Your guide to the compassionate induction of labour

Contents

About the language we use

In caring for women, couples and families, healthcare staff are aware of the need to be compassionate, kind and respectful.
We have asked hospital staff, patient advocacy groups and international experts for their views on the most respectful and appropriate terms to use in this guide.The current consensus (2020) is to use the term "compassionate induction" for the cover (as it allows some privacy) and the terms "ending the pregnancy" and “induction” throughout the guide.

As language changes, these terms may be changed to reflect the most appropriate language.

If there is a particular term you would like to be used in your care, please tell a member of the healthcare team working with you.

Who is this guide for?

This information guide is for people who are considering ending a pregnancy after 12 weeks of pregnancy.

This guide has been developed to support you to make an informed decision about ending your pregnancy. It provides information about:

- what is involved in ending a pregnancy
- what to expect
- where to get more information and support

There is space at the back for you to write down information about your hospital and to keep track of the date of appointments. There is also space at the back for comments or questions that you may wish to ask your healthcare team. Your healthcare team is the best source of information and support throughout this difficult time.

This guide is about compassionate induction **after** 12 weeks of pregnancy.

If you are **under** 12 weeks pregnant, there is more information in the guide Your guide to medical abortion, which is available from myoptions.ie.

In what cases can a pregnancy end early after 12 weeks?

If you are more than 12 weeks (three months) pregnant, you can end a pregnancy early for a **medical reason** or for a **foetal reason**.

- A **medical reason** means there is a risk to life or health from the pregnancy.

- A **foetal reason** means there is a condition likely to lead to the death of the baby.

A doctor or doctors will have to certify that you meet these conditions.

If there is an emergency, only one doctor needs to certify you meet these conditions.

If you have time to plan to end the pregnancy, two doctors will need to certify that you meet these conditions. If the doctors do not agree that you meet the criteria under current legislation, you can ask for a review of their decision.

Can a doctor decline to end the pregnancy early?

In some circumstances, a doctor may not provide a service to end a pregnancy early.

- **If they conscientiously object**. Conscientious objection allows healthcare staff to refuse to take part in a procedure if it goes against their religious or moral beliefs.

- **If criteria are not met**. If the healthcare team do not agree that the medical or foetal condition meets the criteria under current legislation in Ireland. In this case, you are entitled to a review and a second opinion.

How is a pregnancy ended early?

A pregnancy can be ended early in two ways.

- Medical: taking medicines to end the pregnancy
- Surgical: a procedure to remove the pregnancy from the womb. This may be less common after 12 weeks of pregnancy

Your healthcare team will help you decide which method is most appropriate for you. In Ireland, medical inductions are most common for ending a pregnancy after 12 weeks though this may change.

Some people may need to have a procedure called foeticide. This is a specialist procedure that is not available in all maternity units. A doctor will give the baby an injection through your tummy so that the baby will not have signs of life at birth. Your team will discuss with you whether this is an option in your pregnancy.

How much does compassionate induction of labour cost?

This service is free.

Deciding to end a pregnancy

Unless there is an emergency, you will have the time that you need to make your decision. What is the right decision for one pregnancy may be different for another pregnancy. What is the right decision for one person, couple or family may be different for another person, couple or family.

If you feel comfortable talking to family and friends, do so. Everyone's situation is different, and everyone's choice should be respected and supported.

Your healthcare team is also available to talk to you about all your options, including continuing the pregnancy or ending the pregnancy early.

What happens during a compassionate induction, step by step

This section explains what happens during a medical induction. Because surgical procedures are less common, this guide does not include information on surgical procedures.

A medical induction involves taking two medicines to end the pregnancy. You won't need surgery or an anaesthetic.

Because you are more than 12 weeks pregnant, you will have this procedure in hospital.

This procedure can be slightly different depending on the hospital you attend. But it usually involves three steps.

Step 1: Consenting and taking the first medicine

Step 2: Taking the second medicine

Step 3: The pregnancy comes to an end

Aftercare is also available six to eight weeks after the procedure.

The steps are explained in more detail in the following pages.

Getting ready to go to hospital

How long will I stay in hospital?

This depends on your situation. Your healthcare team will talk to you about what is best for you.

Some women will come to the hospital for the first medicine and then be able to go home. They will then return to take the second medicine and stay until the pregnancy is ended and they are ready to go home. Other women will come to hospital to take the first medicine and stay for a day or two to take the second medicine and remain until the pregnancy comes to an end and they are ready to go home.

