Patient Firstname and Lastname
Personal code
(sticker)

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Application for a medically induced termination of pregnancy

Induced termination of pregnancy

Termination of pregnancy means the removal from the uterus of a foetus or embryo by surgical means or administration of medicinal products.

Conditions for induced termination of pregnancy

Induced termination of pregnancy is governed by the Termination of Pregnancy and Sterilisation Act.

A pregnancy is terminated at a woman's request. A pregnancy is terminated based on a written application. Based on Subsection 766 (4) of the Law of Obligations Act, in the case of a woman with restricted active legal capacity, a pregnancy can be terminated at her own consent or at her legal representative's consent.

A pregnancy may be terminated if it has lasted less than 12 weeks. A pregnancy which has lasted less than 22 weeks may be terminated based on therapeutic indications.

Examination and studies

The procedure is preceded by a visit to a doctor or a midwife. You will be counselled regarding the possible methods for the termination of pregnancy and the following studies are conducted:

- A gynaecological examination;
- An ultrasound to determine the state of pregnancy;
- Vaginal analyses for possible infection;
- Blood group and Rh(D) assay.

To ensure a safe termination of the pregnancy and to reduce the risk of complications, you must inform your doctor or midwife:

- About the status of your health;
- Of any illness and medication taken;
- Of any known hypersensitivity to medicinal products.

Contraindications for terminating a pregnancy by the administration of medicinal products:

- Suspected ectopic pregnancy or tumours of unknown cause in adnexa of uterus;
- Intrauterine contraceptive device (to be removed before the procedure);
- Adrenal gland deficiency;
- Long-term hormone treatment with corticosteroids;
- Allergy to active ingredients;
- Anti-coagulant treatment or clotting deficiency (von Willebrand disease);
- Porphyria (metabolic disease);
- Decompensated hypertension or coronary heart disease;
- Severe anaemia.

Approved by the AS ITK Commission of Treatment Quality 07.11.2018 (Protocol No 16-18)

Description of the procedure

The following active ingredients are used for medically induced termination of pregnancy:
- Mifepristone (antiprogestin);
- Misoprostol (prostaglandin E1 congener).

The combination of mifepristone and misoprostol is highly effective in the termination of pregnancies that have lasted up to 83 days. Research shows the efficacy of this method to be 95% (88-98%).

2–4 visits to the doctor are required during the medically induced termination of pregnancy. The most common treatment scheme includes 3 visits:
- On the first visit, you will take an oral dose of 1 mifepristone pill in the clinic at the presence of a doctor, a midwife or a nurse. In 3-5% of cases, the pregnancy may terminate already after the first pill;
- On the second visit (24-48 hours later) you will receive in an out-patient clinic or day patient a dose of misoprostol. In 90% of cases, the pregnancy terminates within 24 hours. In the process of termination of the pregnancy you may experience painful uterine contractions and vaginal bleeding. You may take analgesics in the case of severe pain (Ibuprofen 400 mg). If required, you are entitled to a certificate of incapacity for work for this day.
- On the third visit (2-4 weeks later), the termination of the pregnancy is confirmed during a visit to the out-patients clinic. In case the pregnancy does not terminate or terminates partially, a second dose of misoprostol is prescribed, or a surgical intervention is required.

If you are Rh(D) negative and the pregnancy has lasted over 9 weeks, you will be given a medication (Rhesonativ) after terminating the pregnancy. This is required to avoid a possible Rh-isosensibilisation during following pregnancies.

