Patient information and consent to medical termination of mid-trimester pregnancy (13 to 18 weeks gestation)

Key messages for patients

- **Please read this information carefully**, you and your health professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you are admitted for surgery**. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- **Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment** and any information that you have been given relevant to your care in hospital, such as test results.

- Simple painkillers such as paracetamol and codeine may be required after the first part of your procedure. After the second part you may also require ibuprofen (Nurofen [Voltarol]). It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- **Take your medications as normal on the day of the procedure unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- **Please call the Clinic 24 (Pregnancy Advisory Service/Early pregnancy unit) on telephone number 01223 217636** if you have any questions or concerns about this procedure or your appointment.

After the procedure we will scan the consent form into your electronic medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). You must be aware there is little evidence regarding outcomes if you change your mind after taking the medication for the first part of the treatment. It is likely you may miscarry the pregnancy. If you are unsure you should not take the first medication.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures...
you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 2018 and the resultant General Data Protection Regulations (GDPR).

All staff who may be involved in your care are bound by their respective professional boundaries to ensure your confidentiality is respected. However in certain cases where safeguarding concerns are raised we cannot guarantee confidentiality but may disclose some information on a need to know basis; this will be discussed with you.

**About medical termination of mid-trimester pregnancy**

This is a two stage procedure:

The first stage of the treatment requires a hospital visit of approximately one hour and involves taking a tablet called mifepristone orally (by mouth). This tablet blocks the action of the hormone progesterone, which is needed to sustain a pregnancy.

Taking the tablet results in:

- Changes in the lining of the uterus (womb)
- Detachment of the pregnancy.
- Softening and opening of the neck of the uterus (the cervix).

The second part of the procedure involves having the vaginal insertion of a drug called Misoprostol 36-48 hours later. It is a prostaglandin which causes the uterus to contract and helps the pregnancy tissue to pass. You will then be given up to four further doses of misoprostol orally at three hourly intervals until you pass all the pregnancy tissue.

You should expect to be in hospital most of the day for this part of the treatment.

**Intended benefits**

- termination of pregnancy
- avoids a general anaesthetic and an operation
- there is a perception it is less painful
- there is a perception it maintains privacy

**Potential disadvantages**

- You will experience bleeding. Some women find the amount of bleeding is unacceptable with it being heavier than a period, other women cope well. You will usually experience abdominal cramping pains. The level of pain is individual; some equate it with labour, others with a bad period pain.
- The pregnancy tissue may not pass on the day of treatment. Therefore, you may experience further heavy bleeding and pain on subsequent days.
• The treatment regime may have side effects such as nausea, vomiting, diarrhoea, dizziness and hot flushes.
• The procedure can be perceived as frightening and some women fear seeing a recognisable fetus; we try to give you as much information as possible to prepare you and alleviate your fears.
• Alternative intervention may still be required.
• The first period after the termination may be heavier than usual.
• The manufactures of mifepristone recommend you wait one completed menstrual cycle before attempting to conceive.
• Bleeding can continue for up to three weeks.

Who will perform my procedure?
This procedure will be performed by specially trained nursing staff.

Your first appointment – taking the mifepristone tablet

Please come to Clinic 24 between 10:00 – 16:00 hours
On ................................day,  ....... date  .........................month

Before your procedure

You will have attended the Pregnancy Advisory Service (PAS) clinic based either in Clinic 21 or Clinic 24 when you will have met either a doctor specialising in early pregnancy, a doctor training in the speciality, or one of our specially trained nurses. At this clinic, we will have asked for details of your medical history – this includes your previous obstetric history, carry out any necessary clinical examinations and investigations.

Please advise us of:
• Previous or current health problems including raised blood pressure, heart disease, asthma, liver disease, kidney disease or any problem with blood clotting.
• The medicines you use.
• Any allergies.
• If you are breast feeding.
• Any questions and concerns.

You will have had a scan prior to the clinic appointment to date your pregnancy so that all the options available to you at this time can be discussed. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use.
We will have also asked about the contraception you have used or will plan to use following the termination.

**Things to avoid during the first part of the procedure:**

- You are advised not to smoke or drink alcohol for at least four hours before this appointment until you have been discharged following the second part of the treatment. If you really cannot manage to not smoke, then you should cut down as much as possible, and smoke only half of each cigarette.