What do I need to bring into hospital?

Some people are unsure what to pack for their hospital stay. You may want to bring something special for your baby to wear or be wrapped in after the birth. The hospital can provide clothes or knitted items for your baby if you wish. You can discuss this further with your doctor or midwife.

We recommend bringing clothing and other items to help you be comfortable.

Clothing	Items for your comfort
• Comfortable nightwear or other clothing • Slippers • Dressing gown • Comfortable, dark-coloured underwear • Saintary towels • Shower toileteries	• Ear plugs and an eye mask • iPod or your phone and relaxing music • Flip flops for the shower • Notebook and pen to write down any questions • A camera if you wish to take photos of your baby • Your own pillows, if you like

Can my partner stay overnight?

Your partner is welcome to stay overnight. But because of room size and space issues, hospitals may be limited in what they can provide for you. Ask your hospital about this before your first appointment.

Step 1: Consenting and taking the first medicine

During your first appointment, you will:

- ask the doctor any questions that you have
- sign a consent form to say that you understand the procedure and any potential risks of your treatment
- take the first medicine to start the process
- get an appointment to return to the hospital to take the second medicine

Changing your mind

You can change your mind at any point **up to the start of the procedure**. After you take the first medicine, it is important that you finish the procedure. This is because the first medicine cannot be stopped or reversed.

Giving your consent

Before you start the procedure, you will be asked to sign a consent form. If you cannot sign the form, you can make a mark on the form in front of the doctor.

This is to confirm that you:

- have been told about the different procedures
- know the possible side effects and risk of complications
- understand this information

About the first medicine (mifepristone)

To start the process, you will take the first medicine, called mifepristone, at the hospital.

This medicine is a tablet. You will be asked to take it by mouth with a doctor present.

Mifepristone stops the hormone that allows the pregnancy to continue. The lining of the uterus breaks down and the pregnancy can't continue.

Most people do not have bleeding or pain after taking mifepristone. But if you are having bleeding or pain, or have any queries, contact your healthcare team.

You will get a phone number for the ward, hospital or clinic that you can contact any time, 24 hours a day and at weekends. There is a page at the back of this guide where you can write down this number.

How will I feel after I take the first medicine?

After taking mifepristone, you may have nausea or feel like you need to vomit.

If you vomit within one hour of taking this tablet, contact the doctor as soon as possible. You may need to take the tablet again.

Remember, mifepristone cannot be stopped or reversed.

Will I stay in hospital after I take the first medicine?

After you take the first medicine, you may be able to go home and do your normal activities. But some people may need to stay in the hospital, and this will depend on a number of things. Your healthcare team will talk to you about what is best for you.

Step 2: Taking the second medicine

When do I take the second medicine?

You take the second medicine, misoprostol, one or two days (24 to 48 hours) after you take the first medicine. You will take misoprostol in the hospital.

If you went home after you took the first medicine, you need to return to hospital.

On the morning of your appointment, please phone the ward to confirm:

- when your room will be available
- what time you should arrive and
- where to go

During your hospital admission, you will:

- take the second medicine
- receive pain relief if you need it
- get an anti-D injection if you have a rhesus negative blood group
- be given support and kindness throughout the process

During this time you can choose to be visited by:

- a clinical midwife or a nurse specialist in bereavement and loss
- medical social workers
- the health care chaplain or a representative of your own faith

About the second medicine (misoprostol)

Misoprostol is a tablet.

Your doctor will tell you the best way for you to take misoprostol. There are three different ways:

- You place the tablets between your gum and cheek and let them dissolve in your mouth.
- A doctor places them gently in the vagina (birth canal).
- You swallow them normally.

How you take it depends on:

- how well you are
- how far along the pregnancy is
- what medical conditions you may have
- whether you have had a caesarean section or other operations before

These things will also influence how long the procedure takes. The amount of time is different for each person.

You may also have to take this medicine more than one time. It depends on how quickly you respond to it.

About anti-D

About one in six women in Ireland have a rhesus negative blood group. You may need a medication called “Anti D” and we can discuss this with you.

If you have a rhesus negative blood group, the healthcare professional will:

- give you information on anti-D
- give you an anti-D injection

Some people will require a blood test to see if they need additional doses of anti-D. This blood test is called the Kleihauer test.

