

Patient information

Early Medical Abortion

Definition

Early Medical Abortion (EMA) is a method of termination of pregnancy using medications to induce abortion. By UK law, the process can be carried out at home until 9 weeks and 6 days of pregnancy (or less than 70 days after your last period). The two main drugs used for EMA are Mifepristone (pronounced mif-e-pris-tone) and Misoprostol (pronounced mi-sow-pro-stl), taken 24-48 hours apart.

This leaflet will help to answer some of your questions about having an EMA. It describes the benefits, risks and alternatives, as well as what you can expect when having a consultation to discuss this.

If there is anything you do not understand or would like more information about, please ask a member of staff.

Why have an EMA?

- EMA is a safe process involving the use of two main medications (**Mifepristone** and **Misoprostol**) to induce abortion.
- Because of its safety, EMA is the only abortion option that can be performed at home and therefore is a good choice for someone who prefers to have the comfort of their home surroundings and would prefer to avoid a medical setting.
- With our service, EMA can either be done **in-clinic** at Mile End Hospital or at your **home** depending on your medical history and preference.
- In England, EMA at home is only allowed for women who are **less than 10 weeks** pregnant.

Where and when should I start my EMA?

The biggest advantage of an EMA is that you can choose exactly when you want the procedure to take place. EMA is a very safe procedure but the sooner you start the process, the safer it is. The procedure **must** be started before 10 weeks of pregnancy if planned to be done at home. The doctor or nurse carrying out your consultation before the abortion should be able to tell you how advanced the pregnancy is and can give you the last possible date that you are likely to be eligible for an EMA at home. Where it is unclear how advanced a pregnancy is, you may be required to have an ultrasound scan before you can go ahead with an EMA.

You should plan to be free and off work for at least 1-2 days from when you first take the **Misoprostol** tablets.

Choosing where to have your EMA is a very personal decision for you but will depend on whether:

- you have any pre-existing medical conditions that might make it less safe to have an EMA at home
- how supported and safe you feel at home
- how private your home environment is
- whether you have access to a private toilet
- whether there is anyone at home who will be able to help you come into hospital in the case of an emergency

If you would like to see the facilities at the CWHS (Community Women's Health Service) prior to your decision, please discuss this with your nurse or doctor.

What are the options if I do not want EMA?

Other treatment options will be discussed with you by a nurse or doctor to help you decide. These include:

- Surgical termination whilst asleep (Electrical Vacuum Aspiration (EVA) under general anaesthesia), which can be carried out from 7 weeks of pregnancy until before 14 weeks of pregnancy with our service. After 14 weeks, we would need to refer you to another NHS service for a more complex surgical termination whilst asleep.
- Surgical termination whilst awake (Manual Vacuum Aspiration (MVA) under local anaesthetic and oral pain relief), which can be carried out from 7 weeks of pregnancy until 10 weeks of pregnancy with our service.
- Continuing with the pregnancy.

How does EMA compare to other options?

All options carry a risk of vaginal bleeding during and after the procedure. Women also experience occasional cramps (pelvic pain) after the procedure is completed as the womb returns to normal size. This can last for up to two weeks.

When using medication to end the pregnancy (EMA), it is normal to experience pain and the process takes longer to complete than surgical terminations (hours to days). MVA is also painful, but this is normally for a much shorter time period (minutes to hours) than an EMA. EVA under general anaesthetic means you would not experience any pain whilst under the general anaesthetic and is as quick as an MVA.

Using medication to end the pregnancy (EMA) gives you the option of being able to carry out the process at home or in our clinic setting at Mile End Hospital, provided you are less than ten weeks pregnant. Beyond ten weeks of pregnancy, you will require an inpatient hospital stay for a medical termination. All surgical terminations are carried out in healthcare settings (Mile End Hospital or Newham Hospital).

Medical termination carries a greater risk of there being tissue left inside your womb after you have completed the treatment. This complication affects 7 out of 100 women having a medical termination compared to 3-4 out of 100 women having a surgical termination.