- You must not take aspirin, Mefenamic acid (ponstan) or ibuprofen (Nurofen [Voltarol]) - painkillers that are in the non-steroidal anti-inflammatory group (NSAIDS) – as they can stop the mifepristone tablet from working properly.

**What if I change my mind?**

You must not take the mifepristone tablet (the first part of the procedure) 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. If in the unlikely event the pregnancy does continue we do not know the effect on the fetus and whether it’s development will be affected.

**Who will perform my procedure?**

The mifepristone tablet will be administered by a suitably trained nurse. The nurse will have to ask you certain questions, such as are you sure you which to proceed with the termination? She/he will also have to ensure the paperwork is properly completed including the signature of two independent doctors who are satisfied your request for a termination meets legal requirements. Sometimes this may cause a delay, especially if you were not referred by your GP. We apologise for this however we have to comply with the law.

**During the first part of the procedure**

You should expect to stay with us for about one hour; this may be longer if the paperwork is incomplete. 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 give you some anti-sickness medication before you take the mifepristone.

We may ask you to wait for about 20 minutes after you have taken the tablet to ensure you have absorbed enough of the medication to be effective.
What to expect in the next few days until you come for the second part of the procedure

- **Bleeding:** You may have some vaginal bleeding in between your two visits. About 50% of women will bleed; the remaining 50% do not; this does not mean the tablet is not working. If you do have any bleeding, it is important to use sanitary towels and not tampons to reduce the risk of infection and to also avoid sexual intercourse.

- **Miscarriage Risk:** Less than 1% of the 50% who bleed may have heavy blood loss at home and some actually miscarry before coming in for the second part of the treatment. If this happens, we cannot confirm the termination is complete without seeing what you actually pass therefore it is important that you still come in for your second visit to complete the treatment. This will reduce the chances of having problems in the future. We understand that bleeding heavily at home can be quite frightening; please do not hesitate to telephone us on the numbers listed above if you are unsure what to do. You can also attend the Emergency Department (ED) at any time.

- **Discomfort:** Some women experience cramp-like discomfort, similar to period pains. As previously mentioned, you should avoid NSAIDs however you can use paracetamol or codeine-based painkillers instead.

Your second appointment: admission for misoprostol treatment

Please come to Daphne ward at 08:30 hours
On ....................day, ........... date ....................month

Before your procedure

- Have a light breakfast before you come in.

What do I need to bring?

- Wear loose, comfortable clothes and bring spare clothing and underwear with you as you may bleed onto your clothes and this will be unpleasant for you to wear to go home. Please bring your own sanitary towels with you as we only have a limited supply. You should not use tampons as this will increase your infection risk.

- We suggest you bring in some magazines, books or something else to pass the time, you are allowed laptops etc. but we cannot take any responsibility for these and ask you have headphones so as to not disturb other patients. You will have access to your own television and telephone. If you wish to use the TV, channels 1 to 5 are free from morning until midday. After which there is a fee for different packages which include film and internet – please pick up the phone and speak to customer services or follow the directions on the screen. There is a pre-paid card collection point nearby – please as a member of staff for directions or you can pay by credit/debit card by following the instructions on the screen.
There are also headphones available for the TV – please ask the staff for a pair and respect other patients.

- There are water dispensers and a hot drinks machine that you can help yourself to throughout the day along with your partner. We do operate a voluntary donation scheme to fund this.

**Can I bring someone with me?** You can bring your partner or one adult 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. Please make your own arrangements for child-care before attending the hospital. Ensure this arrangement extends until approximately 18.00 hours. Although you may be discharged before this it is difficult to predict how long the procedure will take.

There is a small possibility the procedure may not be effective in which case we will keep you in overnight and re-commence the treatment the following day. You therefore need to be mindful of this and have arrangements in place and bring an overnight bag with you.

**During the second part of the procedure**

**Insertion of the prostaglandin tablets (misoprostol):** Your nurse will go through the procedure with you and show you what to do on every visit you make to the toilet. After a few checks she will insert the misoprostol tablets into your vagina. You will need to remain lying down for one hour after this to allow the tablets to stay in place. The tablets open up the cervix, and this will cause some period-type pain and increased bleeding as the uterus contracts to expel its contents. If you can, it is best to try and tolerate some discomfort, as some pain relief can delay the procedure. However, if you get too uncomfortable we will give you painkillers.

