

Medical Termination of Pregnancy

What is a Medical Termination?

A medical termination is caused by taking medications rather than having a surgical suction procedure. These medications cause the body to pass the pregnancy tissue on its own, which can involve moderate to severe cramping and bleeding. Blood work is needed to confirm the success of the termination. There are two different medications available at the Women's Health Centre (WHC) for medical termination, methotrexate or mifepristone. A medication called misoprostol is also used to complete the process.

To have a medical termination a woman must be early in her pregnancy, be in good general health, be able to tolerate possible heavy bleeding, cramping, and possibly seeing the pregnancy tissue. She also must have a telephone, have transportation in case of an emergency, and follow through with the entire process as advised. She must also understand that a surgical procedure may be needed if the medical termination isn't successful.

Advantages:

- Allows a woman to have the abortion at home, which allows for more privacy.
- No surgical procedure is undergone and therefore, no instruments are used inside the uterus.

Disadvantages:

- Vaginal bleeding or cramping may be heavy and may continue for up to a few weeks following.
- Multiple visits for laboratory work may be needed.
- There is a chance it will not be successful and a surgical procedure will be needed. The chance of the medical abortion not being successful depends on the medication used.
- Side effects from the medications include diarrhea, headache, nausea, vomiting or dizziness.

Contact with the Women's Health Centre (WHC)

Call (306) 766-0586 (outside Regina 1-800-563-9923). We are open Monday to Friday 8:00 a.m. to 4:00 p.m. Register in System Wide Admission and Discharge Department (SWADD) 30 minutes before appointments.

1. An ultrasound is done to date the pregnancy.
2. Nurse Counsel. This appointment takes up to 1 hour. The first laboratory work is done.

Be at the WHC _____ (date) at _____ am/pm

3. Physician Counsel. The doctor will take a medical history and may do a physical exam or Pap test. Medication is given to start the termination. This appointment takes 1-2 hours.

Be at the WHC _____ (date) at _____ am/pm

Call to confirm _____ (date) by 2 p.m. **If you do not confirm it will be cancelled.**

4. Misoprostol Insertion. One to seven days after the first medication is taken, at home you will take the medication which causes bleeding, cramping and passage of the pregnancy tissue.
5. The following day a nurse will reach you by phone to assess if the termination was a success. Follow-up laboratory work will then be done one (or more) times after these appointments. **Lab work is the only way to know for sure if the termination was a success.**

Ultrasound

An ultrasound is done to check how far along you are in your pregnancy. You must be less than 49 days pregnant to have the medical termination.

Counsel with a Nurse

This counselling session is to review your health history, discuss birth control options, explain the procedure and what is expected of you with follow-up, and to explore your feelings about your pregnancy and your choices. The session may last about 1 hour and is confidential.

You are then sent to the laboratory to collect:

- blood to check your blood type, Rh factor, and pregnancy hormone level
- blood to see if you have anemia and the function of your liver and kidneys
- blood for Hepatitis B and C, Syphilis, immunity to Rubella (German measles) and HIV, if given consent
- urine to check for chlamydia and gonorrhea.

Physician Counsel and Starting the Termination Process

Your doctor talks to you about your decision to have a termination, and about the risks, possible complications, and medications involved with the medical termination process. Your doctor also takes your health history, and may do a pelvic exam or pap test. Once you sign the consent form, your doctor will either give you a drug called **methotrexate** or **mifepristone**, depending on your health, personal preference, and the ultrasound results. These medications start the medical termination process.

Instructions for how to complete the termination process by taking the other medication called **misoprostol** will be reviewed, including when and how to take the medication and when to go for lab work.

	<u>Methotrexate & Misoprostol</u>	<u>Mifepristone & Misoprostol</u>
Effectiveness	5-10% of the time it is not effective up to 7 weeks of pregnancy and a surgical procedure is needed.	Less than 4% of the time it is not effective up to 9 weeks of pregnancy, and a surgical procedure is done.
Cost	The medication cost is covered (\$0) if you have a valid health card.	The medication cost is covered (\$0) if you have a valid health card.
Time	The misoprostol, taken to start the bleeding, cramping and passage of the pregnancy is taken 4 to 7 days after the methotrexate. Occasionally a second dose is taken, sometimes the next day.	The misoprostol, taken to start the bleeding, cramping and passage of the pregnancy is taken 24 to 48 hours after the mifepristone.
Where do I have the termination?	At home. You must not work or attend school the day you are inserting the misoprostol (4 to 7 days after seeing the doctor).	At home. You must not work or attend school the day you insert the misoprostol (24 to 48 hours after seeing the doctor).
How does it work?	The methotrexate stops cells from multiplying and the pregnancy from continuing to grow.	Mifepristone blocks the hormone progesterone which prevents the uterus from maintaining the pregnancy.
Diet	Must limit folic acid intake 7 days after taking methotrexate. (See page 6 for foods to avoid).	No dietary restrictions.
What about ectopic?	Stops an ectopic pregnancy (one outside of the uterus, such as in the fallopian tube) from growing.	Does not stop an ectopic from growing and cannot be used if the pregnancy is not known to be in the uterus.
Side Effects	Nausea, vomiting, diarrhea, headache, dizziness, cramping.	Nausea, vomiting, diarrhea, headache, dizziness, cramping.

