Patient information and consent to home termination of early pregnancy

Key messages for patients

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

- **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 x rays or test results.

- Simple painkillers such as paracetamol, codeine-based medication may be required after the first part of your treatment. After the second part you may also require ibuprofen (Nurofen [Voltarol]). It is suggested that you have a 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 **Clinic 24: 01223 217636** (08:00-20:00 hours, Monday to Friday, 08:30-14:00, Saturday & Sunday, closed Bank holidays) or **Daphne Ward: 01223 257206** (all other times) if you have any questions or concerns.

After the procedure, we will scan the consent form into your 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 (if 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 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).
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.

### About termination of pregnancy

Termination of pregnancy has strict procedures and protocols in place to ensure compliance with the 1967 Abortion Act. All staff must act within the constraints of the Act to ensure all legal criteria are satisfactorily met and that all professional elements are considered.

There are four methods utilised in this hospital to terminate a pregnancy.

- **Medical termination of pregnancy:** a two stage procedure with use of medication to begin termination, causing the pregnancy tissue and/or blood clots to pass through the vagina. The second part of the treatment involves your being admitted as a day case. This can be undertaken up until 18 weeks gestation in this Trust. See [Patient information and consent to medical termination of early pregnancy (up to 13 weeks gestation)](#).

- **Home termination of early pregnancy:** as per medical management with the second part of the procedure in your own home. This can be undertaken up to nine weeks gestation

- **Manual vacuum aspiration for termination of pregnancy:** a procedure to remove the pregnancy tissue and/or blood clots under local anaesthesia

- **Surgical termination of pregnancy:** a procedure to remove the pregnancy tissue and/or blood clots under general anaesthesia. This is performed between 7 and 12 weeks gestation. See [Patient information and consent surgical termination of pregnancy (7-13 weeks gestation)](#).

You have chosen **Home medical management**

### About home termination of early pregnancy

This is a two stage procedure which takes place in Clinic 24:

The first appointment, requires a hospital visit of approximately one hour when you will be given a tablet to swallow. The tablet is called mifepristone and blocks the action of progesterone which is needed to sustain a pregnancy.

Taking this 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)

Home termination early pregnancy, CF446, V5, February 2020
The second appointment is scheduled two days later. Tablets, called misoprostol - a form of prostaglandin, are placed inside the vagina which will cause the uterus to contract and pass the pregnancy tissue and associated blood clots later in the day. You are allowed home once the tablets have been inserted. You should expect to have bleeding and abdominal cramping pain at home.

Criteria required to be eligible for home management
To be eligible for home management, at the second appointment, you must:

- Have an adult escort to take you home and adult company for 24 hours. This adult must have immediate access to a vehicle to bring you back to hospital if necessary.
- Give Clinic 24 staff your contact number and be contactable by telephone.
- Contact Clinic 24 if you have not had any bleeding by 4pm and be prepared to attend hospital the next day for assessment and possible further treatment that may require you to remain in hospital for the day.
- Agree to contact Clinic 24 three weeks after the second appointment to inform them of the result of a home urine pregnancy test. This is important to confirm that the treatment has been effective.

Intended benefits
- To provide treatment without you having to stay on a hospital ward for a day
- To avoid a procedure, with local or general anaesthetic, and the associated risks
- To allow you to complete the treatment in your own surrounding
- Some women feel more in control when undergoing medical treatment as opposed to surgical treatment
- There is a perception it is less painful
- There is a perception it maintains privacy

Possible 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
Patient Information

- 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?
Specially trained nursing staff will administer the medication at both appointments

Before your procedure
You will have attended the Pregnancy Advisory Service (PAS) Clinic based either in clinic 21 or clinic 24 and met a doctor specialising in early pregnancy, a doctor training in the speciality and/or a specially trained nurse. You will have been asked for details of your medical history and any necessary clinical examinations and investigations will have been carried out.

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 have also asked about the contraception you have used or will plan to use following the termination.

You can eat and drink as normal prior to and during the procedure.

First appointment – mifepristone treatment
Please attend Clinic 24 between 08:30 – 16:00 hours

You will be seen by a nurse who will recap information and ensure you can comply with the eligibility criteria for home management. He/she will tell you what to expect after the first part of the treatment and will talk through what to expect during the second part of the treatment. You will have the opportunity to ask any questions or discuss any concerns. You are welcome to bring your partner or a friend with you. The nurse will give you the mifepristone tablet to swallow and you will be allowed to leave.
Things to avoid during the first part of the procedure:

- You should avoid medication that contains aspirin or non-steroidal anti-inflammatories (NSAIDs), such as ibuprofen or nurofen as this prevents the mifepristone working properly.
- Do not to smoke or drink alcohol for at least four hours before this appointment and until the second part of treatment has been successful. If you are unable to stop smoking completely, then you should cut down as much as possible. Both nicotine and alcohol adversely affect your health.

