

You will also be given four oral antibiotic tablets (azithromycin). An uncomplicated abortion should have no effect on future fertility. There is a small risk that you might have difficulty becoming pregnant if you have a serious complication like perforation of uterus or an untreated infection.

If the placenta does not deliver or if you bleed excessively, you may need to have a surgical procedure under general anaesthetic.

If you have any questions, please ask the nurse looking after you.

## What happens after the abortion?

The nurse will check that you are well and not bleeding excessively.

If you have a rhesus negative blood group, you will be given an anti-D injection. This will help stop your body forming antibodies that could harm a Rhesus positive baby in future pregnancy.

After the procedure the fetus will be disposed of in a sensitive manner. You have a choice about how the tissue is disposed:

- You can decide not to be involved in choosing a method of disposal.
- The hospital can arrange for the tissue to be incinerated. This may mean that the tissue is incinerated along with tissue from similar procedures in other women.
- You can make private arrangements for cremation or burial of the tissue.

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- If you are uncertain of how you want the tissue to be disposed of, you have until 3 months after your procedure to decide.

You must contact the mortuary at St Mary's Hospital (020 3312 1191) or Queen Charlotte and Chelsea Hospital (QCCH) (020 3313 4846) within 3 months of your procedure to arrange disposal. The hospital will dispose of the tissue by incineration 3 months after your procedure if you do not decide.

## When can I go home?

Most women go home the following day. A few are able to go home the same day, but some have to stay longer. Occasionally your womb might take longer to respond to the medications which means we will have to keep you in for longer for completion of the abortion.

You may experience some crampy, period-like pain with bleeding for the next few days which should usually settle with simple painkillers such as paracetamol.

## When you must go to A&E

If you have severe pain or excessive bleeding you must attend your nearest A&E department.

## When can I get back to my normal routine, including work?

Most people are able to return to work or normal activities the day after they have been discharged from hospital.

## Will I need a follow-up visit?

No, but we would recommend seeing either your GP or local Family Planning Clinic 2 weeks after the procedure to ensure you have recovered fully and to arrange contraception, unless this was provided in the hospital.

## Contact details

- Lillian Holland Ward, St Mary's Hospital: **020 3312 1721**
- Victor Bonney Ward, QCCH: **0203 313 35117** or **0203 313 3570**
- Administrative team: **020 3312 1093 / 077 1766 7899** (weekdays, 09.00 to 17.00)

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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

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