Fetal malformations have been reported after using these medications. It is very important to follow up as instructed.

Misoprostol Insertion at Home

Misoprostol is taken at home 1 to 7 days after you see the doctor, and as decided by the doctor. Sometimes misoprostol needs to be taken two days in a row. You will need to remain at home, rather than working or attending school the day (or days) that you are instructed to take the misoprostol.

Bleeding, Cramping and Side Effects

Vaginal bleeding will usually occur within four hours of taking misoprostol. At the start, it may be heavier than a normal period, sometimes with clots. You may notice a small amount of white tissue or solid clot, which may be the pregnancy tissue. After the first few days, the bleeding may decrease to no more than spotting. The bleeding may continue for a few weeks. Sometimes the bleeding happens one day or more later.

Lower abdominal cramping is also expected. Severe cramps usually mean that some pregnancy tissue is passing out of the uterus. After the pregnancy tissue passes, cramping is usually mild and stops within 2 to 7 days. To relieve this discomfort your doctor may suggest you take acetaminophen, ibuprofen or naproxen (**DO NOT** take acetylsalicylic acid (ASA) such as Aspirin®). You may use a hot water bottle or heating pad to ease discomfort.

Other side effects include nausea, vomiting, diarrhea and low-grade fever. These side effects are usually mild and can be expected to last up to two days.

Follow-Up Phone Call and Aftercare

You must take the phone call from the nurse the morning after (or day as decided) you inserted the misoprostol. She will ask you about the times and amount of bleeding and cramping and will determine if you need to take more misoprostol.

You then must go for blood work seven days later (and as instructed) to ensure that the pregnancy hormone has decreased and the termination is a success. **This is the only way to determine if the termination is complete.**

After the Termination

Be sure to start the birth control you have chosen, as advised by the doctor, even if you are still bleeding. You may become pregnant after the termination, before having your next period. To limit your risk of infection, avoid vaginal intercourse or putting anything in the vagina, including tampons, until the bleeding has stopped.

Contact your healthcare provider, the WHC or immediate medical attention if you experience:

- excessive bleeding (soaking more than 2 [or more] pads per hour for 2 hours in a row)
- severe, continuing abdominal pain
- fever, chills or malaise for more than 6 hours
- feeling sick (including weakness, nausea, vomiting, diarrhea, cramps, fatigue, chills) with or without fever more than 24 hours after taking the misoprostol.

Follow-Up Appointment in the Community

The Women's Health Centre encourages you to make a follow up appointment with your healthcare provider 4 to 6 weeks after the abortion is complete, to make sure complications have not occurred. If you do not have a family doctor or Nurse Practitioner, please go to www.rqhealth.ca for the list of practitioners accepting new patients. You may also follow up at Planned Parenthood or South Saskatchewan Women's Clinic, in Regina.

Folic Acid

If you are taking the medication **methotrexate**, you **MUST** limit your folic acid (folate, folacin) intake, so the medication is able to work properly. Stop taking any vitamin that contains folic acid for one week following the Methotrexate. See the list below for foods to avoid, as well as foods to choose instead.

	Foods to Limit:	Instead Choose:
Vegetables	Romaine lettuce and spinach Asparagus Broccoli Peas and beans Brussel sprouts Corn Edamame Parsnips and turnips Collard greens Baked potato with skins Tomato juice or sauce	Iceberg lettuce or kale Bell pepper Cauliflower Cabbage Onion Carrots Mushrooms Eggplant Sweet potato without skins Boiled potato without skins Fresh tomato
Fruit	Avocado Oranges and orange juice Papaya	Any other
Grain Products	Enriched pasta (macaroni, spaghetti, etc.) White bread or buns Baking made with white flour (crackers, cookies, cakes) Ramen noodles Instant oatmeal Ready to eat breakfast cereals	Whole wheat (not enriched) pasta Whole wheat bread and buns Baked goods made with whole wheat flour White or brown rice Quinoa Large flake oatmeal
Milk and Alternatives	Milk alternatives (such as soy or rice milk products)	Dairy milk Cheese Yogurt
Meat and Alternatives	Egg yolk Organ meat (liver, kidneys) Soy based products (tofu, etc.) Legumes (beans, kidney beans, lentils, chick-peas) Peanuts, hazelnuts, sunflower seeds	Egg whites Beef Pork Chicken Fish Almonds, pecans, walnuts, macadamia nuts