You will be given up to a further four doses of the misoprostol orally until you deliver the fetus and placental tissue. These doses are given at three hourly intervals. You will only be given a total of five doses in a 24 period.

Misoprostol can cause some side effects: diarrhoea, nausea, dizziness and hot flushes which do not last for very long. If you have any of these symptoms the nurses will do all they can to make sure you are as comfortable as possible.

**Managing the delivery**

It is very important that the nurses check what you are passing vaginally. You will be asked to urinate or open your bowels into a cardboard bedpan that fits into the toilet bowl. You must not flush anything down the toilet. The nurses will be on hand to take away any bedpans that you have used. You should prepare yourself that you may see the fetus. Where possible if you do not wish to see the fetus we are sometimes able to deliver it without your seeing, but this can prove difficult due to the nature of the procedure.
Once you pass the fetus you may be given an injection of a drug called syntometrine into your thigh to help you expel the placenta.

You will be asked to not eat or drink anything until the placenta has been delivered as in a small number of cases you may have to have a surgical removal. You will also have your pulse and blood pressure taken regularly as the nursing staff need to monitor you more closely at this point. We may site an intravenous cannula (needle) into your arm in case you need some fluids at this point.

If you change your sanitary towel please place it in one of the sanitary disposal bags in the toilet so the nursing staff can see what you are passing directly onto the pad. This will help us monitor your loss accurately.

**After the procedure**

**Eating and drinking.** You can eat and drink normally as long as you are not feeling sick. It is best to have only a light diet during the day. We will provide a light lunch for you however we cannot feed any relatives/friends you have with you for support. If there is a delay in your passing the placenta we will ask you to have nothing to eat or drink until it has passed.

**Getting about immediately after the procedure.** After the first hour following insertion of the misoprostol when you have to lie down, you can walk around the ward if you wish; this may help the treatment work more quickly as it will increase the blood flow to the uterus and make the contractions more efficient. Please do not leave the ward as you may bleed/become dizzy/feel unwell and the staff will not be on hand to assist you.

**Leaving hospital.** It is safe to go home a few hours after the nursing staff have confirmed your termination is complete, providing you are not bleeding too heavily. You should be able to leave the ward by middle to late afternoon. For most patients the procedure will be complete before they go home but occasionally this is delayed until you have returned home. Very rarely there is no bleeding at all while you are on the ward. We will then keep you in overnight and re-commence the procedure the following day.

We may arrange for you to be examined vaginally before you go, although in most cases we do not have to do this. Your nurse will do a final check and give you discharge advice. It is sensible to have someone take you home and be with you overnight.

Your nurse will also administer a drug called metronidazole rectally (into the bottom) to prevent infection. This is the best antibiotic to give for gynaecology procedures however if taken orally it can cause nausea and vomiting and therefore you may not absorb the drug sufficiently. If you wish you are able to administer this yourself.
Resuming normal activities including work. You should be able to resume normal activities the following day, but if you have a physically demanding job you may want to arrange a further day off work. You can self-certificate for five working days. Should you wish to take longer and need a “Fitness for work” certificate you need to see your GP. If you do not wish your employer to know about your treatment, your GP will respect your confidentiality and will discuss with you what you wish writing on the certificate. If you have parental responsibilities in the home, you may need another adult around to assist you.

Special measures after the procedure:

Bleeding: You will have some vaginal bleeding. For approximately 22% of women this may continue for 14 days following this procedure. The bleeding should gradually become less. You should use sanitary towels, not tampons, during this time to reduce the risk of infection, so make sure you have some at home. The bleeding is like a heavy period for the first day or so but this will lessen over time and you may even have a brown discharge before it stops completely. Should the bleeding last longer than three weeks, become heavier, or smell offensive then please either contact us on the numbers above or see your GP as this may be a sign of an infection. If you are changing your sanitary towels more than every half an hour then contact us as soon as possible or attend the emergency department (ED).

Pain: At first you may have some pain (like period pains) these may last for a few days – again make sure you have some paracetamol or similar pain killers at home. At this point of the procedure you are able to take NSAIDs. If the pain is not settling and becoming distressing then contact us or see your GP.

Hygiene: As previously mentioned please use sanitary towels and do not use tampons. You are able to shower or bath following the procedure but do not have the water temperature too hot as this may make you feel faint and dizzy. It may be advisable to ensure there is a responsible adult in the house when you do this.

Swabs: Swabs are taken from your vagina at the PAS clinic to check for infection. Usually the results will be available at the time of your procedure and you will have been offered antibiotics if necessary. If you were found to have an infection called chlamydia you will also have been advised that your sexual partner needs to be investigated and, if necessary, treated. You will have been given information about the genito-urinary medicine clinic. If your partner is not treated then he may re-infect you.

Occasionally the swab results are not back from the laboratory by the time you have your procedure. In this situation we will offer you antibiotics ‘just in case’.
If, when we later get the results, we find you had a chlamydia infection we will write to you about getting treatment for your sexual partner.

**Next period and future pregnancies:** Your next period may happen in four to six weeks after the procedure. Prior to this you will have ovulated and therefore will be able to become pregnant again. You may therefore wish to consider some form of contraception. If you have not had a period after eight weeks then please contact clinic 24. The manufacturers of the mifepristone recommend you wait one completed menstrual cycle before attempting to conceive.

**Anti-D:** Women whose blood group is rhesus negative will be given an injection called anti-D before leaving. This gives protection against fetomaternal haemorrhage in subsequent pregnancies. This injection is given into your deltoid muscle (upper arm) as injections into the gluteal region (buttocks) often reach only the subcutaneous tissues (the tissue layer just under the skin) and absorption may be delayed.

**Resuming sexual relations:** Because of the risk of infection you are advised not to have sexual intercourse whilst you are still bleeding and for several days after the bleeding has stopped. If you do have intercourse during this time, it is advisable to use a condom to reduce the risk of infection, even if you are using another method of contraception.

**Contraception:** Following a termination of pregnancy many women are worried that if their method of contraception has let them down once it may happen again. Others decide this is an appropriate time to change their method of choice. A preliminary discussion about future contraception will have taken place either with your referring practitioner or at the PAS clinic. The manufacturers of mifepristone recommend you delay any future pregnancies until you have had at least one period. So it is important that you use your chosen method of contraception carefully:

- **Combined or progesterone only pill:** We can supply you with one month’s supply of your chosen pill. You will then have to see your GP for further prescriptions.
- **Contraceptive injection (Depo Provera):** Can be given before you leave Clinic 24 on the day of your second treatment appointment, if it has already been discussed at the Pregnancy Advisory Service clinic. This will provide 12 weeks contraceptive cover, but you will need to attend your GP surgery or the family planning clinic for a repeat injection or an alternative contraceptive option at 12 weeks.
- **Intrauterine device (coil):** Can be fitted once your pregnancy test is negative (usually after three weeks) at your GP surgery or the family planning clinic.
• **Nexplanon (Implant)**: Can be fitted at your GP surgery or the family planning clinic. You should make an appointment for this as soon as possible.
• **Condoms**: Ask the nurse for a supply if needed.

Some of these options can be started on the ward before you leave if it has been prescribed for you. Others can be organised for you before you leave the ward if you have discussed this with the nurse/doctor at the clinic. Alternatively you can make an appointment at your GP surgery or at the Family Planning Clinic.

If you have decided to take the oral contraceptive pill, you should start it that same evening or the following morning dependent upon your preference. If the pill is to be the progesterone only pill (POP) you must take it at the same time every day.

**Emotionally**: Women react in different ways to a termination. The decision to have the procedure can be difficult and you may experience a range of differing emotions such as sadness, relief, guilt, anger etc. These are all normal reactions. It is not unusual to feel low. If however, you are still having these feelings after a few months, we suggest you make an appointment to see your GP. If you have a history of mental health issues you may be at risk of a recurrence so please seek help early.

**Do I need to inform anyone about my termination?** No. Generally the practitioner you saw in the PAS clinic will send a letter to your GP to inform them of the procedure.

If you do not wish this to occur then please let the staff know.