What happens after I take the second medicine?

Misoprostol makes the womb contract, causing cramping and bleeding. Bleeding usually starts two hours after taking the medicine. But it may start sooner or later. You may also need to be given extra misoprostol. Bleeding and cramping usually last for at least a few hours.

Will there be any pain?

After you take the second medicine, you will have strong cramping and pain. This is often much more intense than normal period pain. There are many ways to lessen the pain.

- Apply a heating pad or hot water bottle to your lower stomach.
- Wear comfortable clothes.
- Use pain medicine such as ibuprofen or other pain medicine as suggested by your healthcare team.

Are there any side effects or complications?

There is a risk of side effects or complications with this procedure – but they are usually easy to treat. They rarely have any long-term health effects.

The risk of side effects or complications will depend on:

- how well you are
- how far along the pregnancy is
- the medical conditions you may have
- whether you have had a caesarean section or other operations before

Common side effects	Possible complications
• Pain • Nausea • Vomiting • Diarrhoea • Headache • Dizziness • Fever • Chills	• Infection, which is uncommon • Unpredictable, irregular or prolonged bleeding afterwards, which may or may not happen • Very heavy bleeding, which may or may not happen • If you develop complications, you may need: - a blood transfusion - surgery

Step 3: The pregnancy comes to an end

Will the compassionate induction happen in my room?

Where you have your induction will depend on how many weeks pregnant you are. These are general guidelines.

- if you are under 24 weeks (six months), you will have your induction in your room with your midwife.
- If you are over 24 weeks, you may be transferred to the labour ward for the delivery.

Different hospitals will have different options. Your healthcare team can talk to you about what will be offered in your hospital.

An experienced staff member will be assigned to care for you throughout the procedure.

What about the placenta (afterbirth)?

Generally, the placenta will be delivered after the birth without any problems. But for some people the placenta does not separate easily. If this happens, you may need a small operation to remove the placenta to reduce the risk of infection and bleeding.

Some people may need extra medicines to help deliver the placenta or help the womb to contract at the end of the procedure. This is to reduce your risk of very heavy bleeding.

Your healthcare team can talk to you about the risks and how this would be managed if it did happen to you.

When can I leave hospital?

You will usually need to stay in hospital for a night after the birth. How long you remain in hospital will depend on your medical needs and your own preferences.

Will I experience pain or other symptoms?

When the pregnancy has come to an end, you will continue to experience vaginal bleeding and cramps.

If you have **any of the symptoms listed below** after you leave hospital, it is important to **return to hospital**.

- Heavy bleeding
- Passing large blood clots
- Severe pain
- Fever

Can I see the baby afterwards?

Your wishes will be respected about seeing the baby. You can talk to your healthcare team about your wishes.

Everyone's response to pregnancy loss is unique. Staff will support and guide you based on your wishes. If you wish, your midwife or nurse and the bereavement team can discuss options for memory making with you. Memory making is putting together items such as photos, clothing, and other things to help you remember your baby. Some parents have told us that these mementos give them comfort following the loss of a baby. The bereavement team can discuss your options for memory making with you.

The bereavement team will provide information about burial and cremation options.

Will there be an autopsy?

An autopsy or post-mortem examination is the medical examination of a body after death. An autopsy will only be done if you consent to it and it is necessary.

Your doctor can discuss this with you and explain if an autopsy would be helpful in your situation. If an autopsy is recommended, then you will be told when the results will be available and an appointment will be made to discuss the results with your doctor/team.

Will my breasts be sore or produce milk?

Depending on the number of weeks of pregnancy, you may produce breast milk. You may also have some breast discomfort and leak milk.

There are ways to help you manage breast milk and discomfort. Your healthcare team can talk to you about this before you go home from hospital.

After the procedure

How do I tell my other children what has happened?

If you already have a child or children, you may want to ask a relative or friend to help care for them while you are in hospital and when you come home.

Whatever their ages, children are sensitive to what their parents are feeling. They may need extra attention and reassurance, which may be difficult for you to give. You will need to think about what you will say to your child or children. This depends on their age and the questions they ask.

The clinical midwife or nurse specialist in bereavement will be able to advise and guide you.

Can I take maternity leave?

Depending on your individual circumstances, you may be entitled to maternity benefit or maternity leave. If you have questions about this, talk to the bereavement nurse or the social worker in your hospital.