Possible complications

- A medically induced termination of pregnancy may cause severe and extended vaginal bleeding. The bleeding will be most intense 3-6 hours after taking misoprostol. In approximately 1% of cases, the uterine cavity needs surgical emptying cleaning to stop the bleeding. Blood transfusions are required rarely (less than 0.1-0.2% of cases).
- Fever and chills may onset 1-2 hours after taking misoprostol. If you are feverish for more than 4 hours or become feverish on the following day after taking misoprostol, consult a doctor.
- About half of the patients report nausea and a third of the patients vomit. These symptoms may also be related to the pregnancy.
- Less than one-fourth of patients may experience light and temporary diarrhoea after taking misoprostol. Generally, this does not require treatment.
- Temporary headaches, faint feeling and dizziness may occur and are treated symptomatically.
- In rare cases, there are reports of inflammation of the uterus or adnexa of uterus. In case an inflammation of internal reproductive tracts is diagnosed, and the pregnancy has not yet been terminated, the uterine cavity is emptied surgically, and a course of antibiotics is prescribed.
- Continuation of the pregnancy. Symptoms indicative of the continuation of the pregnancy include very moderate bleeding during and after administration of medicinal products, tenderness and enlargement of the breasts, nausea/vomiting, tiredness, changes in appetite and more frequent urination. The probability of the continuation of the pregnancy increases as the pregnancy has lasted longer. Continuation of the pregnancy is confirmed by a doctor. This means that the procedure must be repeated
  - either by surgically to empty the uterine cavity or by administering misoprostol for a second time.
- In case of a partial termination of the pregnancy where serious bleeding and inflammation is not present, the patient can be left for observation. In many cases, the uterine cavity is emptied without external intervention. An examination is recommended after the following menstruation. In 5% of patients, a partial termination of the pregnancy may require surgical intervention or taking misoprostol for a second time.

As misoprostol may be harmful to the foetus, a continuation of the pregnancy is a therapeutic indication for surgical termination of the pregnancy.

After the procedure

Bleeding may occur for 1-3 weeks (this is not a menstruation cycle) and intercourse without a condom is not recommended during this period. A gynaecological examination should be performed within 2-4 weeks after terminating the pregnancy.

If you experience severe bleeding, fever (over 38 °C) or strong pain in the abdomen, consult the East-Tallinn Central Hospital's Women's Health Clinic's emergency reception immediately (open 24/7).

After the termination of the pregnancy the next expected menstruation cycle should start within 1-2 months. If the menstruation cycle has not started in this period, consult a gynaecologist or midwife to determine the reason.

If you are breastfeeding, then you must be aware that small quantities of mifepristone and misoprostol are excreted in human breast milk. Increased levels of adrenocorticotrophic hormone and cortisol have been observed in the blood of the infant after taking mifepristone. The clinical effect of this is unknown. It is recommended to take misoprostol immediately after breastfeeding as it's metabolised rapidly. The next breastfeeding session should be after 6 hours.

The termination of the pregnancy does not prevent a new pregnancy during the following month. A contraceptive intake must be started on the day of taking the medicine or at latest during the four following days. Hormonal contraceptives (pills, minipills, implant, injected progestogens) can be taken on the same day with taking the mifepristone pill. Vaginal rings and patches must be started latest on the day of terminating the pregnancy. Termination of the pregnancy must be confirmed before inserting an intrauterine contraceptive device. Consult your doctor or midwife regarding suitable contraceptives. It's important to do this before terminating the pregnancy.

Contraception method agreed on Yes ☐ No ☐

Contraception prescribed Yes ☐ No ☐

Hereby I, ... (patient / patient's representative), confirm, that a health care professional has informed me of my / the patient's .... (patient's forename and surname) health condition and has explained to me the biological and medical nature, the related risks including possible complications of terminating the pregnancy. I have been notified of the possibility to get psychological or other relevant counselling.

I have been informed that during the procedure the scope of the procedure may require modifications.

I have been informed that a blood transfusion may be required during or after the procedure. I have received information about the need for a blood transfusion , its nature and related risks. I have also been informed about the risks related to rejecting a blood transfusion. In case of a therapeutic indication, I **consent/do not consent** (underline the selected option) to a blood transfusion.

I have been informed that if I have not consented to a transfusion of blood components , but if not conducting a transfusion would lead to severe physical harm or death, it will be done without my consent.

For purposes of medical education, I **consent / do not consent** (underline the selected option) to the presence of medical students, interns , residents or trainees to my procedure.

I confirm that I have been given an opportunity to ask questions about the procedure and I have understood the responses. I am aware that the procedure may not have the desired result.

I have been explained that by signing this application I retain my right to ask additional questions or to receive additional information from the doctor or midwife regarding the procedure.

I have been informed that I may withdraw my consent at any time by submitting a request in writing.

By signing this application, I express my wish to terminate my pregnancy and consent to the relevant procedure.

Date ..... Signature .....
(patient / patient's legal representative)

I, ..., confirm that I have explained to the patient and/or to the patient's legal representative, in an understandable manner, the biological and medical nature of terminating a pregnancy, the related risks and possible complications.

Date ..... Signature ..... Stamp

This application has been compiled in two equal copies, one of which will be kept by the health care provider and the other by the patient.