HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

Document ID: MATY085	Version: 1.0
Facilitated by: Judy Ormandy, SMO	Last reviewed: September 2014
Approved by: Maternity Quality Committee	Review date: September 2017

Mifepristone for Medical Inductions Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose
To inform the process and care for women undergoing a medical induction

Scope
All access holders, medical, midwifery and nursing staff in the Surgical, Womens and Children's directorate.

Indications
1) Mid trimester miscarriage (fetal size >12+6/40)
   For miscarriages < 12/40 size (see miscarriage management policy MATY 086)
2) Medical termination of pregnancy for fetal anomaly
   (Termination of pregnancy for indications other than fetal anomaly will be performed at Te Mahoe unit in Wellington)
3) IUFD at > 20/40 gestation (see care of the deceased interuterine and neonatal death MATY 064).

Background
Mifepristone is a synthetic steroid, which blocks the action of progesterone that maintains a pregnancy. It also softens the cervix. It works best if followed in 48 hours by Misoprostol.

Requirements
If mid-trimester miscarriage, formal scan documenting absence of fetal heart.

If TOP for fetal anomaly, Abortion Supervisory Committee Forms ASC3 and ASC4 to be signed by two certifying consultants/practitioners.

If > 12+6 weeks will be managed on labour ward. Contact senior midwife on labour ward to confirm date/time of admission.

Procedure
Mifepristone administered in MAU. Prescribe and (orally) administer 200 milligrams of Mifepristone (1 tablet from a 3 tablet blister-pack of Myfegyne®) to the woman (to initiate the termination / delivery of her pregnancy). After Mifepristone administration,

woman should remain for 60 minutes to ensure that the dose is not vomited and the woman is clinically stable. If the dose is vomited another dose can be given.
If the woman has been fully informed, an hour has elapsed and no adverse effects noted, then she may now leave the MAU. Clear instructions should be given to return in 48 hours (unless symptoms have caused her to return sooner — in which case, consider commencing the next drug regime, Misoprostol, earlier).
The woman must have written information on how to contact birthing unit if heavy bleeding and must have the ability to return to hospital if necessary.

A bed must be booked in birthing unit – contact senior midwife

Woman is admitted to birthing unit 36-48 hours following mifepristone for misoprostol induction. If woman prefers not to wait then she can proceed immediately with misoprostol induction. The benefits of mifepristone are that it reduces the time spent in hospital for the induction of labour process and reduces the number of doses of misoprostol required.

Under 20/40 there are no legal requirements.
Women can take their baby home.
Harbour City will provide cremation if needed.

Offer social worker input

Contraindications

- Known allergy to misoprostol (cytotec) or mifepristone
- Known ischaemic heart disease or other serious cardiovascular disease
- IUCD in situ
- Porphyria

Precautions

- >35 years of age **and** smoking 20 cigarettes per day or more
- severe asthmatic
- concurrent oral steroid therapy
- history of bleeding diathesis
- chronic adrenal failure
- note : caution should be exercised in patients with a previous caesarean section or scarred uterus

Misoprostol protocol

- An IV line should be sited at admission and bloods taken for FBC & Group and Hold.
- If Rhesus negative, anti D 625 IU should be administered
- The first dose of misoprostol (800 mcg) is given into the posterior vaginal fornix. Thereafter, 400mcg of misoprostol is given 3 hourly to a maximum of 4 oral doses. In rare cases the oral route may not be tolerated in which case misoprostol can be given vaginally

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Gestational age (Weeks)	Misoprostol Dose (mg)				
	1st dose	2nd dose	3rd dose	4th dose	5th dose
<24 weeks	800	400	400	400	400

- If no delivery after final dose of misoprostol for medical review. Likely to recommence the misoprostol regimen the following morning.
- If the membranes rupture, continue with the misoprostol regimen
- Misoprostol should continue between delivery of the fetus and the placenta.
- Following delivery of the fetus, oxytocin (syntocinon) 5U is administered IV or IM
- Following delivery of the fetus, the patient should be NBM. IF the placenta is not delivered by one hour or the patient is bleeding then the registrar should be called. Manual removal of placenta may be required in theatre.

Analgesia
Paracetamol 1g PO 1id
Diclofenac 50mg PR or PO tds
Codeine Phosphate 60mg PO quid
Pethidine 75-100 mg IM q 4 hourly or 25mg IV
Consider PCA – consult with pain service

Antiemetics
Prochlorperazine 3mg PO
Metaclopramide 10mg IV / IM / PO
Ondansetron 4mg IV / IM / PO

Informed Consent
The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Appendix I

Investigations for mid-trimester miscarriage:

Women should be offered:

Blood tests:

- anticardiolipin antibodies, lupus anticoagulant
- thrombophilia screen
- thyroid function tests if symptoms or history of thyroid disease
- thrombophilia screen
- karyotype of woman & her partner

Ultrasound to assess uterine anatomy
Post-mortem of baby & placental histology
Cytogenetics of baby

Women should be offered a follow up appointment in gynaecology outpatients

Appendix II

Consent form:

Consent given

I_____

Mifepristone is a synthetic steroid, which blocks the action of progesterone that maintains a pregnancy. It also softens the cervix. It works best if followed in 48 hours by Misoprostol.

Misoprostol is approved only as an anti-ulcer medication in New Zealand but is used world- wide to stimulate uterine contractions and has been found to be safe and effective.

- Have had explained to me the nature of the condition.
- Have been provided with an assessment of the potential benefits, side effects and risks of the medications and the procedure.
- Have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I consent to:

Receiving Mifepristone to assist in the delivery of my pregnancy.
tick ❑

Receiving Misoprostol to assist in the delivery of my pregnancy.
tick ❑

Signature _____
Medical Officer _____
Date_____
