

Marie Stopes UK

Standing Operating Procedure

Interval Early Medical Abortion - Misoprostol at home

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Review by:	Associate Clinical Director

Aim

To promote a reliable and safe process for delivering interval early medical abortion (EMA) with misoprostol administration at home.

Scope

This Standard Operating Procedure (SOP) represents current, recommended good practice and will ensure effective clinical delivery of EMA where misoprostol is self-administered by the client at home.

The SOP is supported by the MSUK Early Medical Abortion Policy.

Eligibility

- Intrauterine, single or multiple viable pregnancy has been confirmed;
- The gestation as confirmed by ultrasound does not exceed 66 days (9 weeks, 3 days) on the day of administration of mifepristone in an early medical unit or 69 days (9 weeks, 6 days) in a main centre;
- There are no contraindications to EMA as listed in the pre-existing conditions guidelines (PECG);
- There is no history of allergy to mifepristone, misoprostol or other prostaglandins;
- The client understands how to self-administer misoprostol by the prescribed route and within the 24-48h timeframe (please refer to EMA administration table);

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Gestation in weeks (at time of taking mifepristone)	Simultaneous dosing of PV misoprostol	6 hr. interval dosing – PV misoprostol	24 hr interval dosing – buccal or PV misoprostol (clinic/home)	48 hr interval dosing – buccal or PV misoprostol (clinic/home)	72 hr interval dosing – buccal or PV misoprostol
9+4 to 9+6*	no	no	yes	yes	yes
9+3	no	yes	yes	yes	yes
9+2	no	yes	yes	yes	yes
9+1	no	yes	yes	yes	yes
9+0 or less	yes	yes	yes	yes	yes

***Early Medical Abortion at 9+4 to 9+6 is only licensed in main centres, not EMUs. However, clients are still eligible for misoprostol at home if they received mifepristone in the main centre at this gestation.**

- The client understands the aftercare instructions and when to seek help;
- The client's home is a place in England where she has her permanent address or usually resides.

Young women and other special groups

Young clients (<16 years), women who do not speak English and other vulnerable groups should not be automatically excluded from being offered interval EMA – misoprostol at home on the basis of this factor alone.

Provided they fulfil the eligibility criteria above, clients attending MSUK services may be offered this option.

Informed Consent

- Informed consent should be documented after an assessment of capacity.
- Counselling should be discussed and offered if requested.
- Discussion of the decision to have an abortion and assurance that the decision is the client's and own and without coercion.
- Discussion of know side effects and possible complications of 24-48h EMA:
 - Risk of continuing pregnancy (failed abortion) – 1 in 100.
 - Risk of retained products of conception – less than 3 in 100.
 - Risk of infection- less than 1 in 100 will get an infection following an abortion when prophylactic antibiotics are used.

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- Risk of severe bleeding (haemorrhage) at the time of abortion- less than 1 in 1000.
- A review of aftercare instructions, including 24-hour emergency contact information.
- Anticipatory guidance for the length of time involved in the abortion process and the need to confirm termination of pregnancy.
- Instruction on the administration of misoprostol.
- Anticipatory guidance for the variation in pain experienced by clients and the use of pain medication. A non-steroidal anti-inflammatory drug (NSAID) should be recommended.

Investigations

- Medical and obstetric history, including allergies and all current medications.
- Blood pressure, pulse and temperature should be recorded. Height and weight should be measured and BMI calculated.
- Determination of gestational age through ultrasonography.
- Rhesus status should be determined using point-of-care testing on the day. If the woman is rhesus negative, she should be given Anti-D immunoglobulin during her visit or within 72 hours.
- Haemoglobin level should be determined using point-of-care testing (HemoCue). The measurement must be above 90g/L for the client to be treated at MSUK. If <90, refer to Right Care for NHS referral.
- STI Screening: All women will be offered a full sexual health screen (subject to CCG funding).

Antibiotic Prophylaxis

This is currently under review; however, the prophylactic antibiotics regimen is as follows:

- Azithromycin 1g stat or;
- Doxycycline 100mg twice daily for seven days if a known adverse reaction or allergy to macrolides;

And

- Metronidazole 800mg orally.