Both surgical options (MVA or EVA) carry operative risks, which you are not at risk of if you have a medical termination. Having a surgical termination whilst asleep (general

anaesthetic) carries additional anaesthetic risks, which you are not exposed to if you have an EMA or MVA.

Expected effects of treatment

- Nausea, vomiting, diarrhoea, fever and chills are common side effects of the abortion medications and can be managed with other medications.
- Lower abdominal pain/cramping and vaginal bleeding are experienced by all people having medical abortion.
- Pain can be severe in some cases, requiring the use of strong painkillers (like codeine).
- Most abortions are complete within 4 hours of using **misoprostol** but for some it takes longer.
- Light vaginal bleeding or spotting can continue until the next menstrual period even if the abortion is complete.
- You may notice the pregnancy remains being passed but these are often very small.

Significant but not frequently occurring risks

These are usually simple to manage and rarely have long-term health effects:

- Failure of abortion – where you have an ongoing viable pregnancy after the abortion (1-2 in 100 EMAs).
- Retained products of conception - where the pregnancy is no longer continuing but some of the pregnancy tissue is left behind in the womb (7 in 100 EMAs).
- Infection of the womb or fallopian tubes (less than 1 in 100 EMAs).
- Severe bleeding where you require a transfusion (less than 1 in 1000 EMAs)
- If we only use your last menstrual period to ascertain how advanced your pregnancy is, there is a less than 1 in 1,000 risk that your pregnancy may be later than expected. This can mean the abortion treatment is more likely to be unsuccessful, or that there is more pain or bleeding. You are also more likely to see a recognisable foetus on passing the pregnancy tissue.
- Undiagnosed pregnancy outside the normal location within the womb (ectopic pregnancy). This occurs in 2 in 1000 EMAs and abortion medications would not successfully end the pregnancy. Please report any symptoms of vaginal bleeding or pain to your nurse or doctor at your consultation and we will arrange for an ultrasound scan to exclude this condition.

Extra procedures that may be necessary

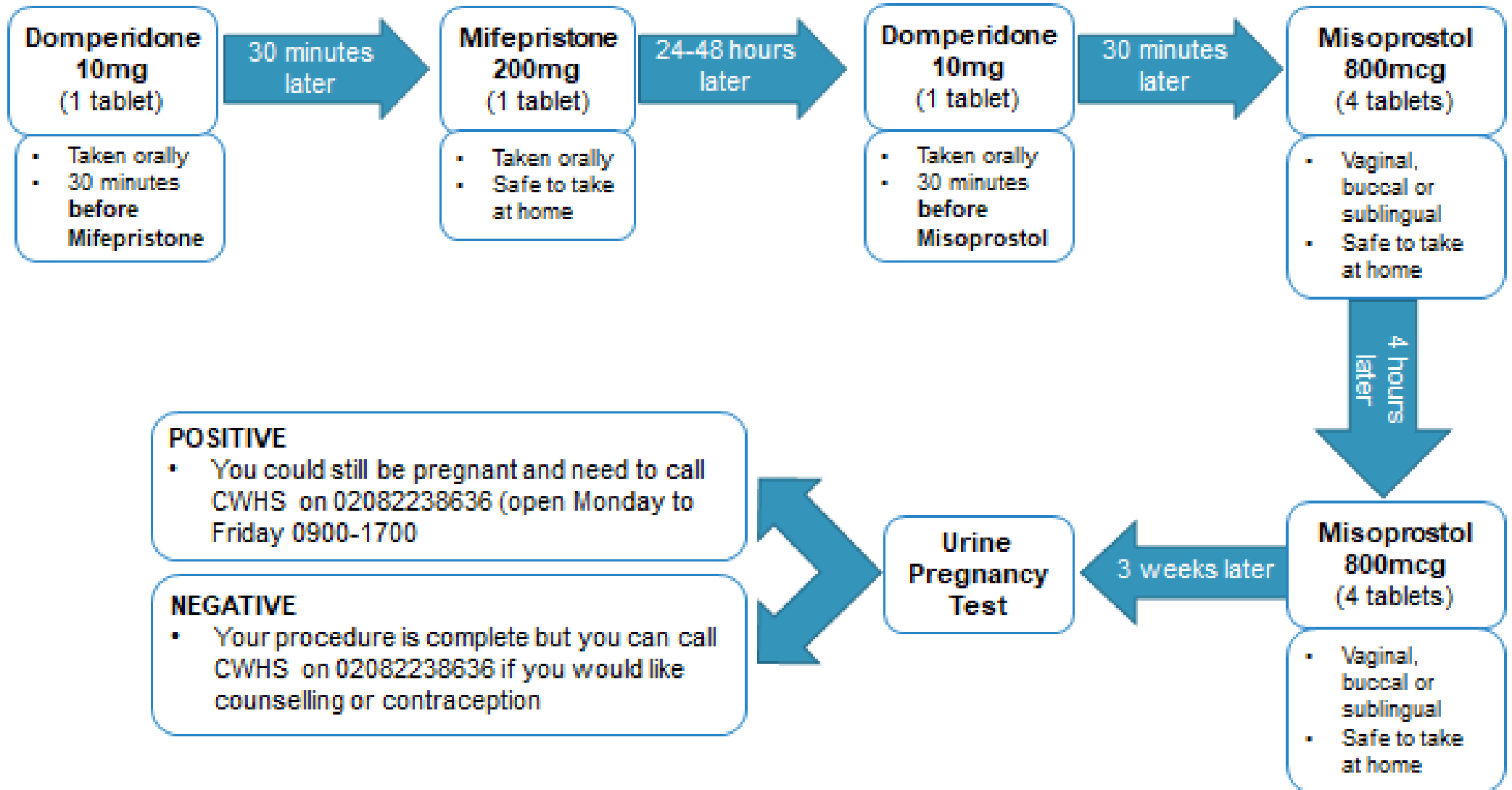
- Surgical abortion or uterine aspiration/suction (1-2 in 100)
- Blood transfusion (2 in 1000)
- Laparoscopy or laparotomy – operation to look inside the abdomen (3 in 100,000)
- Intravenous antibiotics (2 in 10,000)

How it works

- The process of EMA is a **four-step process**:
 - **Step 1 - Mifepristone**
 - Take **Domperidone 10mg** (anti-sickness) 30 minutes before this tablet.
 - **Mifepristone** is a single tablet swallowed with water.
 - **Mifepristone** switches off hormonal support for the pregnancy.
 - If you vomit within 1 hour of taking the **Mifepristone**, please contact CWHS.
 - **Step 2 (24-48 hours later) - Misoprostol**
 - Take **Domperidone 10mg** 30 minutes before these tablets.
 - **Misoprostol** is 4 tablets inserted either into your vagina, under your tongue, or inserted in between your gum and cheek and left to absorb (do not swallow). If you put these under your tongue or between your gum and cheek the active drug within the tablets takes 30 minutes to dissolve, after that any remaining tablets can be swallowed.
 - **Misoprostol** causes cramps, vaginal bleeding, and expulsion of the pregnancy. If you take these tablets under your tongue or between your gums and cheek, there is a higher likelihood of side-effects than if put in your vagina.
 - If you vomit within 30 minutes of taking a sublingual (under the tongue) or buccal (between cheek and gum) dose of **Misoprostol**, please contact CWHS.
 - **Step 3 (4 hours later) - Misoprostol** again:
 - If you have no, or minimal, bleeding after 4 hours, you can take a further 2 tablets of misoprostol, inserted into your vagina, under your tongue, or inserted in between your gum and cheek and left to absorb (do not swallow). (?? can you swallow at some stage as above?_
 - **Step 4 (3 weeks later) - Urine Pregnancy Test**:
 - If negative, the abortion is complete.
 - If positive, call CWHS on 020 8223 8636.

How long will it take for symptoms to settle after my EMA?

- You will get cramping pain and bleeding, normally within 1-2 hours of taking the first **Misoprostol** tablets.
- This will normally increase until you pass the pregnancy and then pain normally settles quickly.
- If successful, you will normally notice that pregnancy symptoms like breast tenderness, nausea and vomiting and tiredness settle within 1-2 weeks.
- Vaginal bleeding should reduce daily over the next 2 weeks, similarly to how a period settles.
- If you still persistently 'feel' like you are pregnant after 2 weeks, get in contact with our service for advice.



What will the remains look like?

- Blood clots passed during the EMA should be no bigger than a lemon and are generally dark red and smooth surfaced.
- Pregnancy remains may not be discernable from this or might appear grainier in appearance or complete within a jelly-like sac.

What will happen to these remains?

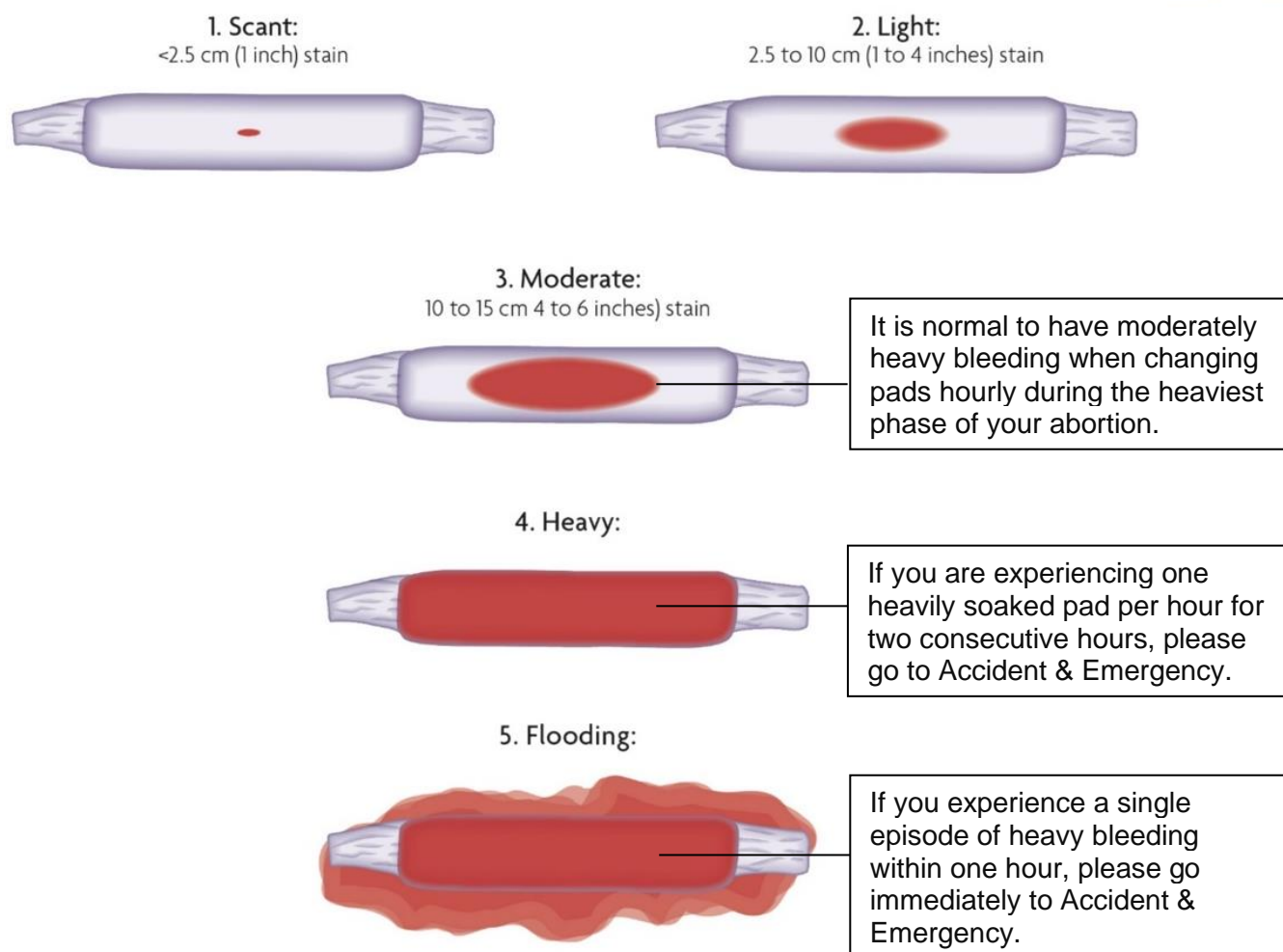
- If you have your abortion in the clinic, you have the choice of the pregnancy remains being disposed of sensitively; used for medical research (and then disposed of sensitively); or you can make your own arrangements for burial or cremation. All hospital disposals ultimately involve medical-grade incineration of tissue.
- No pregnancy remains will be involved in research without your consent.
- If you have your abortion at home, you can either dispose of the remains in the toilet or, if you want to bury the remains, you should not do so within 5metres/miles??? of running water sources.

What should I have with me for my EMA?

- Make sure you have with you:
 - Maxi- or ultra-size sanitary/period pads
 - Loose clothing including a change of clothing and a change of underwear
 - Toiletries (such as wet wipes)
 - Magazines or books
 - Phone and charger
 - Light snacks such as biscuits, crackers, fruit etc.
 - Hot water bottle or heat pad for cramps

How do I monitor the bleeding?

- Keeping track of how many maxi- or ultra-sized pads you use will help you to monitor you blood loss during the EMA
- It is expected that you will have moderately soaked pads if changing hourly.
- If you have a heavily soaked pad per hour for two consecutive hours or more, you should go to Accident and Emergency Services.
- **If you have any pads that are flooded (all the way over the pad and onto clothing) then you should report to A&E urgently.**
- If you have no or only scant bleeding throughout, this is more likely to suggest treatment failure and warrants discussing what to do with CWHS.



It is normal to have

Can anyone be with me for my in-clinic EMA?

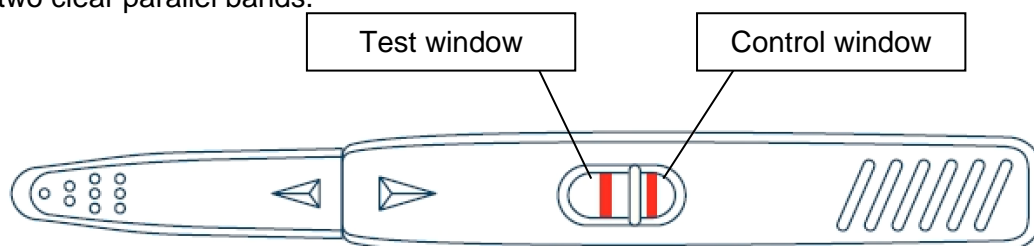
- You are allowed to have one female support friend with you for the in-clinic EMA. However, because the clinic bay is a shared space with other women, we cannot allow male partners or children **under any circumstances** to be with you during your treatment.
- We recommend that you arrange for an adult escort to take you home and stay with you overnight after an EMA.

How do I know my EMA is complete?

- 3 weeks after the EMA, you will be asked to complete a urine pregnancy test.
- We supply you with this test and you are recommended to follow the manufacturer's instructions on appropriate use of the termination of pregnancy test.
- Wait between 5 to 10 minutes to read the test results. Within between 5 to 10 minutes a line will appear in the control window (the smaller window).
- Do not read the test before 5 minutes or after 10 minutes.

