**Guideline to be used in the UPC**

**During the Coronavirus Pandemic**

Due to the coronavirus pandemic, direct face to face patient contact should be limited and only occur if considered essential. The Unintended Pregnancy Clinic is an essential service and should remain a service throughout the pandemic.

During the pandemic, new guidance has been put in place jointly with the RCOG, FSRH, BSACP and RCM on how best to provide an ongoing abortion service.

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-covid-19-infection-and-abortion-care.pdf>

The Scottish Government has given approval to enhance EMAH (Early Medical Abortion at Home) during the pandemic by allowing mifepristone to be taken at home by patients clinically suitable.

<https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf>

**CHANGES TO THE SERVICE**

All consultations will be done by telephone (or video if available) at first contact with the service.

Written information will be sent to the patient prior to the telephone consultation via text link:

<https://www.highlandsexualhealth.co.uk/services/termination-pregnancy>

Face to face appointments will be available after the telephone consultation for patients who require to attend the clinic.

SACP criteria have to be met for each patient choosing EMAH. <https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf>

Further UPC criteria have to be met if considering EMAH without the need for a scan. The EMAH Without Ultrasound Scan guidance should be followed.

Patients who are deemed to be unsuitable for EMAH without scan, will need to be offered an ultrasound scan in the clinic. (Western Isles women may be offered an ultrasound scan at the Western Isles Hospital in Lewis.)

Patients that are considered unsuitable for an EMAH will need to be offered a ward MTOP.

Women are offered a medical abortion up to 19+6 weeks gestation and for those that are beyond this gestation medical abortion will need to be discussed with the ward staff. Travel to London for BPAS services will be limited.

STOP procedures should be discouraged given that a general anaesthetic is an AGP (aerosol generated procedure) and carries an increased risk for coronavirus transmission.

During the telephone consultation, contraception provision should be discussed and explained to the patient.

STI testing should be offered to those at high risk only and BBV testing delayed until after the pandemic restrictions.

As per NICE guidance, patients under 10 weeks gestation having a medical abortion do not require Rhesus testing and with the revised guidance this can be extended to 11+6 weeks gestation.

Patients with symptoms of significant anaemia need to attend clinic for a FBC and if this confirms severe anaemia, they should be offered a ward MTOP.

**TELEPHONE CONSULTATIONS**

Patients self refer by contacting Patient Booking on 01463 705667.

Patient Focused Booking will ask any GP practices who refer to contact the patient and request a self referral or provide patients with an appointment.

* Confirm the identity of the patient by asking their full name and date of birth
* Check the contact details of the patient: mobile number and address
* Take a menstrual history: date of LMP and whether this is certain, regular cycle length
* Confirm that a urine pregnancy test has been done and when this was positive
* Take an obstetric history
* Ask if contraception has recently been used and whether there has been incorrect use
* Take a full medical history
* Confirm that the patient is certain of decision to proceed to termination
* Check whether the patient meets the EMAH Without Ultrasound Scan criteria
* Explain termination options available during current pandemic
* Discuss fully the procedure chosen and its risks, obtaining informed verbal consent and documenting this in the notes
* If opting for EMAH, advise the patient to consider having an adult with them at home for when they self administer misoprostol. During the pandemic, this should only be an adult that is currently living in the same household as the patient.
* Discuss contraception options and provision for the patient
* Assess STI risk and offer STI testing if high risk
* Discuss that no anti-D is required up to 10 weeks gestation for medical abortions.

*For those 10 to 11+6 weeks gestation, whilst there is no strong evidence that anti-D is not necessary, there is also no evidence that it is needed. During the pandemic, evidence suggests that the risks to rhesus negative patients of not receiving anti-D are likely to be very low and much smaller than the risk of exposure to and health impacts from COVID if the patient travels to the clinic unnecessarily. On that basis, during the pandemic* ***only****, no anti-D is required for these patients if they would not otherwise need to travel to a clinic. Additionally, patients having medical management of miscarriage below 12 weeks gestation would not currently be tested for rhesus status or given anti-D. (Taken from NHS Lothian EMAH Guideline Covid19.)*

For patients choosing EMAH, follow the EMAH Consent form.

* Advise the patient to take 200mg mifepristone orally on the first day. Advise that if vomiting occurs within 2 hours, the patient should contact the clinic/ward as the mifepristone dose will need to be repeated.
* On the second day of medication, advise the patient to take 4 tablets of 200mcg misoprostol and place them under the tongue to dissolve. If there is no bleeding or minimal bleeding only after 3-4 hours, advised her to take a further 2 tablets of 200mcg misoprostol under the tongue.
* Patients 10 to 11+6 weeks will need to be advised they will likely need to take a further dose of 2 tablets of 200mcg misoprostol under the tongue if there is no bleeding or minimal bleeding only after another 3-4 hours. If there is still no bleeding after this third dose, they will need to contact the clinic/ward.
* Misoprostol can also be offered to be inserted vaginally but should not be used if the patient is already bleeding. The patient should be made aware that the sublingual or buccal route is associated with higher likelihood of side effects, that the tablets may not dissolve fully and are associated with an unpleasant taste in the mouth.
* The patient should be advised that the standard dosing interval between mifepristone and misoprostol is 24-48 hours. A longer dosing interval may increase the likelihood of bleeding before the misoprostol dose. A shorter dosing interval has a greater failure rate and can delay the onset of bleeding.

**SACP CRITERIA FOR EMAH**

The patient:

* Is certain of the decision to proceed to abortion
* Is certain that they wish to administer both the first (mifepristone) and the second part of treatment (misoprostol) at home
* Fulfils the criteria set out in the Abortion Act 1967.
* Is ordinarily resident in Scotland
* Does not have symptoms of an ectopic pregnancy (pain/bleeding) or other indication for an ultrasound scan
* Is ≤11+6 weeks gestation on the day of mifepristone administration (as calculated form the date of the last menstrual period)
* Is 16 years of age or above, unless appropriate supports are in place
* Has no significant medical conditions or contraindications to medical abortion
* Is able to understand all the information given, and to follow instructions for mifepristone and misoprostol administration
* Fully understands the need to confirm the success of the procedure in line with local protocols

**Absolute contraindications for Caution required in the following mifepristone / misoprostol circumstances**

**(discuss with senior medical staff)**

Inherited porphyria Woman on long term corticosteroids

Chronic adrenal failure Asthma (avoid if severe)

Known or suspected ectopic pregnancy Haemorrhagic disorder or on anticoagulant therapy

Uncontrolled severe asthma Prosthetic heart valve or history of endocarditis

Previous allergic reaction to one of the Pre-existing heart disease

Drugs involved Hepatic or renal impairment

Severe anaemia

Severe inflammatory bowel disease e.g. Crohn’s

IUCD in place (remove pre-procedure)

**EMAH WITHOUT ULTRASOUND SCAN**

Patients that meet the following criteria may be considered for EMAH without attending for an ultrasound scan.

* Clearly known LMP date
* Regular menstrual cycles
* Not using a hormonal contraceptive or IUD
* No previous history of ectopic or risk factors for ectopic (tubal surgery, hx of PID)
* No vaginal bleeding and/or adnexal pain since LMP
* Less than 10 weeks gestation (may be possible for up to 11+6 weeks in some cases)
* Over the age of 16 years
* If not attending the clinic, should be able to understand instructions and have capacity to consent verbally

**EMAH FOR 10-11+6 WEEKS**

Patients that meet the following criteria may be considered for EMAH.

* Over the age of 16 years
* Living within one hour’s drive from Raigmore

**DELIVERY AND COLLECTION OF MEDICATION**

Medication can be collected from main hospital sites: Raigmore, Belford, Caithness and Skye

Medication packs will be delivered by the pharmacy van to these sites on Wednesdays or Thursdays.

**WESTERN ISLES PATIENTS**

Telephone consultations are offered to Western Isles patients to counsel women and to identify a suitable management plan. If an ultrasound scan is required and the patient is unable to travel to Raigmore, an ultrasound scan may be arranged at the Western Isles Hospital.

<10 weeks gestation and fulfils the EMAH criteria:

* Liaise with staff at Western Isles Hospital regarding mifepristone and misoprostol dates
* Consultation paperwork, consent form, Certificate A and Kardex to be scanned and emailed to WI Hospital
* Staff at WI Hospital to contact the patient to arrange collection of medication
* In cases of prolonged, heavy bleeding at the time of procedure, the patient should present to NHSWI via SAS or ED
* Telephone follow up by Raigmore 2 weeks after termination
* If any concerns regarding complications, this will need discussed with senior medical staff to liaise with NHSWI Gynaeology service for further management

>10 weeks gestation and/or does not fulfil the criteria for EMAH:

* The patient will need to attend Raigmore Hospital for inpatient management

**PATIENTS WITH SUSPECTED/CONFIRMED COVID AND OTHER PATIENTS SELF ISOLATING**

For patients up to 11+6 weeks at time of termination, EMAH Without Ultrasound Scan should be considered and offered if clinically appropriate.

Patients that meet the criteria for EMAH Without Ultrasound Scan should have their medication sent to them or delivered to them by a designated driver.

Patients that do not meet the criteria for EMAH Without Ultrasound Scan will need to complete their self isolation period before they can attend the clinic.

Patients more than 12 weeks gestation will need to complete their self isolation period before they can attend the clinic and/or ward.

**STI TESTING ADVICE**

Patients that are high risk for STIs or are symptomatic should be offered STI testing. If not attending the clinic, a postal testing kit for chlamydia/gonorrhea should be included in the medication package. If considered high risk for HIV, patients should be signposted to HIV Scotland for postal finger prick testing. Other BBV testing should be delayed until after the pandemic restrictions.

**CONTRACEPTION ADVICE**

* Pills and patches: 3-6 month supply should be included with the medication package
* Vaginal ring: a prescription for a 6 month supply should be included in the medication package
* Depo and Nexplanon: this can be commenced when the patient attends the clinic or the ward. If not attending the clinic/ward, interim contraception should be provided until this can be commenced.
* IUD/IUS: with the current pandemic restrictions, intrauterine devices are not routinely fitted. Advise patients to wait until the pandemic restrictions allow IUD/IUS insertions and provide interim contraception.

NOTE: If contraception cannot be provided at the time of clinic and the woman wishes an implant insertion, Highland Sexual Health can be contacted to provide a member of staff to attend the ward for insertion. **01463 888300**