What if I change my mind?

You must not take the Mifepristone tablet if you have any doubts about having a termination. The nurse will give you time to discuss any questions or anxieties you may have, but 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 what the effect on the fetus will be and whether the development of the baby 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 general practitioner (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 following the first appointment until the second appointment

- **Bleeding:** You may have some vaginal bleeding between your two visits, about 50% of women will bleed and 50% do not. This is most likely to happen about 36 hours after taking the Mifepristone tablet. Not all women will bleed before their next visit so do not worry that it is not working. It is important that you use sanitary towels rather than tampons, as this reduces any risk of infection. If you are concerned that the bleeding is excessive (requiring a change of sanitary pad every 30 minutes), please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department. We understand that bleeding heavily at home can be frightening. Please do not hesitate to contact us if you are unsure what to do.

- **Discomfort/pain:** Some women experience cramp-like discomfort, like period pains. As previously stated you must not take: aspirin, mefenamic acid (Ponstan), diclofenac (Voltarol) or ibuprofen (Nurofen). You can use paracetamol or codeine based painkillers.

- **Miscarriage Risk:** Of those who have bleeding, less than 1% 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 if you are unsure what to do or attend the Emergency Department (ED).

Second appointment – misoprostol treatment

Please attend Clinic 24 at 08.30 on ………………………………..

Before you attend:
- Have a light breakfast
- Ensure you have a supply of high absorbency sanitary towels
- Ensure you have a supply of suitable pain relief, such as paracetamol, codeine based and ibuprofen tablets
- Ensure you have an adult to accompany you home and to stay with you

The procedure

- **Prostaglandin:** The nurse will insert the misoprostol tablets into your vagina to soften the cervix (neck of the womb) and cause bleeding and pain once you are at home.
- **Antibiotics:**

Home termination early pregnancy, CF446, V5, February 2020
You may be given doxycycline orally if you have tested positive to chlamydia infection.

- **Anti-sickness:** You will be given an anti-emetic tablet orally because the misoprostol can cause nausea and vomiting.
- **Future contraception:** Your future contraceptive choice will also be discussed. This will be given/dispensed if appropriate or advice will be given as to how and when to access your preferred choice.

### After the procedure

**Eating and drinking.** You can eat and drink as you wish. It is best to have only a light diet during the day.

**Leaving hospital.** If you are well you will usually be discharged home promptly. You must have an adult escort home and adult company for 24 hours.

**During the procedure at home.** You can expect heavy bleeding with clots and cramping abdominal pain. This can take anywhere between two and four hours to start. The heavy bleeding and pain should only last a couple of hours. In a few cases, the pregnancy does not pass, but this can happen over the next few days. If you experience any problems, please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department.

**Possible side effects:** The misoprostol can also cause diarrhoea, dizziness and hot flushes. These effects should not last for long.

**If you do not bleed.** If you have not started to bleed by 16:00, you should contact Clinic 24 (see contact numbers later in this leaflet) and you will be given advice on what happens next.

**What to do about the pregnancy tissue.** Sanitary towels can be disposed in your usual manner. As the pregnancy is less than nine weeks, the products are usually unrecognisable. However, if you wish us to manage the pregnancy tissue, please do not hesitate to discuss this with staff (see section ‘Disposal of pregnancy tissue’ later in this leaflet for further information).

**Resuming normal activities including work.** You should be able to resume normal activities the following day. If you have a physically demanding job you may want to arrange further time 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:** The bleeding is like a heavy period for the first day or so and should gradually become less. The bleeding can last for three weeks and keep stopping and starting in this time; this is normal. You should use sanitary towels, not tampons, during this time to reduce the risk of infection. Please avoid sexual intercourse until bleeding has ceased.

**Pain:** You may have period-like pains for a few days; this is normal. Simple painkillers that you can buy over the counter such as paracetamol and ibuprofen should help this. You are now allowed to use the non-steroidal medications that we initially advised you to avoid. If your pain is not relieved by this medication, please telephone either Clinic 24 or Daphne Ward for advice (see contact numbers later in this leaflet) or attend the Emergency Department.

**Hygiene:** As previously mentioned please use sanitary towels and do not use tampons. It is safe for you to have a warm bath or, preferably, a shower later that day. We recommend you do not have a hot bath as this can make you feel faint.

**Resuming sexual intercourse:** You can have intercourse when you and your partner feel ready, however we do recommend you wait until any vaginal bleeding and significant pain has ceased.

