Southern Health and Social Care Trust

Quality Care - for you, with you

Standard Operating Procedure (SOP)

Title	**EMA counselling and treatment visit**	
Date	01/08/2022 V2	
Review Date	01/08/2024	
Scope of the Procedure	To ensure informed consent to and delivery of Early medical abortion (EMA) For women up to 9+6 weeks pregnant	
Qualifications Required	Registered Doctor EMA Training	
Risks and Countermeasures	**Risks**	**Countermeasures**
	Failure to identify contraindications to the procedure. failure to correctly carry out home treatment.; failure to act on potential risks associated with the procedure	Adequate assessment prior to visit, referral to scanning where appropriate, clear instructions at visit, suitable arrangements for follow up.

Step No	
1	**Assessment before attendance at clinic:** A full assessment will have been completed before the treatment consultation. This will ensure suitability for treatment and include measures to exclude potential contraindications. Ultrasound scan will have been organised if uncertainty about gestation or if there is concern about any pregnancy complications. The USS report will be included in the documents. Assessment will confirm the patient's suitability for EMA and that the procedure has been explained
2	**Counselling prior to the procedure:** It is the doctor's responsibilty to obtain informed consent, which will be documented on a paper consent form. Informed consent will include an full explanation of both stages of the procedure, a description of potential side effects of the proceedure, which are heavy bleeding, pain, and side effects of the medication. The doctor must explain all potential complications; failure, incomplete abortion, infection, how to recognise these, and what di do should they occur. Signs of ectopic pregnancy should be discussed including the need for urgent attention.
3	**Administration of medication** The woman should take mifepristone 200mg orally in the presence of the doctor. She will be supplied with 800mcg misoprostol in clearly labelled boxes to be used buccally or intravaginally (intravaginal being the preferred route) at an interval of 24-48 hours after taking mifepristone. A further 400mcg of misoprostol should be given to women who are 8/40 or more pregnant with instructions to use these after 3 hours if bleeding has not occurred. The woman should be offered co-codamol 30/500mg tablets (30 tablets) to be taken as directed on the night of misoprostol administration and for as many days after as necessary. If co-codamol is declined or contraindicated she should be advised to obtain her own pain relief, either ibuprofen or paracetamol according to her preference

	Contraception: This should be discussed with every patient, and desogestrel POP x 3 months supplied if the patient requests it. An offer of referral for LARC should be made and documented if the patient requests it. A low sensitivity pregnancy test should be supplied and the date on which it is to be carried out (3 weeks after consultation) supplied **After treatment:** The woman should leave the clinic with the following: 1. Misoprostol for home treatment 2. Co-Codamol if requested 3. Information leaflet 4. A letter for her GP 5. A number to contact for advice or information 6. Pregnancy test
4	**Documentation:** A full record of the consultations should be made using the Lilie template “EMA counselling and treatment” All drugs should be recorded on the Lilie prescribing module with serial numbers, expiry dates, and record of who checked and who dispensed each item The visit should be recorded on episodes A follow up visit should be booked with the nurse in 3 weeks from the treatment date adding Service User request for CASH Referral