- **Positive Result** - If two pink coloured bands appear within 10 minutes: one band in the test window (the largest window) and one in the control window (the smaller window), the test is positive. This could mean that the treatment for termination of pregnancy may not have worked or is not complete. In any case you should contact CWHS.

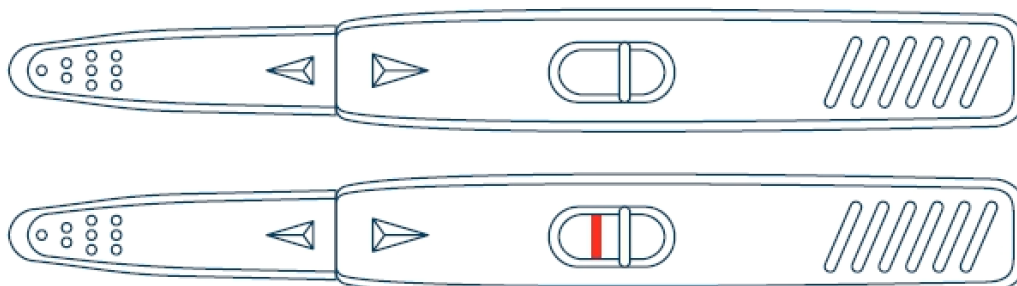
Note: One band can be darker than the other. The two bands can be any shade of pink-purple and can be lighter or darker than the control. However, you should see two clear parallel bands.



- **Negative Result** - If only one pink coloured band appears in the control window (the smaller window) and no band appears in the test window, the test is negative. Termination of pregnancy is confirmed.



- **Invalid test** - The test is invalid if there is no coloured band in the control window of the test. Even if there is a coloured band in the test window, it is recommended that the test be repeated with a new **test kit** and tested on a fresh urine sample that has been obtained 24 hours after the invalid test.



If you experience a single

How to contact Community Women's Health Service

- There are administrative staff available on **020 8223 8636**. This telephone line is open Monday-Friday 0900-1700, except for bank holidays. Out of hours, call 111 or in case of emergency, call 999.
- Please note that our administrative team are not clinically trained but will direct your enquiry to a member of the medical team.
- If you require an interpreter for this call, please notify staff of the language you require.

Where to collect medication

You can collect your medication from Lloyds Pharmacy at The Royal London Hospital in Whitechapel. Use the main entrance near Accident and Emergency (A&E).

Outpatient Lloyds Pharmacy Location:

Ground Floor, North Tower,
The Royal London Hospital,
Whitechapel Road
London
E1 1FR

Opening times: Monday to Friday 9am to 6pm Telephone: 0207 247 9297

Help, support, and further information

The team caring for you understand that this is likely to be a difficult time for you and your partner, and we will do our best to support you and answer your questions.

Emotional Support

It is normal to have mixed feelings and emotions after your procedure. If you would like to speak to our counsellors, please arrange an appointment on 020 8223 8636 or email sexualhealth.counsellors@nhs.net.

In Case of Emergency

Go to your local Accident & Emergency if you have any of the following symptoms:

Heavy vaginal bleeding	Smelly vaginal discharge
High temperature	Feeling chills or shivery
Redness in leg	Pain in your leg
Shortness of breath	Chest pain

Cancellation of your procedure

If you need to cancel your procedure, please call CWHS as soon as possible on 020 8223 8636, or email bhnt.thcash@nhs.net

- Please include your full name, date of birth and date of your procedure in any enquiry. Please note that this is only for cancellations and not for clinical advice.
- If you need further time to decide about proceeding with abortion or not, then you can always request for an appointment with one of our counsellors by contacting the above number.

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔!

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Leave feedback on NHS Choices www.nhs.uk

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:

www.bartshealth.nhs.uk/pals

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All our patient information leaflets are reviewed every three years.