**Check-ups and results**: Most patients do not need to come back to the hospital for a check-up, but in a few cases it is necessary to see you again to make sure the termination is complete. If this is necessary for you, then your nurse will explain this and give you a date and time to return to Clinic 24 before you leave the ward after the second part of the treatment.

In cases where we cannot be sure that the procedure is complete, we will give you a urine pregnancy test to perform at home in three weeks and to contact clinic 24 with the results. The staff in the clinic will advise you of what to do depending upon the result of the test.

It is normally a good idea to see your GP or practice 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 this has not already been done. You are advised to make an appointment for this. Alternatively, you can make an appointment at the **Family Planning Clinic at Lime Tree Clinic, 351 Mill Road, Cambridge, CB1 3DF**.

Tel: 0300 300 3030.
**Significant, unavoidable or frequently occurring risks of this procedure**

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of surgery (based on the Royal College of Obstetricians and Gynaecologists [RCOG] Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG: [Understanding how risk is discussed in healthcare: Information for you](#).

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in a family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10,000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10,000</td>
<td>A person in large town</td>
</tr>
</tbody>
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- After taking the misoprostol, you will experience lower abdominal cramping pain and vaginal bleeding. You may also experience nausea, vomiting, and diarrhoea, which may be severe in some cases.
- 1 in 100 mid-trimester terminations is associated with a major complication (uncommon) which may include excessive vaginal bleeding requiring transfusion occurs in approximately less than 0.8 to 1 in 1000 cases – rare.
- Extensive studies have shown that occasionally this treatment may have to be completed with a standard, surgical procedure (evacuation of retained products of conception) 2.3 to 7 in 100 – common.
- Pain – 25 in 100 - women experience pain that requires pain relief - very common
- Infection, including pelvic inflammatory disease – 0.92 to 10 in 100 – uncommon (a lot of these had pre-existing infection such as chlamydia trachomatis, Neisseria gonorrhoea and bacterial vaginosis. (10 to 13 in 100 women are chlamydia positive on routine screening as part of the termination assessment).
- Failure to end the pregnancy - 0.5 to 1 in 100 – uncommon
- In those with previous caesarean section uterine rupture can occur in 0.3 in 100 women – uncommon
- For those with no history of caesarean section the risk of uterine rupture is 0.04 in 100 - rare
- Preterm birth – there is a small increase in the risk of subsequent preterm birth, which increases with the number of terminations. However, there is insufficient evidence to imply causality.
- Those with a past history of mental health problems may experience further problems whether they choose to have a termination or to continue with the pregnancy.
No increased risk:

- Breast cancer - induced termination is not associated with an increase in breast cancer risk.
- Future reproductive outcome - there are no proven associations between induced termination and subsequent ectopic pregnancy, placenta praevia or infertility.
- Psychological sequelae - evidence suggests that women undergoing termination are no more or less likely to suffer adverse psychological sequelae whether they have a termination or continue with the pregnancy.

When to seek help

As with any procedure, complications can occur.

You should seek medical advice from your GP, Clinic 24 or Daphne Ward for:

- Heavy or prolonged bleeding that continues for more than three weeks, smelly vaginal discharge.
- Abdominal pain, that is not relieved with the painkillers advised or that continues for more than three weeks.
- Raised temperature (fever) and ‘flu-like symptoms. This may be due to infection of the lining of uterus.
- Feeling faint, dizzy or unwell.
- Burning and stinging when trying to pass urine-this may be due to urine infection.

You should attend the Emergency Department immediately for:

- Pain, redness and swelling in legs-this may be a sign of DVT.
- Shortness of breath or chest pain or cough it could be due to clots that have travelled to your lungs called pulmonary embolism.

Alternative procedures that are available

- You could decide to keep the pregnancy.
- As your pregnancy is greater than 13 weeks you do not meet our criteria for surgery.
- At Cambridge University Hospitals we do not offer any alternative method for termination of a pregnancy for social reasons after 18 weeks. We will refer to you British Pregnancy Advisory Service (BPAS) in London.
- In England, Scotland and Wales it is illegal to terminate a pregnancy after 24 weeks for social reasons.

