Information for people who have had a medical abortion

Remember

- it is normal to have cramping pain and bleeding due to the abortion
- pain and cramping should settle once the pregnancy has been expelled and in the first 24 hours after the second dose of tablets
- bleeding lasts an average of 10-16 days and sometimes light bleeding for up to 30 days
- most people who have a medical abortion will not experience complications
- you can phone MS Health 24 hour nurse on call service **1300 515 883**

Do I need to see a doctor?

If you are worried about what you are feeling answer these questions	**Yes**	**No**
Do I feel well?		
Have the cramps settled or gone away completely?		
Has the bleeding stopped or almost stopped?		
Have the pregnancy feelings in my body gone away?		
Do I have reliable contraception?		

If you answered YES to ALL the questions, you do not need to see a doctor

If you answered NO to ANY question you DO need to see a doctor.
Take this sheet with you

Contact the health service who prescribed the medicine abortion tablets.

Name:

Contact details:

OR

Attend the Emergency Department of your nearest hospital at any time.
Contact details:

Remember, follow up after a medical abortion is important. Be sure to attend the follow up appointment that was arranged for you at the time you took the first medicine.

Information for medical staff following medical abortion

Cramping pain +/- bleeding: Almost all people will experience pain and cramping during medical abortion. The level of pain and the person's response to the pain is individual and varies greatly. The bleeding may stop & start and passage of clots may be associated with vasovagal episodes. The average length of bleeding following medical abortion is 10 to 16 days and may last up to 30 days. Significant cramping does not usually last more than 24 hours after the misoprostol dose. Bleeding and cramping usually diminish once the pregnancy is expelled. Both non-pharmacological and pharmacological methods may be helpful in reducing the pain associated with abortion. If there is no other pathology offer nonsteroidal anti-inflammatory drugs (NSAIDS) and avoid overtreatment. Irregular uterine bleeding may follow implanon or IUD insertion. Persistent bleeding may signify incomplete abortion.

Significant blood loss: Brisk bleeding occurs when the uterus is distended and unable to contract. It settles when the uterine cavity is emptied. Immediate care includes misoprostol (400mcg buccal) and speculum examination of the uterus to remove any pregnancy tissue visible at the os. If these measures fail, urgent D&C may be required. Additional misoprostol treatment (400mcg buccal) may clear the uterus while waiting for surgery. Surgery is required in approximately 1 to 2 per cent of cases.

Retained products of conception/incomplete abortion: Less than 5 percent of people will experience incomplete abortion. Clots or tissue in the uterine cavity often pass without surgery. Medical methods may assist uterine evacuation; give an initial dose of Misoprostol 800mcg (4 tablets) followed by 400 mcg (2 tablets) qid over the next 2 days. Offer pain relief. Arrange for follow up. Use caution when interpreting ultrasound findings, as invariably retained products will be reported. RPOC <20mmx20mmx20mm is usually insignificant. Be guided by clinical signs in order to avoid unnecessary surgical intervention. ***Exercise watchful inactivity.***

Infection: Infection occurs in less than 2 percent of cases. Clinical signs and symptoms of mild infection may be managed with oral antibiotics.

Doxycycline 100 milligrams bd for 10 days ***OR*** *azithromycin 1 gram, repeated 1 week later* ***PLUS***

Amoxicillin/Clavulanate 875 / 125 milligrams bd ***OR*** *metronidazole 400 milligrams bd for 10 days*.

In addition, Misoprostol 200mcg tds for 2 days may assist to empty the uterus. The patient is likely to have had swabs taken prior to the medical abortion, follow up these results. Repeat swabs can be taken at the time of presentation. Severe infection or sepsis require admission.

Continuing pregnancy: failed medical abortion refers to an ongoing pregnancy. Medical abortion carries a small risk of failure to end the pregnancy, less than 3 percent. Sequential BhCG levels are useful; 60 percent decline in BhCG levels from day of misoprostol to 14 days later is considered appropriate. Persistent pregnancy symptoms with no sac visible on ultrasound suggest an ectopic or molar pregnancy and requires gynaecological review.

Ultrasound may identify an ongoing pregnancy (failed medical abortion) or retained products of conception. Try to avoid ultrasound under 2 weeks if BhCG is dropping and patient is clinically well.

Emotional distress: it is common for people to experience a range of positive and negative emotions after an abortion. Research evidence indicates that people cope well following an abortion when they have made an independent decision based on their free will and is supported by others in the decision (Michelson 2007). **www.1800MyOptions.org.au** provide a database of counselling services.

Follow up: ensure appropriate follow up, liaison and discharge summary with the referring GP or health service.

References:

J Michelson 2007. *What women want when faced with an unplanned pregnancy*. Sexual Health vol. 4, no. 4, pp. 297-297.

Royal College of Obstetricians and Gynaecologists 2011. *The care of women requesting induced abortion. Evidence-based Clinical Guideline Number 7*, RCOG, London.

The Royal Women's Hospital 2015. *Termination of Pregnancy/ Miscarriage: Management of Presentation Post-Procedure*. The Royal Women's Hospital, retrieved 2018, http://intranet.thewomens.loc/pgp/Documents/Termination%20of%20Pregnancy%20or%20Miscarriage%20-%20Management%20of%20Presentation%20Post-Procedure.pdf.