**Contraception:** 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. The manufacturers of mifepristone recommend you delay any future pregnancies until you had had at least one period. So it is important that you use your chosen method of contraception carefully. Following a termination of pregnancy many women are worried that if their method of contraception has let them down once and 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. A new pregnancy can be conceived very soon after a termination and you should start your chosen method of contraception straight away:

- **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.

**Swabs:** Swabs were taken at your initial appointment. Usually the results will be available at the time of your procedure and you will have been given antibiotics if necessary. Occasionally the swab results are not back, in this situation we will contact you at a later date if you require antibiotics.

**Emotionally:** Individuals react differently. The decision to have the procedure can be difficult and you may experience a range of differing emotions can include 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. With your permission, a letter is sent 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:**

**Three week phone call:** The nurse will give you a urine pregnancy test kit and tell you the date you need to do this. You will be expected to contact Clinic 24 on this date with the result. This is important as both you and Clinic 24 staff can be reassured that the treatment has been effective. This will allow you to be discharged from Clinic 24 care.

**Check-up:** It is 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 well, 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 Lime Tree Clinic, 351 Mill Road, Cambridge, CB1 3DF. Tel: 0300 300 3030.

**Significant, unavoidable or frequently occurring risks of this procedure**

Home termination early pregnancy, CF446, V5, February 2020
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 RCOG Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG (2015): 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 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>
</table>

Home termination of early pregnancy is a very safe procedure, however, like all procedures there are potential risks involved. Your gynaecologist and nurse will ensure that the appropriate measures are taken to reduce the risk of complications. The main risks of the procedure are:

- 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.
- Complications are rare, but 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 6 in 100 – common.
- Pain – 25 in 1 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). – very common
- Failure to end the pregnancy - 0.5 to 1 in 100 – uncommon.
- 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 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 or the Emergency Department for:

- Heavy vaginal bleeding or bleeding that continues for more than three weeks
- Abdominal pain that is not relieved with the painkillers advised or that continues for more than three weeks
- Smelly vaginal discharge
- Raised temperature (fever) and ‘flu-like’ symptoms
- Feeling faint, dizzy or unwell
- Burning and stinging when you pass urine or the need to pass urine frequently

You should attend the Emergency Department immediately for:

- Heavy bleeding that soaks a sanitary pad in 30 minutes
- Painful, red, swollen, hot leg or difficulty bearing weight on your legs
- Shortness of breath, chest pain or coughing up blood

**Alternative procedures that are available**

See introduction section “About termination”.

**Disposal of pregnancy tissue**

Should you choose for us to manage the pregnancy tissue, please contact Clinic 24 who will discuss this with you. There are standard procedures in place for the disposal of pregnancy 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 if you would like a copy.

You may decide to plan arrangements yourself, either at home or through a funeral director at a cemetery/crematorium. Please contact one of the people listed below prior to arrangements taking place.

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

If you have any questions or concerns, please feel free to contact us:

- Clinic 24 (The Pregnancy Advisory Service, Early Pregnancy Unit and Emergency Gynaecology Unit)
  01223 217636
  Open 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 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.

2 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.

3 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.

4 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 – Recommended summary plan for emergency care and treatment: Information for patients, relatives and staff

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: Louise Norman, Lisa Prentice, Sandra Kent & Rachel Barrett
Pharmacist: Kathryn Couzens
Department: Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ [www.cuh.org.uk]
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Version number/Ref: V5/CF446/Document ID 24841
Home termination of early pregnancy

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _
Use hospital identification label

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)
      To provide treatment without you having to stay on a hospital ward for a day.
      To avoid a procedure, with local or general anaesthetic, and the associated risks
      To allow you to complete the treatment in your own surroundings
      Some women feel more in control when undergoing medical treatment as opposed to surgical treatment
      There is a perception it is less painful
   
   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 and vaginal bleeding. Possible nausea, vomiting, and diarrhoea, which may be severe in some cases.
      Rarely, excessive vaginal bleeding requiring transfusion
      Treatment may not work and the termination may have to be completed with a standard, surgical procedure.
      Infection, pre-term birth, recurrent mental health issues.

   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:
Consent Form

Home termination of early pregnancy

D) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion ☐ Other procedure (please state)

The following information leaflet has been provided:
Home termination of early pregnancy

Version, reference and date: Version 5, ref CF446 February 2020

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

This procedure will involve:
☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ______________________ Date: D D / M M / Y Y Y Y

Name (PRINT): __________________________________ Time (24hr): H H : M M

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
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:
Home termination of early pregnancy

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: .................................................................

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: .................................................................

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: .................................................................

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

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

Patient safety – at the heart of all we do

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Home termination early pregnancy, CF446, V5, February 2020