

Plain language summary

Investigation and Management of Complications of Early Termination of Pregnancy

Who is this summary for?

This summary is for people who are affected by complications of termination of pregnancy (TOP). This may include women undergoing a termination of pregnancy, their support partners or their families as well as healthcare professionals.

What is this summary about?

The National Women and Infants Health Programme have developed several clinical guidelines. One of these is for the investigation and management of complications of TOP. The purpose of the guideline is to standardise the management of complications, mostly following TOP within the first trimester. This plain language summary will describe the key points and important take home messages from the complications of TOP Guideline.

What is a termination of pregnancy?

The Health (Regulation of Termination of Pregnancy) Act was signed into Irish law on 21st December 2018. There are several circumstances under which termination of pregnancy may be carried out;

- under 12 weeks of pregnancy,
- if a fetus is affected by a condition that leads to death within the womb or within 28 days following birth,
- if there is a serious risk to the health or life of a pregnant woman.

The vast majority of TOPs in Ireland are performed at less than twelve weeks of pregnancy. Termination of pregnancy can be performed medically or surgically. Medical termination of pregnancy (MTO) involves taking two medications; Mifepristone followed by Misoprostol. These may be taken at home provided the pregnancy is under ten weeks, otherwise they are taken in hospital. Surgical termination of pregnancy (STOP) is performed in hospital.

What should a woman do if she experiences a complication of TOP?

Women who experience a complication at home can contact their primary termination provider or MyOptions (**Phone: 1800 828 010**). Alternatively, women can present to any healthcare service for urgent care regardless of whether they routinely provide termination services. All healthcare professionals are obliged to provide appropriate emergency care without prejudice.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

What are the complications of TOP?

TOP is considered to be a safe procedure with complications being uncommon regardless of the number of weeks of pregnancy. As most complications are rare it is important that healthcare professionals have access to a guideline enabling them to standardise the care women receive. Complications of TOP can happen at home or in hospital, so the woman should contact her primary termination provider if she is concerned about any symptoms, following TOP.

1. Change of mind following MTOP

After taking mifepristone and misoprostol there is no way to reverse them. The chance of having an ongoing pregnancy following MTOP is very low. There is a risk, if the pregnancy is ongoing, that the medication may cause abnormalities in a developing fetus. If the woman has a change of mind she should contact her primary termination provider, who will refer for an ultrasound to determine if the pregnancy is ongoing.

2. Little or no bleeding following MTOP

The woman should contact her primary termination provider for review. Following review, the provider may monitor hormone pregnancy levels in the blood or refer the woman to where for an ultrasound scan to exclude an ongoing pregnancy or an ectopic pregnancy (a pregnancy located outside of the womb).

3. Continuing pregnancy following MTOP

If the medications, mifepristone and misoprostol, have been taken correctly and the woman did not experience vomiting soon afterwards the risk of ongoing pregnancy is low. Persistence of pregnancy symptoms and/or no bleeding can be signs of ongoing pregnancy and the woman should contact her primary termination provider.

4. Pain following MTOP

Crampy pain, usually worse than period pain is normal and should ease after the pregnancy has passed. If the woman has severe pain, particularly with little or no bleeding and have never had an ultrasound, she must be referred to the nearest emergency unit to be assessed for a possible ectopic pregnancy.

5. Heavy bleeding following MTOP

Following MTOP it can be normal to have bleeding for a number of weeks. If bleeding is soaking through two thick full sized sanitary pads per hour for two or more hours the woman should contact the termination provider, MyOptions.ie or the nearest healthcare service.

6. Incomplete TOP

Symptoms of incomplete TOP can include erratic or increasing bleeding or a positive pregnancy test. If there are no signs of infection and the woman feels well, further treatment may not be needed. If following review by the termination provider there are signs of infection or the woman's bleeding is heavy, an ultrasound scan may be required. Incomplete TOP may be treated with antibiotics or the remaining pregnancy tissue may need to be surgically removed from the womb under anaesthesia

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

7. Infection following TOP

Symptoms of infection can include pelvic pain, foul smelling discharge and an increase in bleeding. The woman should see the termination provider if any of these are experienced. If the infection is mild the woman may be given antibiotics to take at home. If there is a more severe infection the woman may require admission to hospital. Infection can be caused by some pregnancy tissue remaining in the womb and this may need to be surgically removed.

8. Complications during STOP

Heavy bleeding during STOP can be due to retained pregnancy tissue, trauma to the womb or cervix (neck of the womb) or a blood clotting disorder. Depending on the cause the woman may be given medications to promote blood to clot or the surgeon may have to perform a laparoscopy (keyhole surgery) or a laparotomy (open surgery) to identify any damage to the womb or surrounding organs.

What other supports are available?

All women experiencing a crisis pregnancy can avail of non-directive counselling.

MyOptions.ie has a full list of local and national unplanned pregnancy counselling agencies that provide unplanned pregnancy and post-termination counselling either face to face or over the phone.

Women admitted to hospital can also be offered referral to the Medical Social Work team for additional supports.

Following TOP all women should be offered information on different types of contraception. Long-acting contraception is preferred and contraceptive pills, Depo-proveraTM and ImplanonTM can be given at the same time as undergoing TOP.

For more information and support please visit:

MyOptions – <https://www2.hse.ie/unplanned-pregnancy/>

BPAS – British Pregnancy Advisory Service – <https://www.bpas.ie/>

ASN – Abortion Support Network – <https://www.asn.org.uk/>

Informing Choices Northern Ireland – <https://informingchoicesni.org/>

Additional resources for Healthcare workers:

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

<https://www2.hse.ie/services/unplanned-pregnancy-resources-for-healthcare-professionals/#relatedContent>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-guidelines-in-obstetrics-and-gynaecology/>