

The ending of pregnancy from 14 to 24 weeks: what are my options?

This decision aid can help you choose between medical and surgical options.

| | MEDICAL | SURGICAL |
|---------------------------------|---|--|
| What happens? | <ul style="list-style-type: none"> You will take a tablet called mifepristone, then you can go home. You will return to hospital 1 – 2 days later to take a second tablet, called misoprostol. This medication will give you contractions and is given in repeated doses till the pregnancy has passed through the vagina, this can take several hours to days. Between 10 – 30% of women* will have a suction procedure afterwards. | <ul style="list-style-type: none"> The day before the operation, the cervix is prepared to make the operation easier. This is done by inserting matchstick-sized rods, called dilapan, which swell over time and/or by taking a tablet, called mifepristone. You will then go home. The following day, the pregnancy is removed through the cervix under deep sedation or general anaesthetic and takes 15-20 minutes. |
| How long will I be in hospital? | <ul style="list-style-type: none"> On average, you will be in hospital 2-3 days. If you have had a previous Caesarean section or other uterine surgery, the process may take longer. | <ul style="list-style-type: none"> You'll be in hospital for approximately half a day Most women go home the same day as the procedure |
| Will I see the pregnancy? | You will be awake and aware of the process. You may see the products of the pregnancy as they pass. You can see and hold the baby, if you wish. | You will not see the products of the pregnancy and you will not be able to see or hold the baby afterwards. |
| Pain | You will have painful contractions during the process, however several pain relief options will be available to you. | You will have minimal to no pain during the operation, due to anaesthesia. Insertion of the dilapan rods sometimes cause mild cramping or light bleeding. |
| Risks | Both options have a risk of bleeding, infection, retained pregnancy tissue which may require a repeat procedure | |
| | Rupture of the womb (rare) Failure to end the pregnancy (<1/100) Passing the pregnancy before admission Up to 30% of women will require a suction procedure performed vaginally to remove remaining placental tissue. This happens in the operating theatre. | Injury to the cervix or womb from the surgical instruments (1-4/1000) Failure to end the pregnancy (1/1000) Passing the pregnancy before surgery 3% women will need further surgery to complete the procedure |
| After the procedure | <ul style="list-style-type: none"> You may need pain relief for a few days Bleeding can last for about 1 week (surgical) or 2 weeks (medical), but should get lighter each day Contraception can be started straight away | |

References:

- National Institute for Health and Care Excellence (2019): Abortion Care [NG 140]
- British Pregnancy Advisory Service, www.bpas.org

*We provide care to all pregnant people. Although this leaflet refers to women, we recognise not all persons assigned female at birth will associate as women.

What happens to the remains after a pregnancy ends?

After ending a pregnancy with either medicine or surgery there will be remains, which may include a baby. There are different ways the remains can be sensitively managed, these are explained below. If you are uncertain we can discuss these with you in more detail and allow you as much time as you need to consider what is right for you.

I would prefer the hospital to look after the remains

The hospital will arrange for the pregnancy remains to be cremated and the ashes scattered in a garden of remembrance. You do not need to be involved or contacted, unless you request it. The ashes can not be returned to you.

I would prefer to make private arrangements

A funeral director can collect the remains from the hospital for a private funeral, cremation or burial. The cost of this is not covered by the hospital and will need to be arranged by yourself or through a religious / cultural group.

I would prefer to take the remains home

You can take the remains home after a pregnancy ends before 24 weeks. The remains will be placed in a sealed box. It is important to consider what will happen once at home. If you intend to bury the remains you must own the land (or have permission from the owner) and think about what will happen if you move home. It is also important to consider if there are pets or animals in the area who may dig the remains up if not buried deep enough. If this is your preference we will provide further health and safety information to you.

I would prefer more time to think about this

If you would like to take some time to consider what will happen after the pregnancy ends just let us know. To discuss the options further you can email whh-tr.bereavementmidwife@nhs.net, leave your details and we will call you back when you are ready.

If you have a compliment, complaint or concern please contact the Patient advice and liaison service team (PALS) on 020 7288 5551 or whh-tr.PALS@nhs.net. If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.