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EMA stage 1

Women will attend a MSUK clinic to take mifepristone under observation in accordance with the Abortion Act 1967.

Mifepristone 200mg is given to the woman to take orally.

- Confirm identity of the client.
- Check all paperwork:
 - Consent form signed and the woman verifies discussions and understanding, especially that misoprostol should be administered at her home address in England only;
 - HSA1 signed by two doctors with clear details of both doctors, and uploaded to CRS;
 - Ad-hoc entries reviewed to ensure EMA can proceed;
 - Prescription has been completed.
- Review client allergies
- Give antiemetic if required - ondansetron 4mg orally.
- Administer mifepristone and advise the woman that if she vomits within the first hour, she should return for a repeat dose.
- Administer oral metronidazole 800mg stat.

Discussion of EMA stage 2

Eligible women can complete stage 2 of EMA by self-administering misoprostol at home.

Misoprostol 800mcg is given to the woman to self-administer 24-48h after mifepristone, by vaginal or buccal routes.

- Confirm that the woman understands how to take misoprostol:
 - Explain to her that there is a higher likelihood of side-effects when misoprostol is taken by buccal (tablets dissolved between the gum and cheek) route, compared with vaginally. However, there is no difference in effectiveness when taken correctly.
 - Explain to her that a 24-48h window gives the best chance of complete EMA.
- If she opts to self-administer misoprostol vaginally, advise her to:

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- Empty her bladder;
- Wash her hands;
- Push the four misoprostol tablets one at a time up into the vagina as far as possible using her fingers.
- If she opts to self-administer misoprostol buccally, advise her to:
 - Place 2 tablets on each side between her gum and cheek;
 - That the active ingredient in misoprostol takes 20 minutes to absorb, therefore the rest of the tablets can be swallowed after this and it may leave an unpleasant taste in her mouth.
- The client may change her mind when she leaves the clinic as to the route and timing of misoprostol administration. This is not a problem.
- Advise her to take ibuprofen (or paracetamol if contraindicated) around 10 minutes before self-administering misoprostol.
- Advise her to take azithromycin once the side effects (nausea, vomiting) from misoprostol have worn off.

Contraception and Anti-D

- Discuss and administer contraception:
 - All methods of contraception, excluding intra-uterine methods, are suitable for immediate commencement subject to the doctor's assessment;
 - Depo-Provera can be offered but the woman needs to be aware that there is a small risk (0.4%) of failure of EMA (hence continuing pregnancy) if Depo-Provera is given at the same time as mifepristone.
- Administer Anti-D if indicated.
- Complete the discharge summary and EMA notes on CRS:
 - When submitting the HSA4, ensure you have manually inputted (in Section 4) the agreed date for misoprostol administration and completion of abortion, and that you have indicated that misoprostol was administered at home.
- Give pregnancy tests to be performed 3 weeks' post treatment.

Conclusion of treatment

Comprehensive follow-up care is important and the 24-hour support line should be advised and number highlighted in the aftercare booklet. Explain the following to her:

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- The different medications in her TTA (to take away) pack, i.e. misoprostol, contraception and azithromycin/doxycycline.
- There will be bleeding with clots and cramping.
- Most women will pass the pregnancy tissue 1-6 hours after misoprostol; you may see a sac that is white or greyish and looks somewhat like a grape.
- You may have bleeding and spotting for several more days or a few weeks after using misoprostol.
- Most women find that their pregnancy symptoms decrease.
- While you return to your normal activities, you may be more tired than usual; you might want to avoid strenuous activities or exercise.
- You can get pregnant very soon after an abortion, even before your next period. Therefore, contraception is important.
- Avoid sexual intercourse for two weeks.
- Call the helpline if:
 - Little or no bleeding occurs within 48 hours following administration of misoprostol;
 - More than 72h elapses between mifepristone and misoprostol administration;
 - The pregnancy test is positive at 3 weeks' post EMA or she continues to have pregnancy symptoms prior to this;
 - Bleeding is heavier than expected (bleeding through three sanitary towels an hour) and/or pain is uncontrollable despite paracetamol and ibuprofen use. Some women may find over-the-counter codeine/paracetamol preparations helpful.

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