

This surgery is completed in the operating theatre under general anaesthetic. If this is the case you will need to stay overnight. well.

After your baby has been delivered the doctor and midwife/nurse will assess you and you will be able to go home if all is well.

### Support

We understand that feeling supported is crucial at this time. Please bring whomever you like with you to support you.

### Can I change my mind after the first visit?

You must be sure of your decision because once you have taken Mifegyne the medical induction needs to be completed. If you do not attend the second appointment we will need to inform the practitioner who referred you.

For more information please contact your local  
NZMFMN Unit



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New Zealand Maternal Fetal Medicine Network  
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# The Medications used for ending a Pregnancy



There are two medications used to end a pregnancy when there have been medical and/or fetal complications:

1. Mifegyne is used to prepare your body for the induction of labour and is given two days prior to your hospital admission
2. Misoprostol is used to start contractions and is given once you have been admitted to hospital

#### How do the medications work?

Mifegyne is used for inducing labour for medical and/or fetal complications by blocking the action of progesterone. This is the hormone that makes uterus (womb) maintain the pregnancy. Taking Mifegyne will prepare the uterus for delivery.

This will be given to you at your local hospital after you have met with two Obstetricians, been offered counselling with a Pregnancy Loss Counsellor and satisfy the criteria for a termination of pregnancy. Once you have taken the medication with no side effects you will be sent home.

Two days later you will be admitted to hospital and given Misoprostol. The first dose is inserted into your vagina; however, further doses will be given to you to take orally. Misoprostol causes the cervix to soften and the uterus to contract and this will lead to labour and the delivery of your baby.

There are some side effects of Misoprostol and the most common are abdominal pain (most women usually only experience a mild discomfort) and occasionally vaginal bleeding. Many women notice a temporary increase in temperature. Less commonly women may experience diarrhoea or nausea, and very rarely vomiting.

Medicines are generally registered in New Zealand for specific purposes. Although Misoprostol is a registered medication, it is not specifically registered for use in ending a pregnancy and we therefore need your written consent to use it for this purpose. You will be asked to sign a consent form for this.

#### Are there any risks?

Although uncommon, the main risks are excessive vaginal bleeding, or incomplete delivery of the placenta. In this case you may need to go to the operating theatre to have the retained placenta removed (like a D&C).

#### Is this method suitable for everyone?

Medical induction using Mifegyne and Misoprostol is not suitable for all women. An Obstetrician will assess you first and make a plan of care that is right for you.

#### How will the treatment be carried out?

You will be asked to make two visits to the hospital.

#### First visit

At this visit you will have the opportunity to meet the Pregnancy Loss Counsellor if you would like for pre-decision counselling prior to commencing any treatment.

You will be fully assessed by two doctors (the certifying consultants), they will record your details, including a full medical history. The process of the induction will be explained to you and if you would like, you will be shown around the ward/unit. Depending on your baby's gestation, certain legal documentation might be required. The Doctor and the Pregnancy Loss Counsellor will explain what is required and your responsibilities.

The doctors will ask you to sign a consent form once you are satisfied you understand what is involved. You will be given Mifegyne to start the induction. This will be given to you in tablet form, taken with water. You can expect the consultation with the doctors and counsellor to take about two to three hours. After this you can go home.

During the next 36-48 hours, you will more than likely experience no symptoms, however, you may start to bleed vaginally and have some period type pain.

Please phone the ward/unit where you will be delivering your baby straight away if this occurs. They will arrange for you to come into hospital to check that all is well. There is a very slight chance you could deliver your baby at home (0.9%).

#### Second visit and admission to the ward: two days later

When you return for your second visit, the midwife/nurse will check how you feel and record your blood pressure, temperature and pulse. When you are ready, the midwife/nurse will administer the first dose of misoprostol tablets into your vagina, with further doses given orally every 3 hours. You will soon begin to experience period type pain and vaginal bleeding.

On average, delivery of your baby will occur about 7-8 hours after having the first Misoprostol tablet, but the duration of labour can vary considerably between women (and can sometimes be more than 24 hours).

You will be provided with painkillers if you need them. Let the midwife/nurse know when you have pain that you feel requires pain relief. This is available as either tablets or an injection. Other options for coping with pain such as relaxation massage, warm showers/wheat bags or homeopathy can be used if you wish.

You may feel sick, dizzy; have chills and hot flushes or diarrhoea. These are the effects of the Misoprostol and will soon wear off.

Following the birth of your baby you may be given an injection of syntocinon through your drip or intramuscularly into your thigh to help deliver the placenta and control any bleeding.

If you remain medically stable for approximately three to four hours after your baby is born you will be able to go home.

In about 10% of cases the placenta doesn't come away from the uterine wall after the birth of your baby. In these cases a short surgical procedure is needed called a dilatation and curettage (D&C) to remove the retained placenta.