Disposal of pregnancy tissue

There are standard procedures in place for the disposal of fetal remains; they are buried in a local woodland burial site.
Further information concerning this is available in the leaflet: Rosie Hospital arrangements for the burial of pregnancy remains. Please ask a member of staff to discuss this with you or to give you a copy of the leaflet.

You may decide to make arrangements for yourself, 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 the staff in Clinic 24, one of the Chaplaincy team (01223 217769) or the Rosie Bereavement Coordinator (01223 217619).

**Information and support**

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including:

  - Clinic 24 (The Pregnancy Advisory Service, The Early Pregnancy Unit & Emergency Gynaecology Unit)
    01223 217636
    08:00 – 20:00 Monday to Friday
    08:30 – 14:00 at weekends
    Closed Bank holidays

  - Daphne ward (Inpatient Gynaecology ward)
    01223 257206
    At all other times

You can also attend the ED at any time if you are concerned about the amount of bleeding you have and clinic 24 is closed.

**Further information**

- Information for you: Abortion care (Royal College of Obstetricians and Gynaecologists – 2012)
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease ('CJD')
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment; they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research. Please do not be alarmed if the images are taken on a mobile phone: only certain people are allowed to do this and they have a specific app to do so. Once the images are updated to your medical records, they are immediately deleted from the mobile phone. Only staff with legitimate reasons for accessing your medical notes will be able to view these images on the hospital EPIC (medical records) system.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading biomedical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
5 ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

It is Trust policy that before we commence any treatment plan we discuss your wishes in the unlikely event there is a complication/emergency resulting from the treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes. This enables your health professional to make clinical decisions and to act in your best interests and for your benefit.

The conversation helps us to understand your priorities of care and use those to develop an agreed plan that records what types of care or treatment:

- You would want to be considered for in an emergency
- You would not want to receive
- Would not work or be of overall benefit to you.

There is further information available at: ReSPECT - Easy read Patient Information

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

Document history

Authors   Lisa Prentice, Sandra Kent, Vandna Verma and Rachel Barrett
Pharmacist Ebraheem Junaid
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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File name Medical termination of mid-trimester pregnancy (13 to 18 weeks gestation)
Version number/Ref V7/CF237/Document ID 1830
Medical termination of mid-trimester pregnancy (13 to 18 weeks gestation)

A Patient’s side left / right or N/A

Consultant or other health professional responsible for your care
Name and job title: .................................................................

☐ Any special needs of the patient (e.g. help with communication)? .................................................................

Please use ‘Procedure completed’ stamp here on completion: ..........................................................................

B Statement of health professional (details of treatment, risks and benefits)
1 I confirm I am 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:
   a) the intended benefits of the procedure (please state)
      • Termination of pregnancy
      • Avoids a general anaesthetic and an operation
      • There is a perception it is less painful
      • There is a perception it maintain privacy
   b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

   Lower abdominal cramping pain (25 in 100), vaginal bleeding, excessive vaginal bleeding requiring transfusion 1 in 1000 cases), termination may have to be completed with a standard surgical procedure (evacuation of retained products of conception) 2.3-6 in 100 cases, pelvic inflammatory disease (10 in 100 cases), failure to end the pregnancy (0.5-1 in 100 women).

   c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
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d) any extra procedures that might become necessary during the procedure such as:

☐ Blood transfusion  ☐ Other procedure (please state)

2 The following information leaflet has been provided:

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or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): ................................................................. Date: ________________

Name (PRINT): ................................................................................................. Time (24hr): ________________

Designation: .................................................................................................. Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)

Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes  ☐ No

2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes  ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes  ☐ No

3 Students in training

I agree to the involvement of medical and other students as part of their formal training.

☐ Yes  ☐ No
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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

Yes  No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

Yes  No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): .........................................................

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................................ Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ..........................................................
Address:

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ........................................... Date: …D.D./M.M./Y.Y.Y.Y.

Name (PRINT): ............................................................... Job title: .......................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

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

Signed (Interpreter): .................................................... Date: …D.D./M.M./Y.Y.Y.Y.

Name (PRINT): ................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

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

Signed (Patient): .......................................................... Date: …D.D./M.M./Y.Y.Y.Y.

Signed (Health professional): ........................................ Date: …D.D./M.M./Y.Y.Y.Y.

Name (PRINT): ............................................................... Job title: ..............................................