

Patient agreement to investigation or treatment

Mid trimester termination of pregnancy with Prostaglandin. Pre-treatment with Mifepristone.

Authors: Gynaecological Services

Brief description:

- The purpose of this treatment is to induce 'labour' and so cause you to miscarry your pregnancy. This is brought about with the Prostaglandin treatment. The pre-treatment with Mifepristone one or two days before makes the womb more sensitive to the Prostaglandin treatment. This makes the Prostaglandin part of the treatment more effective, and so shortens the length of time you need to be in hospital.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.cuh.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

About mid trimester termination of pregnancy with Prostaglandin. Pre-treatment with Mifepristone

Contact telephone numbers:

Daphne Ward: 01223 217636 (08:00-20:00 hours, Monday to Friday, 08:30 – 14:00 Saturdays and Sundays. Closed Bank Holidays) or
Inpatient Gynaecology Ward: 01223 348544 (all other times)

1) First appointment – Taking the Mifepristone tablet

Please come to Daphne ward between 10:00 – 16:00 hours

Onday, date.....

Before your procedure

- **Things to avoid:** You are advised not to smoke or drink alcohol for at least four hours before this appointment and until you have been discharged following the second part of the treatment (having the vaginal tablets). If you really cannot manage not to smoke, then you should cut down as much as possible, and smoke only half of each cigarette.
- **What if I change my mind?**
You must not take the Mifepristone tablet if you have any doubts about having the termination. The nurse will give you time to discuss any questions or anxieties you may have, but, in the end, only you can make the right decision for yourself.
- If Mifepristone is taken, the pregnancy is very likely to end. There is no available method of preventing, or reversing, the action of Mifepristone, once it is taken.

During the procedure

- You should expect to stay with us for about one hour. You are welcome to bring your partner or a friend with you. You should have something light to eat, such as tea and toast or a sandwich, before you come for your appointment. This will reduce the risk of you being sick after you have taken the tablet. If you have already been experiencing a lot of pregnancy sickness, please let us know. We can then give you some anti-sickness medication. We will ask you to wait on the ward for about 20 minutes after you have taken the tablet.

After the procedure: What to expect in the next few days

- **Bleeding:** It is unlikely that you will bleed at this stage. However, if you do, then it is important to use sanitary towels and not tampons.
- **Discomfort:** Rarely women experience cramp-like discomfort, similar to period pains. You **must not** take Aspirin, Ponstan or Ibuprofen (Nurofen) - painkillers that are in the non steroidal anti inflammatory group – as they can stop the Mifepristone tablet from working properly. **You can use Paracetamol or codeine-based painkillers** instead.

- **Miscarriage risk:** It is extremely rare for a woman at your stage of pregnancy to miscarry at home before the second part of the treatment. If this happens, you may bleed heavily and the miscarriage may not be complete. We recommend that you seek medical help urgently. Please do not hesitate to telephone us if you are unsure what to do.

2. Admission for prostaglandin treatment

Please come to Daphne ward at 08:30 hours Onday,
date.....

Have a light breakfast beforehand.

Before your procedure

- **What do I need to bring?** Wear loose, comfortable clothes and bring a spare pair of pants with you. You cannot use tampons but you can provide your own sanitary towels if you prefer, though please do not use the highly absorbent type (for example: 'Always') as they make it difficult to check on how much you are bleeding. Please bring items such as a toothbrush and nightwear in case you need to stay in overnight.
- You will have access to your own television and telephone via pay cards. The radio is free. Bring in some magazines or something else to pass the time. There are water dispensers and a hot-drinks machine that you can help yourself to throughout the day. These facilities are free.
- **Can I bring someone with me?** You can bring your partner or one friend with you, and they are very welcome to stay throughout the day. Please note that we do not have the facilities to care for children on the ward or to have them for long periods of time on the ward as it disturbs other patients. Please make your own arrangements for child-care before attending the hospital.

During the procedure

- **Taking the Prostaglandin tablets:** Your nurse will go through the procedure with you. After a few checks she will insert the prostaglandin tablets into your vagina. You will need to remain on the bed for one hour after this to allow the tablets to stay in place. The tablets cause your womb to contract, and these contractions will feel like strong period pains. If you can, it is best to try and tolerate some discomfort, as this will make the treatment work more quickly, but your nurse will give you painkillers when you need them. You will be given further doses of Prostaglandin tablets by mouth every three hours, up to a total of five doses, until the termination is complete. The tablets can cause some side-effects; diarrhoea, nausea, dizziness and hot flushes may occur. The side-effects do not last for very long, and if you have any of these symptoms the nurses will do all they can to make sure you are as comfortable as possible.

- Occasionally at the end of the procedure, if the placenta is not expelled from the womb then it is necessary to do a small operation to remove it. If this is done it will be performed under general anaesthetic and you will need to stay overnight.

After the procedure

- It is very important that the nurses check to see what you are passing. You will be asked to pass water or open your bowels into a cardboard bedpan that fits into the toilet bowl. You must not flush anything down the toilet. You will not have to see anything that comes away; the nurses will be on hand to take away any bedpans that you may have used. If you change your sanitary towel please show it to the nurse before putting it in the bin. This will help us monitor your blood loss accurately.
- **Eating and drinking:** You can eat and drink as long as you are not feeling sick. It is best to have only a light diet during the day.
- **Getting around and about:** You can walk around the ward if you wish after the first hour and this may help the treatment work more quickly, but please do not leave the ward without speaking to your nurse first.
- **When you can leave hospital:** You will not be discharged until the termination is complete. We will arrange for you to be examined before you go, and your nurse will do a final check and give you discharge advice. Women whose blood group is rhesus negative will be given an injection of anti-D before leaving to protect future pregnancies from being affected by rhesus incompatibility. It is sensible to have someone travel home with you. You should be able to leave the ward by early evening, but please remember that some patients have to stay overnight. In case this happens, you should make any necessary arrangements beforehand. This is especially important if you have children at home who will need to be cared for.
- **When you can resume normal activities including work:** You should plan to rest at home for the next 24 hours. If you have young children it is advisable to have another adult around to help you or indeed give you a rest. After this you should be able to resume normal activities, but if you have a physically demanding job you may want to arrange a further day off work.
- **Special measures you need to take after the procedure:**
 - **Bleeding:** You will have some bleeding for 10-14 days following this procedure. Do not have intercourse and do not use tampons; this is to reduce the risk of getting an infection.
 - **Pain:** If you have any discomfort when you get home, you can now use any painkillers you wish.
 - **Hygiene:** It is safe for you to have a warm bath or, preferably, a shower when you get home.
 - **Signs of Infection:** Increased bleeding or pain, or developing a smelly vaginal discharge could be symptoms of an infection. You should see your GP immediately if you develop any of these symptoms, as you may need antibiotic treatment. If your GP is concerned you will be referred back to our team for further management.
 - **Contraception:** You can fall pregnant again very soon after having a termination, so it is important that you use your chosen method of contraception carefully.

- If you have decided to take the progestogen only oral contraceptive pill, you should start it on the same day you leave the hospital.
 - If you want to use a coil (IUD) or cap, you should make an appointment with your GP or Family Planning Clinic to arrange this once you have stopped bleeding.
 - The injection method (Depo-Provera) can be given to you before you leave the hospital, if you have discussed this with the doctor at the Termination Referral clinic visit and it has been prescribed for you.
 - If you want to use condoms, remember to ask the nurse on the ward for a supply if you need them.
- **Check-ups and results:** It is normally a good idea to see a doctor or nurse two to three weeks after a termination of pregnancy. This allows them to check that you are physically and emotionally okay, and is also a good time to sort out future contraception if that has not already been done. You are advised to make an appointment to see your GP for this. Alternatively, you can make an appointment at the **Family Planning Clinic at the Laurels, 20 Newmarket Road**. The clinic telephone number is **08456 50 51 52**.
 - **How will I feel emotionally?** It is not unusual to feel low after having a termination, although for most women the overwhelming feeling is one of relief. It is okay for you to feel sad and upset about the whole episode, but if you think that you feel particularly low or even depressed, please do ask for help from your GP or Family Planning Clinic.

Alternative procedures that are available

- Any alternative procedures to this non-surgical termination depend on the stage of your pregnancy. These options will be discussed with you in detail at the clinic.

Serious or frequently occurring risks

- Complications are rare, but may include excessive vaginal bleeding requiring transfusion.
- Rarely, women do not go into labour following the full course of prostaglandins. If this happens, the whole procedure is repeated the next day. Extremely rarely this too does not work and it is necessary to do an operation through the abdomen to remove the pregnancy (like a caesarean section).

Disposal of foetal tissue

Arrangements for disposal of the fetal remains:

There are standard procedures in place for the disposal of fetal remains which are described briefly below. If you wish to obtain more detailed information of the processes, please contact one of the people named at the end of this document:

- Fetal remains below 13 weeks gestation are cremated within the hospital, in accordance with the relevant code of practice. This is planned and organised to ensure that no other material is dealt with at the same time. The process is witnessed by two members of the bereavement team.

- Fetal remains above 13 weeks gestation are cremated at the local crematorium in a monthly group service taken by the lead Chaplain for the Trust. In order to maintain patient confidentiality the patient's name is not used to identify the remains.
- A woman or couple may decide to make arrangements themselves, either at home or in a local cemetery/crematorium using a funeral director. To arrange this please contact one of the people listed below, prior to the procedure.

If you wish to discuss any of the above, or to have further Information, please contact Daphne Ward staff (01223 217636



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

Authors	Gynaecology Department
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 217755
Publish/Review date	October 2011/October 2014
File name	Gynae_term_mtt.doc
Version number/Ref	4/CF237

Consent form 1

Patient agreement to investigation or treatment

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
--

Responsible health professional/job title

.....

Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Mid trimester termination of pregnancy with Prostaglandin. Pre-treatment with Mifepristone

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended aim of the procedure: Termination of pregnancy
-

- Any serious or frequently occurring risks from the procedures including those specific to the patient: Excessive vaginal bleeding. Rarely, women do not go into labour following the full course of prostaglandins. If this happens, the whole procedure is repeated the next day. Extremely rarely this too does not work and it is necessary to do an operation through the abdomen to remove the pregnancy (like a caesarean section).

- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided: Mid trimester termination of pregnancy with Prostaglandin. Pre-treatment with Mifepristone.

..... Version/Date/Ref: 4, October 2011, CF237

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

The patient has withdrawn consent (ask patient to sign/date here)

See also advance directive/living will (e.g. Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) apart from the foetus, removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) apart from the foetus not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)
On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature:..... **Date:**

Name (PRINT): **Job Title:**