Can I travel after the procedure?

You should not travel within 48 hours (two days) after your pregnancy ends. You should not drive or fly at all. If you must travel as a passenger, make sure you know how to access emergency services at your destination. Make sure you have supplies with you to help you manage bleeding.

When will I have my next period?

Your next period should begin around four to six weeks after ending a pregnancy early.

It is possible to get pregnant immediately after the procedure. If you don't want to get pregnant, talk to your healthcare team about birth control (contraception).

Should I have a check-up a few weeks later?

You can have a check-up with the doctor between six and eight weeks after ending the pregnancy. This may be done by your GP or in the hospital. The healthcare team uses the check-up appointment to make sure that you are healing properly. You will also be able to talk to them about:

- advice for future pregnancies
- results of any tests, including blood tests and autopsy results (as appropriate)
- birth control (contraception)
- counselling and further support

What are the possible effects of ending a pregnancy early?

Are there emotional effects from ending a pregnancy early?

We know there can be complex emotions and grieving throughout the decision-making process and during, and after ending the pregnancy. This is why we provide an empathetic, sensitive and caring environment to support you and your family as part of our maternity service.

You will be supported by your medical team and the bereavement team. People are individuals with specific needs, wishes, backgrounds and beliefs. Every effort will be made to support you as an individual.

Some people may wish to have counselling after ending a pregnancy early. For more information on counselling services, please contact the bereavement Clinical Midwife Specialist (CMS) in your hospital.

Will this affect future pregnancies?

Depending on the reason for ending the pregnancy early, it may or may not be appropriate to consider another pregnancy. One of the aims of the visit six to eight weeks after the procedure is to discuss options and advice specific to you.

What if I am under 18?

If you are under 18, you can still end a pregnancy early.

The healthcare team will encourage you to involve your parents or another supportive adult.

If you are between 16 and 17 and choose not to involve an adult, a doctor can end a pregnancy early. But this is only if the doctor is confident that you understand the information and you can give valid consent.

If you are 15 or under and choose not to involve an adult, a doctor can end a pregnancy early if there are exceptional circumstances. You can talk to the doctor about this if you have any question.

Will my doctor tell anyone I am pregnant?

Under Irish law and child protection guidelines, the doctor must report to Tusla – The Child and Family Agency – if:

- you are 14 or under and have engaged in sexual activity
- you are 15 or 16 and engaging in sexual activity with someone who is at least 2 years older than you
- you are 17 or under and the doctor suspects that you are at risk of sexual abuse or harm or that you have been sexually abused or harmed

If you are under 16, your parents and legal guardians have the right to see your medical records.

Who can I contact for support?

Your hospital will provide you with contact details for the bereavement team. The bereavement team will be able to provide practical, emotional and spiritual support.

You can also contact the following organisations for support.

Féileacáin (Stillbirth and Neonatal Death Association of Ireland)

Website: https://feileacain.ie

Phone: 085 249 6464

Email: admin@feileacain.ie

Leanbh Mo Chroí (Bereaved parents support group)

Website: https://lmcsupport.ie

Phone: 086 374 5474

Email: leanbhmochroi@gmail.com

My Options

My Options is a HSE freephone line and website. It provides free and confidential information and pregnancy counselling.

The information at the My Options website is mostly for people ending a pregnancy before 12 weeks. But there is useful information for people ending a pregnancy for medical reasons after 12 weeks.

Website: www.myoptions.ie

Phone: 1800 828 010

Pregnancy and Infant Loss Ireland

Pregnancy and Infant Loss Ireland is an online directory of support services and knowledge for bereaved parents. It is also useful for healthcare professionals.

Website: www.pregnancyandinfantloss.ie

This guide was developed in the National Maternity Hospital, Dublin, by Professor Mary Higgins and Bereavement Clinical Midwife Specialists Sarah Cullen and Brenda Casey. This guide was also extensively reviewed by other doctors and nurses. We would like to extend our sincere thanks to Leanbh mo Chroí and Féileacáin for their input.

Contact and appointment details

Important contact details

My ward, hospital, or clinic	
24-hour contact phone number	

My appointments

	Date	Time
Appointment		
Appointment		
Aftercare appointment		

Aftercare

When you should attend for aftercare – six to eight weeks after the pregnancy ends	

Notes: